

**Alameda County Mental Health Board  
ADULT COMMITTEE MINUTES  
Jan. 19, 2011 ♦ 12:00pm-2:00pm  
Chabot Room**

Meeting called to order @ 12:05pm by Alane Friedrich

**HOUSEKEEPING**

Roll Call/Introduction of Guests

MHB Members: Alane Friedrich, Pat Buchanan, Lisa Gifford, and Patricia Sweetwine

BHCS Staff: Agnes Catolos, Michael Lisman, MaryAnn D'Onofrio, and Robert Ratner

Committee Members: Dennis Romano (ACCMHA), Karina Foote (FERC), Hazel King (MHAAC), Guy Qvistgaard (JGPP)  
Beverly Bergman (MHAAC), Francesca Tenenbaum (MHAAC) and Joe Rose (NAMI)

Public: Brooks David, Joseph Carter, Billy Phiefer, and Lynda Kaufmann

ITEM	DISCUSSION	PLAN/ACTION
<b>Approval of Adult Committee Dec. 2010 Minutes</b>	No correction was made to the Adult Committee Dec. 2010 minutes.	M/S/C Mr. Romano/ Mr. Qvistgaard Motion passed All favored
<b>Discussion: Closure of Howie Harp Center, deaths reported</b> A) Idea for a memorial B) Social Services request/information C) General discussion	Ms. Friedrich provided info about Howie the Harp (HH) e.g.: <ul style="list-style-type: none"> <li>• HHMSC was a client run org and had a lot of people going to it but 2 Executive Director in a row mishandled the funding for the program.</li> <li>• Traveler's Aid (TA) got involved bec they were asked to come in and manage HH program to provide mental health services. TA started providing other services at the HH location that people credited to BHCS but were not being paid for by BHCS, some of TA's projects that are not being paid for by BHCS e.g.: <ul style="list-style-type: none"> <li>○ Individuals with AIDS but don't have mental illness</li> <li>○ People who need hospice care services who preferred to stay in a place like HH but don't have mental illness</li> <li>○ Individuals who had criminal justice background that prohibited them from going to center like Henry Robinson Center (HRC) which has family and children</li> <li>○ Food distribution services.</li> </ul> </li> <li>• BHCS is not an independent agency and it doesn't necessarily have control over things like buildings it can use, it gets approved by various county agencies and the contract ends up at the BOS.</li> <li>• Sup. Keith Carson held a no. of public forums to determine what services the public wanted in the downtown area.</li> </ul>	

<p>Discussion:  Closure of Howie Harp Center, deaths reported (Cont.)</p>	<ul style="list-style-type: none"> <li>• At the last MHB meeting, it was mentioned that 15 people who used to go to HH have died since Nov. Ms. Friedrich felt that they need to have some discussion because the administration cannot reply to the things that the board heard for over a year at the board meeting and the board could do nothing about the closure of HH. She related that several things have happened since the board meeting e.g. Ms. Gifford went to HRC and Dr. Thomas has contacted the Coroner's Office asking about recent deaths or if there has an increase of deaths in the area and there has not been any increase.</li> </ul> <p>Ms. Friedrich stated that a memorial will be held when the names of the deceased individuals are known. Once the names were known, will help finding a site and refreshments would be provided. She reminded everyone that there is now spiritual aspect in BHCS.</p> <p>Ms. Gifford related that she went to HRC unannounced and she felt that the services provided at the center are favorable and she got positive feedback from clients, some were old timers and some came from HH. The census at HRC grown from 30-300 unduplicated clients. She added that she needs a piano for HRC.</p> <p>Dr. Ratner related the following info on HH:</p> <ul style="list-style-type: none"> <li>• He clarified that the building where TA was offering HH program was not deemed as unsafe but the county's lease was expiring and the amount of dollars that will be required to get the building up to current standard for accessibility and maintenance issue contributed to a collective county decision, GSA Dept. and BHCS, they thought it's not a good deal for the county to spend so much on leasing for a low quality space and the decision was made to move towards getting out of the space, which is separate and distinct from HH program issues. In addition to HH program, BOSS and PEERS are also located in the same building.</li> <li>• Aside from the building issue, there had been multiple meetings around transitioning HH to be more consistent with MHSA vision, mission and values. TA stepped in to operate the program when OISC was having a lot of business difficulties and it was intended to be an interim period that grew for a long time. Sup. Carson put together a public process that come up with some recommendations and the feedback was to move toward an RFP to operate a new program that is more consistent with the MHSA.</li> <li>• BHCS came with a plan to try to relocate all of the 3 programs (BOSS, PEERS and HH). TA was asked to create an interim transitional place similar to what HH was offering while BHCS staffs (Dr. Ratner and Ms. Mullane) are developing an RFP to be released this month. TA with an extension of their contract was to transition out HH clients to the TA main office up to the end of Nov. and with the expectation that TA staff will work with Dr. Ratner and Ms. Mullane to help find supports and services for individuals that have been coming to the HH to ensure that any major issues that people are having could be addressed.</li> <li>• Dr. Ratner stated that his experience to make connections with TA staff was that they never can get specific info about individual clients e.g. what their needs were. BHCS offered a range of resources around housing and referrals but they only got 3 applications from individuals from HH who took advantage of Housing Services' financial assistance to pay for housing and 1 woman got helped to move in to Oaks Hotel. He related that there was a period of overlap between TA and Anka (administer HRC) and BHCS staff try to get a connection between those 2 orgs so people can get services from HRC.</li> <li>• Dr. Ratner expressed that it's sad and troubling to hear that there were unnecessary deaths.</li> </ul>	
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<p>Discussion: Closure of Howie Harp Center, deaths reported (Cont.)</p>	<p><i>Public Comments:</i></p> <ul style="list-style-type: none"> <li>• David related how HH helped him as an individual with criminal justice issue.</li> <li>• Mr. Carter related what homeless people are going through e.g. being out on the street at 5 a.m. freezing and addressed that there is no place that is open at 5 a.m. He related how he is providing help to clients. He addressed that he is only asking for simple things like a small space for clients to be back together. He expressed that he would like to do the memorial. He thanked everyone for listening to their concerns.</li> <li>• Mr. Phiefer stated that HH is a blessing for a lot of people and he added that they will bring the names of those clients who passed away.</li> </ul> <p>Ms. Gifford felt that what HH clients need is a benefactor that might provide a space for clients to be together.</p> <p>Ms. Foote felt that it's important to address the gap in the morning hours, she felt that the committee should go back to the table and get the names of the clients who need help and get together with SSA and try to help people to get homes or get into some place that are safer.</p> <p>Ms. Friedrich suggested finding out if services can stay open an hour longer especially in this cold weather, may be ask SSA or BHCS.</p>	
<p><b>JGPP Report</b></p>	<p>Ms. Friedrich asked what info JGPP shared at the Community Advisory Group that could be part of a report in the Adult Committee.</p> <p>Mr. Qvistgaard responded that they will have some report on critical indicators which is called HBIPS and that its mandated to be collected beginning Jan. 1, 2011; their first reporting should be available at the end of first quarter of 2011. He will bring this report to the Adult Committee and it will be at their website as well.</p> <p>He related that JGPP is full, their ave. daily census compare to last year are: Nov. 2009-56 and Nov. 2010-68; Dec. 2009-61 Dec. 2010-68. JGPP ave. length of stay (LOS) has gone up as well...Dec. 2009 was about 7 days and Dec. 2010 was about 11.2 days. He stated that when the LOS starts to increase beyond about 8 ½ to 9 days that's when they have challenges with the patients, they start getting restless or their symptom comeback. He felt that the increase in LOS in the inpatient is the result of step down facilities discharging patients slowly because of lack of board and care beds and it also increase the volume in PES which average about 29 new visits per day and about 850 visits a month but now its more like 1100-1200 visits a month.</p> <p>Ms. Tenenbaum felt that there are 2 factors 1) something is happening at Villa and 2) board and care beds are disappearing possibly because Regional Center is taking a lot of board and care.</p> <p>Ms. Friedrich asked Dr. Ratner to provide some updates on housing.</p> <p>Dr. Ratner provided the following info on Housing:</p> <ul style="list-style-type: none"> <li>• There are few licensed board and care homes in the past year, there had been more non-licensed facilities in parts of Oakland and Hayward but referral sources to unlicensed facilities have decline because of local attention to supervision being provided in unlicensed facilities. There is a real shortage of licensed board and care that take people with SSI income and people with mental health issues</li> </ul>	

<p>JGPP Report (Cont.)</p>	<p>because Regional Center pays more.</p> <ul style="list-style-type: none"> <li>• There's a whole range of housing available to discharge people to rather than just licensed board and care homes but if someone is paying to hold a space, they can keep the space. BHCS Housing Office has funds to help people keep their housing. Need to look at individuals' needs and not everyone needs to be referred to a place clinically. Dr. Ratner felt that they need to coordinate more with Villa and JGPP to talk about Housing Assistance Program.</li> </ul> <p>Ms. Friedrich felt that families don't know about the Housing Assistance Program and suggested getting info out to FERC.</p> <p>Ms. Tenenbaum felt that there is a need for more crisis stabilization facilities similar to Sausal Creek but it should be located more centrally in the county rather than having someone goes to PES.</p> <ul style="list-style-type: none"> <li>• Housing Services Office hasn't been able to get accurate data on the housing status of people when they come in at JGPP, it hasn't been put in Insyst as a result everyone is mark as unknown on the data. He would like to know how many are homeless, how many are starting in board and care and that he is willing to provide training to staff.</li> </ul> <p>Mr. Qvistgaard suggested to Dr. Ratner connecting with Haeyoung Sohn.</p> <p>Mr. Lisman felt that it would be helpful to know what is the discharge rate historically year over year for Villa, Gladman, and Morton Baker and what is it now, to know what the gap is and to have a full picture from every part of the system.</p> <p>Mr. Qvistgaard related that JGPP's Mentor on Discharge Project was awarded an Innovations Grant and the grant amount is about \$200,000. He thanked Joe Rose and John Woodruff for their involvement with the grant. Members of POCC can apply as a mentor for \$15 per hour.</p>																																					
<p><b>Sausal Creek (SC) Report</b></p>	<p>The SC Report for Dec. was sent via email that included stats e.g.</p> <table border="0"> <tr> <td>Admission</td> <td>364</td> <td><i>Open to Other Services e.g.:</i></td> <td></td> </tr> <tr> <td>Ave. number of clients/24 hours</td> <td>14</td> <td>ACCESS</td> <td>11</td> </tr> <tr> <td>Walk-ins</td> <td>122</td> <td>Highland Medical Center</td> <td>13</td> </tr> <tr> <td>Mental Health Referrals</td> <td>207</td> <td><i>Housing Referrals e.g.:</i></td> <td></td> </tr> <tr> <td>AOD Providers Referrals</td> <td>35</td> <td>5150's JGPP</td> <td>4</td> </tr> <tr> <td>Uninsured</td> <td>276</td> <td>Self/Family/Friends</td> <td>324</td> </tr> <tr> <td>Ave. Length of Waits for services (min)</td> <td>150</td> <td>Not in need of new referral to BHCS system</td> <td>99</td> </tr> <tr> <td>Ave. Length of Visits (hours)</td> <td>1.5</td> <td>Clients New to Sausal Creek</td> <td>61</td> </tr> <tr> <td></td> <td></td> <td>Clients New to County System</td> <td>55</td> </tr> </table> <p>Ms. Taft-Butkowski stated on her email that "everything seems to be stable at Sausal Creek. New furniture has begun to arrive for the new building, and wiring for electricity is scheduled to be done on January 31st. Staff is very excited about their new work stations and the additional space we will have. We remain on target for a completion of the whole project by the end of February, including refurbishing the current building. We are all looking forward to March!"</p>	Admission	364	<i>Open to Other Services e.g.:</i>		Ave. number of clients/24 hours	14	ACCESS	11	Walk-ins	122	Highland Medical Center	13	Mental Health Referrals	207	<i>Housing Referrals e.g.:</i>		AOD Providers Referrals	35	5150's JGPP	4	Uninsured	276	Self/Family/Friends	324	Ave. Length of Waits for services (min)	150	Not in need of new referral to BHCS system	99	Ave. Length of Visits (hours)	1.5	Clients New to Sausal Creek	61			Clients New to County System	55	
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<b>Patients' Rights Advocates (PRA) Report</b>	<p>Ms. Tenenbaum presented PRA Dec. report that included stats e.g.</p> <ol style="list-style-type: none"> <li>1) Total Calls Received: 834 (Complaints of Codes/Regulations Violations- 21/Requests for Info/Assistance- 813) <ul style="list-style-type: none"> <li>▫ Voicemail Message Received- 390</li> </ul> </li> <li>2) Investigations Conducted- 21</li> <li>3) Facility Monitoring Visits- 21</li> <li>4) Training/Educational &amp;/or Consultation Sessions-15 <ul style="list-style-type: none"> <li>▫ Face to face consultation-221</li> </ul> </li> <li>5) Source of Patient Calls e.g. JGPP-130; Fremont-87; Herrick-52</li> <li>6) Type of Calls: <ul style="list-style-type: none"> <li>▫ Abuse- 17</li> <li>▫ Patients' Rights- 151</li> <li>▫ Quality of Care- 144</li> <li>▫ Legal- 193</li> </ul> </li> <li>7) Patient Rep: 5250 Certifications (14 day holds) Number of patients certified- 456</li> </ol> <p>Capacity Hearings: Number of Patients filed for Capacity Hearings- 51</p>	
<b>FERC Update</b>	<ul style="list-style-type: none"> <li>○ Ms. Foote distributed FERC's Quarterly Report 2010 that consisted the following stats: <ul style="list-style-type: none"> <li>-Warm-line total calls</li> <li>-Walk-ins-new clients and returning clients without an appt.</li> <li>-Appointments-returning clients in person and over the phone</li> <li>-Returning clients unduplicated</li> <li>-New clients-WL, walk-in, referral called direct line (unduplicated)</li> <li>-Total New and Returning Clients (unduplicated)</li> </ul> </li> <li>○ Ms. Foote related the following: <ul style="list-style-type: none"> <li>-Warm Line Operator was hired</li> <li>-Curriculum is being reworked</li> <li>-Spanish staff is available at FERC Hayward site</li> </ul> </li> </ul>	
<b>Family Caregiver Report</b>	<p>Ms. Bergman distributed Family Caregiver Report Oct. report that included stats e.g.</p> <ul style="list-style-type: none"> <li>▫ Phone calls received- 87</li> <li>▫ New family/visitor- 61</li> <li>▫ Repeat family/visitor- 37</li> <li>▫ Repeat caller- 34</li> <li>▫ Family Support Group- 37</li> <li>▫ Repeat Hospital Visits- 37</li> </ul> <p>Phone calls received by Geographic Areas: Alameda County-83; Contra Costa-8; Other Counties-15</p>	
<b>800 Complaint Report</b>	<p>Ms. Tenenbaum distributed the 800 Complaint Report for Dec.</p>	
<b>Committee Comments</b>	<p>It was related that Mental Health Assoc. is giving Mr. Qvistgaard a recognition award for a tremendous difference he has done at JGPP.</p>	

*Meeting Adjourned @ 2:10PM; Minutes submitted by Agnes Catolos*