

MHAB Children’s Advisory Committee (CAC) APPROVED Minutes
February 26, 2021 ♦ 12:15pm – 1:45pm ♦ Via GoTo Meeting Video Conferencing

Meeting called to order @ 12:18p. by LD Louis Deputy District Attorney (Alameda County Mental Health Unit)

Attendees:	MHAB Members:	✓	LD Louis, MHAB Chair, Deputy District Attorney (Alameda County Mental Health Unit), Vice Chair of Mental Health Advisory Board and Head of Mental Health Unit for the Alameda County District Attorney’s Office District 4				
		✓	Joe Rose, President CEO of NAMI Alameda County South NAMI National Alliance on Mental Illness-ACS	✓	Jessie Slafter– East Bay Children’s Law Attorneys and Member of Mental Health Advisory Board		Sarah Oddie, Policy Advisor Supervisor Wilma Chan’s Office
		✓	Adriana Furuzawa, Director of Early Psychosis Division, Felton Institute (Family Services Agency of San Francisco)		Neill Penn, Member of Mental Health Advisory Board	✓	Boldly Me Kristin Spitz, Executive Director
		✓	Ricki Garcia, Parent Partner at Fred Finch	✓	Lara Maxey, Director of External Affairs at La Familia	✓	NAMI Alameda South Board of Directors Teri Talauta
		✓	Jackie Siefel, Clinical Supervisor at Victor Community Support Services	✓	Allison Massey, Program Director of Family Partnership Program		
	BHCS Staff:	✓	Angelica Gums, HR Liaison, BHCS Office of the Director, Recording Secretary	✓	Tanya McCullom, Program Specialist, BHCS Office of Family Empowerment	✓	Damon Eaves, BHCS Associate Director Child and Young Adult System of Care
		✓	Asia Jenkins, BHCS Office of the Director	✓	Kristin Boer, BHCS Office of the Director		

ITEM	DISCUSSION	DECISION / ACTION
I. Roll Call	A. LD Louis conducted roll call	
II. Approval of Minutes	A. January minutes are approved	
III. Children’s System of Care Report by Damon Eaves	<p>Damon Eaves of ACBH Children’s System of Care provided the committee with the following departmental updates:</p> <ul style="list-style-type: none"> I. The Finance Department’s budget reduction for 2021 with realignment dollars is \$7 million for MSHA match alignment dollars II. Update on the eating disorder program III. State has mandated integrated continued care between probation, regional center, child welfare, etc. IV. Corrective action plan for any child eligible for Medi-Cal is also eligible for therapeutic foster care in short term residential facilities. Parents are being trained to do interventions and can bill for work they have done. V. The Oakland Coliseum inoculation site has been rolled out due to President Biden’s proposal to get more of the population vaccinated. Budget cuts and mental health workers have been spread then. 	<p>Invite Juan Taizon, Juvenile Justice Center Director, to a meeting to give a current status report on mandate in March or April.</p>

VI. Most of Alameda County staff first responders, clinicians, and disaster workers have received their 1st dose of the vaccine, the Behavioral Health Department has recruited a manager and several Tri-city behavioral health clinicians, supervisors, manager and intern.

Questions:

1. What is the mandate?
 - a. Damon- The combined system of care is through probation, child welfare, juvenile justice, and regional services. We can have Juan Taizan come to discuss the mandate further because he is more familiar with the forensic part of the mandate.
2. Recently, I have come across more and more mental health cases that have crossed over into the juvenile criminal justice system and are moving into the adult criminal system. This cross over is very rare. There are people who participate in the juvenile system as stakeholders that want to see what is being contemplated in the behavioral health area. What are your thoughts?
 - a. We are having a TAY unit at the juvenile criminal system to help address moving a child once they are 18 to the adult criminal system.
3. Where is the \$7 million cut of Medicaid and Medi-Cal coming from? Can we have a presentation on where the cuts are going and why? This will be a big blow. Is it coming from children's?
 - a. Damon- Cuts are coming from unutilized dollars. For example, Benioff has an allocation of \$4-5 million for services and can bill up to that amount and reimburse them. Often, they don't bill up to the full amount because they might not have enough kids or are unable to open a unit.
4. The Mental Health Advisory Board (MHAB) and stakeholders don't want to see cuts because we want to make sure parents can navigate resources. Schools have insufficient ways to support families in the System of Care (SOC). We have experienced false negatives because parents don't know how to access the system. How much of the \$7 million does the children's system have to eat and where would those dollars come from? Can we have follow up on that?
 - a. Damon- Trying to find where the unused dollars are instead of cutting programs is a compassionate way to do that. When ACBH submits their proposal to the BOS, does that information get communicated to the Board?

No. We have a representative from the Board of Supervisors (BOS) on the committee but most of our communication is one way. We create a letter and push it to the agency, then it is brought to the BOS. It is not automatic, especially regarding budget matters going to the Board. We do get broader presentations from Dr. Tribble regarding the budget.

IV. Chair's Report by LD

Chair L.D. Louis reported out on the Mental Health Advisory Board Bylaw Changes

- A. We are in the process of updating our bylaws. We voted to make changes and there is a team working on it. Still need to push to the Board of Supervisors.
- B. We're working with Consultants to develop a monitoring framework around proposed changes to the forensic system of care.
- C. We recommended the following bylaws be amended:
 - o Reduce the number of board members from 17 to 16.
 - o Amend the provisions regarding the composition of the board to reflect state law requirements and be less prescriptive about occupation representation on the board.
 - o Add the state law consumer exception to the prohibition on board members who are employed by mental health services agencies.
 - o Reduce term limits for board members from 12 years to 9 years.
 - o Eliminate the office of secretary.
 - o Delete the requirement that committees develop annual work plans that are to be reviewed by the full board.
 - o Add provisions stating that standing committees shall be include at least 2 board members.
 - o Clarify the role of committees.
 - o Clarify the circumstances under which a board member may be removed from the MHAB.

**VI. DISCUSSION:
Dependency Mental Health
Services Recommendations
(Jessie Slafter) & Substance
Use Treatment Services
Recommendations**

Discussion:

The goal from this discussion is to make concrete recommendations on existing gaps to the MHAB. We'll then vote and take the recommendations to the BOS. There are two key areas: (1) Dependency services and youth dependency services based on the meetings we had last year; and (2) Substance use Continuum of Case (SCC) of transitional aged youth from Mr. Hobbs' presentation.

Dependency Mental Health Services Recommendations (Jessie Slafter).

- Some of the issues that have come up after the BOS presentation are not Alameda County specific or related to our System of Care. Jessie works with clients who relinquished care of their child because of no resources for treatment. A child's mental health is also affecting younger children in the home.
- The Juvenile Justice Center (JJC) has a TAY program that works with youth 19-21 yr. old. Youth that are up to 19 can be housed in JJC if its for a violation under one of the juvenile crimes. They will be brought to the JJC (see Slide #14 regarding mental health limitations for services).

- There is a need of funding for recreation or hobbies (i.e., paint shoes, boxing). Child welfare funding is long and cumbersome.
- There are two other issues that have come up since this presentation:
 - o Statewide – California Department of Social Services has withdrawn the licensing of a lot of state programs, which were funded under a for-profit umbrella. However, there are now some good programs that are off the table which leads us to not having enough placements for older youth and mental health needs.
 - o Federal THPP programs for 16-18-year-olds for hybrid housing programs will be delicensed, essentially because they have poor outcomes, but some are successful. This all falls under the umbrella of placement needs and issues.
 - o The Foster homes that we have do not necessarily require training. There are foster parents that are doing more and in turn getting paid a higher rate. The goal, however, should be to consider the placement as a good match and support the family. AB 1299 looks at the presumptive transfer of Medi-Cal to County of residence. This is not necessarily problematic, but the goal is to transition them back to their home County.

Questions:

1. Looking at the AB 2022 mandate, schools must be able to help parents or students find mental health services. Is the ACCESS line the only way for them to receive referrals?
 - a. Jessie- ACCESS is the main referral point to schools.
2. In Nathan’s SUD presentation, families do not have one point of entry. What is the best access and point of access for schools and families?
 - a. Damon- ACCESS is not the only referral point. Parents, teachers, and administrators working off-site at CBOs, or mental health workers, can get a 504 and an IEP to qualify for medical necessity, and therefore Medi-Cal to access school-based programs. If a family calls, and the school has a program, the school can refer the family directly to a school-based clinician or neighborhood clinician.
3. Do we have a pick list of resources to show parents and schools of services and who provides them? I know Kathy Davis, of the Mental Health Association, has been putting together a list. The problem that I saw 3-4 yrs. ago when communicating with various stakeholders is that they didn’t know ACCESS existed.
 - a. Damon – There is a resource and provider directory for Alameda County that I am putting in the Chat.

4. The problem is that it is difficult for parents to navigate the system for resources. In addition, private insurance does not provide adequate or equal services that forces parents to either drop them from their private insurance, so their child can receive housing. Turning them over to the dependency system, Medicaid and Medi-Cal, for services not available on their private insurance. This is an issue that can be addressed legislatively.
 - a. Damon- ACCESS is great in that you can contact them, and they'll provide you with a provider directory.

5. We recognize that young people of color are receiving diagnosis by conduct based as opposed to diagnosis that are not. ACCESS on types of services are dependent on what type of diagnosis someone is given. Do you remember that piece?
 - a. Jessie- Don't think its specific to the child welfare. One of the goals of CalAIM is to remove diagnosis as part of the criteria by getting Medi-Cal services. This puts pressure on whoever is providing services to match limited understanding on someone's behavior to the DSMI.

6. Recommending more implicit bias training with an eye towards cultural sensitivity. Bias that may be impacting diagnosis. Does anyone else have thoughts regarding these recommendations? Is there adequate trauma-informed care training or trainings of behaviors being driven by trauma?
 - a. Jessie- Trainings are not very helpful for the clients I'm talking about. If a child is being evicted from their placement due to arbitrary guidelines, the youth must change provider and school. It is hard to prioritize the training of staff when their basic needs are not being met on a daily basis. The later is more impactful.

7. Should we talk to the BOS about the problem of parents dropping their child into the dependency system because of no suitable services on their insurance. Another issue is that there are not enough placements available for people who need intensive case management services. What is the need? Why don't we have it, and How can we get it?
 - a. Jessie- It is rare for a school district to champion and work with the family to find a residential placement for their youth. There is a need for therapeutic foster care or whatever is required under RDA. Dependency is feeling the gaps, but it doesn't fulfill the needs of the whole family since parents have to relinquish their rights.

8. Navigation for parents and family members for resources is lacking. A suggestion is a one web page for folks to have a step-by-step access to these resources.

9. Jessie and Chair Louis will create 3 to 4 recommendations based on this discussion, then bring back the items to the committee for a vote and full Board. Once we meet with the full board, we'll draft a letter to the BOS and the Head of System of Care surrounding specific action items in a few areas.

	<p>Hopefully from that space we can develop next steps as a group in this area as well as next steps to the larger MHAB.</p> <p>10. Substance Use Treatment Services Recommendations:</p> <p>Chair Louis would like to invite Nathan back in April or May to discuss the budget cuts to the entire system. Need to add to the agenda for the next meeting. Also, she recommends setting up a meeting with, Juan Taizan, for a March or April presentation regarding this new collaboration between probation and juvenile services.</p>	
Public Comment on Items not on Agenda	A. No public Comment	
VI. Adjourn	Meeting Adjourned 1:40 pm	
Next Meeting	Friday, March 26, 2021 at 12:15p via GoTo Meeting	

Minutes submitted by Angelica Gums