MHAB Children's Advisory Committee (CAC) APPROVED Minutes
July 23, 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)		Lara Maxey, Director of External Affairs at **La Familia**		Kristin Spitz, Executive Director **Boldly Me**
			Ricki Garcia, Parent Partner at **Fred Finch**		Allison Massey, Program Director, Mental Health Association of Alameda County		Teri Talauta **NAMI Alameda South Board of Directors**
			Jackie Siefel, Clinical Supervisor at **Victor Community Support Services**		Dr. Fried, Program Manager, Outpatient Behavioral Health at Fairmont Campus, **Alameda Health System**	✓	Kurtis, **Member of the TAY community**
	BHCS Staff:	✓	Angelica Gums, HR Liaison, **ACBH Office of the Director, Recording Secretary**		Tanya McCullum, Program Specialist, **ACBH** Office of Family Empowerment		Juan Taizan, Forensic, Diversion, and Re-entry Services Director, **ACBH**
		✓	Asia Jenkins, **ACBH Office of the Director**	✓	Lisa Carlisle, Director of CYASOC, **ACBH**		

ITEM	DISCUSSION	DECISION / ACTION
I. Roll Call	LD Louis conducted roll call	
II. Approval of Minutes	June minutes were approved	
III. Chair's Report by LD A. MHAB General Meeting Update	**Chair L.D. Louis provided her Chair's Report.** She explained that the Board has been busy. At the last meeting, the Board amended its bylaws, which have not yet been ratified by the Board of Supervisors. They approved the annual report. There were some updates from Dr. Tribble surrounding incompetent to stand trial (IST) individuals being returned to the local level and how it impacts our system of care. The Governor is to sign legislation to form a statewide working group to develop protocol and procedures on how that might be implemented. There is also a push to return those on LPS Conservatorship that are placed at the state hospital to the local level. Lastly, there was discussion surrounding the budget and the existing lawsuit with ACBH.	

IV. ACBH Children's System of Care Report (Lisa Carlisle, Director, Child and Young Adult System of Care, ACBH)	Director Lisa Carlisle provided updates for the ACBH Child & Young Adult System of Care (CYASOC). She explained that there haven't been significant changes. They are actively recruiting for a CYASOC Assistant Director position. That is ongoing until filled. There are applications and resumes they are reviewing and are in the process of scheduling interviews for either August or September. They are also recruiting an early childhood mental health coordinator. In terms of service delivery, all our services are still up and running through a hybrid model, which includes virtual and in-person gatherings.	
V. DISCUSSION: A. Presentation – Foster Youth Services (Lisa Carlisle, Director, Child and Young Adult System of Care, ACBH)	Following her Director's report, Director Carlisle began her presentation on foster youth services in Alameda County. The presentation was entitled Child and Young Adult System of Care Continuum of Care Reform and Specialty Services Overview. Continuum of Care Reform (COCR) is also known as AB 403 and provides statutory and policy framework to ensure services and supports are provided for children and youth, his or her family, and is tailored toward the goal of returning the child home whenever possible to a permanent family placement. Essentially, it is the partnership between child welfare, behavioral health, and probation (usually the placing agencies), to determine the appropriate supports. There are a set of guidelines that they work under to find the appropriate placement for youth that are system-involved, in either child welfare or probation, and that provide the appropriate and nurturing home for children and youth. There have been significant changes to COCR since 2017. There have been implementation of child and family team meetings (CFTs), where they bring together the child's natural supports and help guide placement and treatment recommendations. They have a partnership with SSA on CFT teams and placements. There is also the establishment of resource families which provide family like settings and help to streamline approvals for foster youth into therapeutic foster care. Resource families are different than traditional foster parents. Resource families are selected by the placing agency in child welfare and are trained by ACBH mental health providers. They also bill medical for their services for children under their care. There has also been a change with the level of treatment/services provided by our group homes, in that group homes have now shifted to short term residential therapeutic programs (STRTPS). The State licenses STRTPs and approves mental health program/services. Mental Health Plans (MPHS) are required to certify with Medi-Cal and contract with any STRTP used by Child Welfare or Probation partners. Carrie Ware, licensed Marriage and Family Therapist with ACBH, sits on the Interagency Placement Review Committee. IPRC is comprised of ACBH, Child Welfare, and Probation. The meetings are held on the second and fourth Fridays of the month. They are currently meeting virtually/by phone. STRTP approval is based on medical necessity, commonality of need, and least restrictive placement. If placement is denied (which is a rare case) they discuss alternative referrals and they send out NOABD (notice of adverse benefit determination). They give that to the placement agency and they would discuss alternative services and the reason why they were denying those services.	

Director Carlisle explained that they analyze placement options because they no longer have level of treatment stages.

Question: Do we have facilities that accommodate the highest acuity/risk category of youth anymore? Are we setting up these youth for failure in facilities that don't have the structures necessary to manage higher acuity/higher risk behavior? Do we have suitable placement?

ACBH looks to determine which facility can accommodate the youth. There are less CTF (Community Treatment Facilities) than before. Placement options outside of a detention centers have greatly diminished. There are STRTP programs that can handle high level kids, but it requires a variation in the level of services.

Chair Lewis expressed concerns about mixing the population of youth diagnosed with a mental illness who have committed a certain crime, such as murder, with a youth who committed a lesser offense.

There is legislation happening at the state level that if passed may shift our operations. That information is forthcoming.

Director Carlisle continued with her presentation to discuss the following topics:

- Therapeutic Foster Care (TFC)
- California Assembly Bill 1299 Presumptive Transfer, a policy that ensures all foster children, youth, and Non-Minor Dependents receive timely access to Specialty Mental Health Services regardless of their county or residence.
- ACBH Presumptive Transfer Count from June 2020 – June 2021 Chart- Youth that left Alameda County and went to other counties.
- AB 1299 Successful Strategies
- Challenges with Presumptive Transfers
- Who Does the Work of CCR? It currently lives under the CYASOC Director but will eventually transition over to the Assistant Director.
- Intensive Care Coordination (ICC)
- Intensive Home-Based Services (IHBS)
- Therapeutic Behavioral Services (TBS)
- TBS Target Population/Eligibility Criteria – Allocation for TBS is $5.7 million dollars. There is a high turnover of TBS direct staff.

Question: How does the system of care define success when placing young people into varying programs and placements that you described?

- Director Carlisle expressed that the youth and families share success.

	Question: Has behavioral health accessed and reported out the performance of these various programs? How many young people have been reunited with family? How many have stepped out of the program and remain recidivism free? - Currently, there are no reports tracking this information. It's hard to develop a baseline since the rates change every year. We do need to do that and have a parallel between youth from ACBH and Probation. Question: Do any of the programs have timelines? - Youth are expected to stay in the program up to six months although it can be extended up to a year. Placement under six months should not exceed 120 days; and kids between 6 and 12 is to exceed six months. The focus is on shorter term treatment. - Chair Lewis would like to partner with CYASOC through her position with the District Attorney's Office to brainstorm ways they can report out on how these programs are performing. They are very interested in whether the needs of these young people are being met and that they are moving particularly away from the criminal justice system. They don't want youth involved in the child welfare system and juvenile justice system becoming part of the adult correctional system. That is one data point that we should all keep an eye on, even if some of these folks need public help services. - Director Carlisle meets with our QA team monthly on developing different trainings for STP partners. - Director Carlisle to roll out STP provider meetings in the fall. Specialty mental health services are new for STRTPs and ACBH is looking at ways to better equip and support them to increase efficiency. Question: Working out placements in Committee, is there an equity lens and implicit bias in terms of diagnosis. Is there anything baked into your process where the team is doing gut check surrounding some of the racial equity lens type issues that can come up, type of placement, what is suitable, validity of diagnosis, etc. - ACBH tries to have those conversations. Those take place more at the Child and Family Team meeting levels. Our committee reviews the diagnosis and determines if it meets medical necessity. We can expand and have those conversations, but we don't always have them. - Chair Lewis explained that diagnosis can impact access to services, for instance whether a youth should be on a mental health track and acuity level than a criminal justice track. - Diagnosis and treatment conversations may need to happen more at the guidance clinic level with ACBH.	Director Carlisle to send Chair Lewis the presentation
Public Comment on Items not on Agenda	No public Comment	.
VI. Adjourn	Meeting Adjourned 1:45 pm	
Next Meeting	Friday, August 27, 2021 at 12:15p via GoTo Meeting	