

Alameda County Mental Health Board Minutes
July 13, 2009 ♦ 12:00pm-2:00pm
First 5 Office Suite 130
1100 San Leandro Boulevard
San Leandro, CA 94578

Meeting called to order @ 12:10 by Chair Rochelle Elias

HOUSEKEEPING

Roll Call/Introduction of Guests

Mental Health Board Members:

Present: Rochelle Elias, Alane Friedrich, Luvenia Jones, Maxine Oliver-Benson, Sup. Gail Steele, Patricia Sweetwine, and Ravi Sodhi

Absent: David Avila, Dorothy King, Laura Mason, Stephen Post, Lisa Gifford, Sheldon Koiles, Pat Buchanan and Kelly O'Lague-Dulka

BHCS Staff: Barry Hall, Carolyn Novosel, Gary Spicer and Marye Thomas, MD

Public: Kathie Zatkin (ACNMHC), Dennis Romano (ACCMHA), Jerome Attaway (Howie Harp), Abdul Kazeem (Howie Harp), Joseph Carter (Howie Harp) and Steve Bischoff (MHAAC)

ITEM	DISCUSSION	ACTION
Public Comment	Abdul Kazeem provided info re: Howie Harps educational programs for mental health clients e.g. summer camp.	
Approval of June 2009 MHB minutes	Not approved...no quorum	
Correspondence	None	
Action Item	None	
Presentation Contract Monitoring Process	Mr. Spicer presented the mechanism and functions of contract monitoring for BHCS that included the following info: <ul style="list-style-type: none"> • Three Primary Purposes of Contract Monitoring: <ol style="list-style-type: none"> 1) Resource Management-ensuring effectiveness and efficiency of contracting agencies 2) Quality Management-ensuring implementation of quality driven policies and procedures including best practices 	

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<p><i>Contract Monitoring Process (Cont.)</i></p>	<p><i>3) Risk Management-ensuring compliance with regulatory requirements, licensure, health and safety provisions.</i></p> <ul style="list-style-type: none"> • <i>Scope: 76 agencies provide 160 mental health services programs at 390 sites 31 agencies provide 54 substance abuse services at 120 sites</i> • <i>Monitoring Capacity:</i> <ul style="list-style-type: none"> ◦ <i>Fiscal Contracts Office-monitors contract utilization, budgets and reporting requirements; FTE Staff-20</i> ◦ <i>Management Support Unit-staff receive regular data reports and make site visits to provider. FTE-16</i> ◦ <i>Quality Assurance-monitors compliance, performs documentation audits and do site visits on a random basis. FTE-7</i> ◦ <i>Provider Relations-performs providers' claims, implements regulatory requirements, reviews invoices for any discrepancies.</i> -<i>Utilization Review/Authorizations-monitors and reviews medical necessity/service necessity e.g. acute care, date treatment and out of county services. FTE-19</i> • <i>Monitoring of Clinical Care for In-patient Services e.g.</i> <ul style="list-style-type: none"> ◦ <i>Regular meeting with county and contracted managers for inpatient services</i> ◦ <i>Children Specialized Services-case managers oversee residential care for AB3632</i> ◦ <i>Monthly meeting with Telecare Corp. (largest inpatient provider)</i> • <i>System Monitoring</i> <ul style="list-style-type: none"> ◦ <i>Data reporting that provides number of clients served; client demographics, etc.</i> ◦ <i>System of Care Managers hold regular meeting with providers</i> <p><i>Ms. Elias asked how the penetration rate is documented with contract monitoring.</i></p> <p><i>Mr. Spicer responded that the penetration rate is one area that they build regularly with the use of data; they have a decision support unit that is charge with the certain regular units on a monthly basis e.g. to compare the ethnic distribution of medical eligibility.</i></p> <p><i>Ms. Jones asked if there is a way to track how many people who are managed by Telecare arrive in acute care at John George and what can be done to lessen the use of hospital.</i></p> <p><i>Mr. Spicer responded that yes, they do monitor consumers' use of hospital resources on a monthly basis and what can be done to lessen the use of hospital resources is to create more support services in the community.</i></p>	

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<p><i>Contract Monitoring Process (Cont.)</i></p>	<p><i>Ms. Elias asked what types of red flags does the BHCS Dept. look for that prompt concern in an organization.</i></p> <p><i>Mr. Spicer responded that they look for red flags such as:</i></p> <ul style="list-style-type: none"> ▫ <i>Significant changes in the number of clients receiving services & radical fluctuation</i> ▫ <i>Providers have unfilled vacancies</i> ▫ <i>Not delivering as much services to clients</i> ▫ <i>When providers are chronically late reporting normal utilization data which could mean that there is an administrative problem in an organization</i> ▫ <i>Consumer complaints about a provider</i> ▫ <i>Increase in hospitalization</i> <p><i>Ms. Elias asked how will the dept. address issues because providers do have a board.</i></p> <p><i>Mr. Spicer responded that what they will do initially is to contact the lowest administrative level.</i></p> <p><i>Dr. Thomas stated that when the Quality Assurance does a formal audit and the provider is expected to develop a corrective action plan.</i></p> <p><i>Ms. Friedrich asked for update concerning issues happening at John George(JG) e.g. meals are 1 ½ hour late.</i></p> <p><i>Dr. Thomas responded that she has been in contact with Bill Mann (Chief Operating Officer at JG) concerning issues at JG e.g. meals being late and ambulances wait for a very long time to take patients to emergency. Dr. Thomas related the following:</i></p> <ul style="list-style-type: none"> ▫ <i>Ms. Tenenbaum (Patient Rights Advocate) confirmed that there were tremendous improvement at JG such as: meals are now on time and clients are more pleased with the quality of food as well.</i> ▫ <i>Ambulances waits have been reduced to ½ hour or less. Dr. Thomas will be meeting with the Medical Center and Emergency Medical Services to discuss what can be done to make sure that there is always immediate access to ambulances.</i> <p><i>Ms. Elias felt that the board should implement an adhoc committee for JG because of many issues at JG.</i></p>	

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<p>Discussion Item A. Update on Establishing Countywide Children’s Committee</p>	<p>Sup. Gail Steele described how Intergency Children’s Policy Council (ICPC) was developed...It involved several county agencies (e.g. Probation, Social Services, Health Care Services Agency (HCSA) with the leadership of Dave Kears to work together re: children services. ICPC is in existence for a long time in an informal way and it began as a project oriented committee versus being a children’s policy committee. Sup. Steele felt that there’s a need to formalize ICPC because Alameda County is a huge county, there’s a lot of children services and lots of different institutions e.g. school districts. It was HCSA that worked on delivering services to kids in the schools which started with counselors in Oakland and now with the EPSDT funds the program is expanded to different school districts in the county, there are now at least 5 or 6 school districts participating (e.g. Berkeley, Oakland, Hayward and Fremont).</p> <ul style="list-style-type: none"> ◦ ICPC will have a total of 30 members; BOS will appoint 2 people representing each board member ◦ ICPC Children’s Executive Coordinating Committee (CECC) meets once a month includes members e.g. BOS, Public Defender, HCSA, SSA, etc. ◦ ICPC Steering Committee: BOS member, two members of CECC and 3 or more “none county” CBO representatives ◦ Potential Issues that would be part of ICPC’s Agenda Work Plan e.g. children’s budget, legislation, etc. ◦ ICPC planning work group suggested that the 1st three months will be dedicated to really getting to know each other; to develop way to achieve consensus building and actual decision making, etc. 	
<p>Director’s Report</p>	<p>Dr. Thomas provided info on the following:</p> <ul style="list-style-type: none"> ◦ BHCS issued RFP and awarded it to a new downtown clinic called Healthy Oakland which will serve homeless individuals from West and North Oakland, there will be 3 providers who will be engaged in delivering services, it will have one full-time staff person who will access individuals to determine what the needs are for behavioral health care perspective. Dr. Thomas related that they are applying for SAMHSA grant-a federal level funding for mental health and substance abuse to help wit ◦ BHCS did a presentation on Full Service Partnerships (FSP) to the Board of Supervisors’ (BOS) Health Committee ◦ Everyone Home just finished publishing the result of the homeless count in Alameda County for 2009, such as: 10% decrease- homeless population; 18% decrease-chronically homeless; there are 231 fewer chronically homeless people on the streets because they are now in permanent supportive housing. FSP contributed to the decrease of chronically homeless because FSP has a membership of 217. 	

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<i>Director's Report (Cont.)</i>	<p>◦ <i>Mental Health Court Update-Mental Health Court will start operating on Aug. 1st; a family consumer advisory committee is being developed that will operate for about 9 months to help BHCS knows where the issues and concerns are.</i></p> <p><i>Ms. Elias asked where the Mental Health Court is going to be located.</i></p> <p><i>Dr. Thomas responded that she believes that it will be located in Oakland but she's not certain which courtroom yet. She related that the East Bay Community Recovery which does the forensic assertive community team will expand and will be providing intensive case management for clients and the CAP (Court Assistance Program) will have regular staff in the courtroom to assist clients as well.</i></p> <p><i>Ms. Friedrich asked if the BHCS Dept. has any MHSA funds that are approved but are not received yet or awaiting for approval.</i></p> <p><i>Mr. Spicer responded that when they get the approval they receive the funds but those funds are not spent yet; there are other funds called planning estimates which means amount of money that have been identified at the state level as potentially coming to the county pending approval of a plan to spend those money; there is about \$3.2 mil of augmented funds which is currently on a 30 day review process following this process it will be submitted as an update to PEI; there is also funds for innovative plan that accounts for 5% of all MHSA funds, this plan was recently submitted and no approval yet.</i></p> <p><i>Sup. Steele suggested using innovative plan to study a pilot to help the mentally ill population in Santa Rita Jail.</i></p> <p><i>Ms. Jones stated that she will be willing to work with Sup. Steele about ideas for innovative plan.</i></p> <p><i>Mr. Spicer added that they do have to submit a yearly plan update that reflects changes in the allocation, e.g. FY 09-10 there's an across the board increase in MHSA money, an update to the annual plan need to be submitted in order to fully claim funding available for 09-10. There's an 18 month delay on the revenues that will come to counties and the Dept's. plan is to put most of the funds into a contingency reserve to fund reserve for the next 3-4 years.</i></p>	

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<i>Director's Report (Cont.)</i>	<p><i>Ms. Elias asked info re: release time of mentally ill at Santa Rita Jail.</i></p> <p><i>Dr. Thomas stated that she spoke with the Sheriff and he had said that by law when people come back from the court the judge has no alternative but to release them and what the dept. is trying to do now is to have Ms. Swafford (Criminal Justice Director) work with Judge Baranco and the presiding judge to see whether or not the court can intervene for people who have mental illness.</i></p> <p><i>Ms. Jones suggested that may be the mental health court judge could get together with other judges to try working about the release time for mentally ill and she expressed that this issue should be a priority.</i></p>	
MHB Chair Report	<i>Ms. Elias stated that Barry will be emailing MHB members re: possible dates in early August for issue development section of board's work session.</i>	
Committee Chairs Reports <i>Adult Committee</i>	<i>Ms. Friedrich stated that they had an outstanding presentation from the Vocational Program at the last Adult Committee meeting.</i>	
<i>Children's Advisory Committee (CAC)</i>	<i>Ms. Novosel stated that they had a presentation re: TAY services, presented by Michelle Burns and Rachel Bryant at the last CAC meeting,</i>	
<i>Consumer/Family Committee</i>	<i>No report given.</i>	
<i>Public Awareness Committee (PAC)</i>	<i>Ms. Elias related that the most recent Mental Health Matters TV Program episode went extremely well which was about maintaining a good mental health during tough economic times. She commended Rev. Meyers for continue doing a great job. She stated that the PAC will resume Speakers Bureau and they will be sending out info to consumers, providers and family members.</i>	
<i>End of Life Issues (EOLI)</i>	<i>Ms. Friedrich stated that the EOLI is working on the white paper that list all their recommendations that they hope to present to the next MHB meeting as an action item.</i>	
Liaison Report <i>Alameda County Family Coalition (ACFC)</i>	<p><i>Ms. Dashiell related that the ACFC met with Dr. Thomas, Sup. Steele and Mr. Kears and they've talked about 1) MHSA-they've learned that any family input on MHSA is referred to the OPC 2) mental health court-they've learned the recruitment process.</i></p> <p><i>Dr. Thomas added that the meeting with the ACFC was an opportunity to educate some of the managers about the importance of family involvement and she related it will be on the agenda for the expanded admin. group meeting to focus on how to engage family involvement in the system.</i></p>	

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Public Comments	<p><i>Joseph Carter would like to know who to speak with re: homeless.</i></p> <p><i>Dr. Thomas responded that they don't have a person identified yet but it will be part of the innovation planning.</i></p> <p><i>Jerome Attaway provided an update on Howie Harp's activities.</i></p> <p><i>Mr. Kazeem related that NAMI had a presentation about Obsessive Compulsive Disorder at Eden Hospital on July 9th.</i></p>	
Board Comments	<i>None.</i>	

Meeting was adjourned @ 2:20PM