ALAMEDA COUNTY MENTAL HEALTH BOARD

Annual Report to the Alameda County Board of Supervisors

Fiscal Year 2014-15

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MISSION STATEMENT

The Alameda County Mental Health Board has a commitment to ensure that the County's Behavioral Health Care Services provides quality care in treating members of the diverse community with dignity, courtesy and respect. This shall be accomplished through advocacy, education, review and evaluation of Alameda County's mental health needs.

FY 2014/15 Alameda County Mental Health Board Appointees
By District

Term: July 1, 2014 – June 30, 2015

DISTRICT ONE
Alameda County Board of Supervisors Member
Scott Haggerty
Mental Health Board Appointees
- Robert Villanueva
- Open Seat
- Open Seat

DISTRICT TWO
Alameda County Board of Supervisors Member
Richard Valle
Mental Health Board Appointees
- Rochelle Elias
- Carmen Balingit
- Lorene Kiger

DISTRICT THREE
Alameda County Board of Supervisors Member
Wilma Chan
Mental Health Board Appointees
- Sheldon Koiles
- Luvenia Jones
- Diane Wydler

*Representative from the Board of Supervisors**
- Supervisor Wilma Chan

* *WIC § 5604. One member of the (mental health) board shall be a member of the local governing body*

DISTRICT FOUR
Alameda County Board of Supervisors Member
Nate Miley
Mental Health Board Appointees
- Alane Friedrich
- Dorothy King
- Brian Bloom

DISTRICT FIVE
Alameda County Board of Supervisors Member
Keith Carson

Mental Health Board Appointees
- Laura Mason
- Jaseon Outlaw
- Abu Rahim

Mental Health Board Members can be reached at:
Alameda County Behavioral Health Care Services, 2000 Embarcadero Cove, # 400, Oakland, CA 94606
Ph (510) 567-8100 | Fax (510) 567-8130

I. Introduction

Pursuant to California Welfare and Institutions Code §5604.2. *Powers and Duties of California Mental Health Boards*, the Local Mental Health Board shall "submit an annual report to the governing body on the needs and performance of the county's mental health system." In addition the Mental Health Board is now asked to complete yearly an *Alameda County Data Notebook* for the California Mental Health Planning Council. The Alameda County Mental Health Board is therefore submitting their FY 2014-15 Annual Report to the Board of Supervisors for their information and consideration.

This annual report has two components:

1. Recommendations to the BOS on the needs and performance of the local mental health program (as mandated by WIC Section 5604.2)
2. Highlights of MHB's major activities in the past year (as suggested by the California Association of Local Mental Health Boards and Commissions)

How this report was written:

- Meeting minutes were reviewed to summarize issues heard and decisions made.
- The description of the needs and performance of the Mental Health System was developed by reviewing the EQRO Report, the BHCS Quality Improvement Work Plan, and data offered at Mental Health Board meetings.
- Mental Health Board members were invited to contribute to this report according to their role on the board or as a general board member.

II. Needs and Performance of the Alameda County Mental Health System (WIC §5604.2)

Each Mental Health Board holds a legislative mandate to report on the "needs and performance of the county's mental health system" (California Welfare and Institutions Code: §5604.2. Powers and Duties of California Mental Health Boards).

In order to determine the "Needs and Performance of the County MH System", the Mental Health Board relied on data and reports obtained in full board meetings plus the experience of its committees, liaisons, and external reports. This includes information from the California External Quality Review Organization (CAEQRO), grand jury reports, BHCS data, county contractors, consumers, and family members.

This section of the Mental Health Board Annual Report includes ten major areas of concern and the Mental Health Board recommendations to address these concerns.

CONCERN #1: Overcrowding and Readmission Rates at John George Psychiatric Facility

RECOMMENDATION:

There is a dire need for an Intensive Outpatient Program level of care and availability of urgent outpatient mental health intake appointments. The infrastructure exists. Mobilization needs to take place to utilize already existing facilities, personnel, and management expertise to avert this expanding mental health crisis in Alameda County. Waiting for future planning of crisis centers may be years in the making, while the crisis is affecting care now.

The high readmission rate at John George Psychiatric Facility has a number of concerning consequences. Most notably, it is a major factor contributing to the chronic overcrowding in the Psychiatric Emergency Services (PES), with an average of 20 people sleeping on the floor for up to 24 hours.

The problem of overcrowding at John George Psychiatric Emergency Services (PES) is of critical concern to the Alameda County Mental Health Board. According to a presentation given by JGPP to the MHB, there are an average of 20 patients per day that are sleeping on the floor on mats, sometimes as long as 24 hours. In the Mental Health Board mission statement, it is our charge to advocate that patients be treated with dignity, courtesy, and respect. Patients entering the facility are vulnerable, frightened, and seeking professional treatment. **The Mental Health Board would like to recommend that every effort be made to correct the problem of bed availability to promote the humane treatment of patients at John George.**

John George remains the single most utilized point of entry into the County mental health care system. This includes receiving patients admitted for psychiatric evaluation from family members, private mental health providers, contracted providers, law enforcement, medical practitioners and self-referral. In light of this, addressing recidivism is all the more pressing. Without adequately addressing it, there is the potential for a vicious cycle of overcrowding, leading to patients being discharged and being readmitted when they fail to function outside the hospital setting.

One solution to overcrowding recently advanced by hospital administrators is to put in place a more stringent triage system. This would allow the care delivery system to identify and provide transitional housing, outpatient mental health or chemical dependency treatment for patients utilizing the facility due to homelessness, less severe psychiatric conditions, or temporary drug or alcohol-induced behaviors or withdrawal. Although this approach has merit, if the housing, outpatient and chemical dependency services are inadequate to address the needs of this population, many could be turned away who are, or could become, a danger to themselves or others, while prolonging the suffering of the individual.

Although creating community crisis centers designed to intercept consumers before hospitalization is in the future and in implementation, what can be done in the interim? Ultimately, recidi-

vism will be addressed by good mental health care, provided case-by-case, across the continuum from acute hospital to outpatient mental health and chemical dependency services. Any enhancement made to services across this continuum will have beneficial consequences for the recidivism and overcrowding of PES. We encourage a careful review of the Alameda County Mental Health outpatient care continuum to identify gaps and deficiencies in the continuum of care. Beginning with the most glaring and easily addressed deficiencies that have the potential for impacting the greatest number of consumers would be the logical place to begin.

*CONCERN #2: Criminal Justice and Mental Illness

RECOMMENDATION:

Far too many Alameda County residents with mental illness cycle in and out of Santa Rita Jail and John George Psychiatric Hospital. The following recommendations are aimed at ending this cycle and reducing the number of mentally ill people who are incarcerated at Santa Rita Jail. What's needed is a comprehensive, integrated system which offers a continuum of care to mentally ill people. With this in mind, **the Mental Health Board's Criminal Justice Committee offers these recommendations**:

a) Suicides

Suicides at Santa Rita are a critical concern for the Mental Health Board. There have been four suicides at Santa Rita County Jail in the past year and a half. **A focused study by independent consultants should be considered to evaluate possible systemic breakdowns contributing to these tragedies.**

b) Pre-Arrest Diversion

Police officers in the field responding to individuals with mental illness have few options other than bringing them to Santa Rita or John George. Although they may have received Crisis Intervention Training, without adequate diversion resources, police officers must frequently use John George and/or Santa Rita Jail as their only option. **What is needed are more 24-hour-a-day Crisis Stabilization/Drop-In Centers where trained professionals and case managers could offer mental health treatment and assess the individuals' needs and resources for issues such as housing, medication compliance, etc. A robust system of Crisis Centers would reduce the pressure on John George and Santa Rita to house this population.**

c) Post-Arrest and Post-Charge Diversion

Santa Rita Jail has become a warehouse for people with mental illness. Many of these individuals are "gravely disabled" but since there is nowhere to place them, they languish in jail, often isolated in jail cells. **We need to develop a system so that this population can be diverted out of the criminal justice system and into treatment. Cur-**

rently, referrals for conservatorship can only be made from "5150 designated facilities." This needs to change. We should allow and encourage referrals for conservatorship and for assisted outpatient treatment, where appropriate, to be made from Santa Rita Jail by Criminal Justice Mental Health staff.

Dedicated residential facilities (shelters, board and care homes, etc.), with a dual diagnosis or treatment focus do not exist for individuals who have a severe mental illness and a drug and alcohol or substance abuse problem. Residential facilities are needed to provide housing and related services for this population. Dedicated case management teams are needed to provide support to these individuals as they transition from jail to such facilities. The referral process from jail to appropriate community providers needs to be simple and streamlined so that mental health staff at the jail can easily connect individuals leaving jail with community resources.

d) Behavioral Health Court

Currently the Behavioral Health Court meets weekly in Department 104 of the Wiley Manual Courthouse. Its stated goal is to divert mentally ill criminal defendants from incarcerated settings and into court monitored community mental health treatment. Successful participation in treatment can lead to the dismissal of the criminal charges. While the program has laudable goals, the vast majority of mentally ill criminal defendants are found to be ineligible because, although there is some flexibility, the Behavioral Health Court does not accept defendants charged with felonies, or any defendant who is a sex registrant under PC 290. **The Behavioral Health Court should re-think this criteria with the goal of expanding and accepting more defendants.**

e) The Court Advocacy Program

The Court Advocacy Program (CAP) works in selected courtrooms throughout the county to connect criminal defendants to community-based mental health placements as an alternative to punishment in jail. The main challenge here is finding appropriate placements that serve the unique needs of the criminal defendant and providing the follow-up and support that is necessary for the individual to successfully engage with treatment. Most of the individuals served by CAP are sentenced and on probation. **The Probation Department, CAP and other agencies in the criminal justice system need to collaborate so that they work together to achieve the best outcome for the client.**

f) Mental Health Treatment in Jail

Criminal Justice Mental Health estimates that they see over 1200 inmates per month. Many of these mentally ill inmates are either pending disposition of their case or have already been sentenced, but in any event, will not be eligible for being diverted out of the criminal justice system. **We have to do a better job of delivering mental health services to this population. The following suggestions have been made:**

- A **dedicated mental health care building** to accommodate the Criminal Justice Mental Health staff and to provide space for onsite treatment activities.

- **Sufficient staffing of mental health professionals** to adequately serve the mental health needs of inmates as well as increased opportunities for inmates to mental health access who are in need of services.

- **A system for providing acute care to those who need it** needs to be developed. The current practice of "5150ing" an inmate to John George or to the one available bed at Santa Clara is currently inadequate according to staff reports.

- **Sufficient training for Sheriff's deputies** so that they can work well both with mentally ill inmates and with Criminal Justice Mental Health staff.

g) Re-entry Planning

Re-entry planning is vital if a mentally impaired inmate is to transition successfully from jail to living in the community. Currently, it is not uncommon for mentally ill inmates to be released without anyone from Criminal Justice Mental Health even knowing about it. Prior to the individual's release date, **mental health staff in the jail should coordinate with community providers to arrange a "warm hand-off" and continued follow-up after release. Since the vast majority of criminal defendants will be on probation after they're released, the Probation Department should be involved with re-entry planning as well.** Such re-entry planning should include "release screening" to assess the individual's needs and to make necessary referrals, a streamlined and simple referral process to community providers, transportation to community providers when necessary, and the availability and easy access to community resources for post-release assistance and support.

*Incarcerating people with mental illness is expensive, and is not a viable long term strategy for improving public safety. Alameda County has the opportunity to rethink its approach to criminal justice for people with mental illness. By creating robust diversion programs, appropriate jail-based treatment for those who are not diverted, and ample re-entry resources, we can reduce recidivism and associated costs while improving mental health outcomes.

CONCERN #3: Peer Respite Residential Program

RECOMMENDATION:

It is recommended that Alameda County implement a peer respite residential program and join the other existing programs throughout the country who are seeking other forms of treatment options pending Legislative direction in this innovative program.

Peer Respite programs are voluntary short-term residential programs designed to help people who are at risk of, or who are having, a mental health crisis. Peer respite serves as an alternative to emergency rooms and hospitals. People with "lived experience" would staff their user friendly programs and have many built in peer support advantages. There is currently a trailer bill in the California Assembly supportive of Peer Respite Centers. This bill has received the support of Robert Oakes, Executive Director of the County Behavioral Health Director's Association.

CONCERN #4: Cultural Competence in Psychiatry and Psychotherapy – Using Data to Track Ethnicity and User Needs

RECOMMENDATION:

It is incumbent upon BHCS to adequately track hiring trends of psychiatrists and psychotherapists within BHCS and community-based organizations providing mental health care. It is through appropriate recruitment and retention measures that BHCS may be able to more appropriately serve with a greater degree of cultural competence.

Statistical analysis does not exist within BHCS regarding the number of psychiatrists and psychotherapists by ethnicity within the mental health care system of care. Within a mental health system of care, cultural competence must be a guiding principle so that services are culturally appropriate in prevention, outreach, and assessment between and among individuals. Current user rates are: 36% African American; 23% Caucasian; 22% Latino; 10% Asian/Pacific Islander; 1% Native American; and 8% Other/Unknown. These rates do not ~~tell~~ indicate user needs.

CONCERN #5: BHCS Pharmacy Services

RECOMMENDATION:

There are several new Pharmacy projects on the horizon which will help "high risk" clients achieve their therapeutic goals. **The Mental Health Board is enthusiastic about the positive outcomes these new projects can achieve. Implementation, appropriate funding, and staffing of these projects will reduce use of high cost facilities, improve client physical and mental health, and for foster children prevent or at least reduce future mental health problems.**

These projects are:

a) Comprehensive Medication Management (CMM)

This is to target a top 1% of "high risk" clients seen by a PATH primary care physician. The goal is to help clients achieve their therapeutic goals. The components of CMM include evaluation of adverse drug reaction, the use of unnecessary drugs, need for additional drugs, removing ineffective drugs, evaluation of proper dosage of medications, and how to increase compliance to medications prescribed.

Anticipated outcomes will be 1) to help the client be treated as a whole by primary care and mental health, and 2) assist the clients to receive better care, thus improving outcomes.

b) High Utilization of Service Areas

The newly created Emanio Dashboard assists in the review of high client utilization data of different service areas. Areas that will initially be focused on include John George PES, Willow Rock, Sausal Creek, Juvenile Hall and Criminal Justice.

The Anticipated Outcome from this will capture the number of visits, and reduce the incorrect level of care. It will reduce unnecessary and expensive care along with recidivism. This will increase the quality of life and the journey towards wellness and recovery for clients. However it will not yet capture the cause of the visits.

c) Children Review (emphasis on foster care children)

Recent news articles have been filled with reports of overmedicated children in Foster Care homes. State Medicare data can be used to review the cases of children and adolescents prescribed three or more psychotropic medications and two or more antipsychotic medications to see if they are necessary.

The Anticipated Outcome of this would be appropriate prescribing or reduction of psychotropic medications similar to the Comprehensive Medication Management review process.

d) TAY/Youth Shared Decision Medication Cards

This project will increase the involvement of young clients in the discussion of medication to be prescribed by flash cards. Sets of flash cards will educate this population about the medication they may be prescribed. This will help facilitate discussions with their doctor, and how the medication is working/not working.

CONCERN #6: Media Outreach

RECOMMENDATION:

Behavioral Health Care Services **and the Board of Supervisors should use local media more frequently to promote and address various issues regarding mental health and the opportunities for engagement in our Alameda County community. This will help eliminate stigma, as well as educate the public about accessing Mental Health Services.** Through media efforts, ACCESS should be a top priority in getting the word out on how to obtain mental health services in Alameda County.

This year the Mental Health Board utilized media coverage to promote the Alameda County Board of Supervisors Mental Health Access Town Hall meetings. The following was a product of those efforts:

- Appearance by Alameda County Supervisor Nate Miley on PSA to promote the Town Hall at Allen Temple in East Oakland
- Articles in Castro Valley Forum and Tri-City Voice
- Advertisements in Bay Area News Group (Oakland Tribune and Hayward Daily Review)
- A member of the Mental Health Board chairs the Stakeholder's Communication Committee, which is now producing a Newsletter on the Mental Health Service Act. Work on publication continues throughout the year. The next issue will be released in August.

CONCERN #7: Easy Phone Access Line

RECOMMENDATION:

In order for the Alameda County Community to better access Behavioral Health Care Services, BHCS should secure an easy-to-remember access phone number in order to more effectively streamline requests for psychiatric services, similar to what Alameda County has implemented with the "211" access number for social services.

Simplified mental health access is clearly a need which would avoid current difficulties by family, providers, and consumers in the community at large to successfully secure mental health care services for those in need. It could save lives.

CONCERN #8: Updated BHCS Website

RECOMMENDATION:

The EQRO Report states that an easy to use and easy to access resource to identify services and navigate the system is needed. The BHCS Website needs to be redesigned and updated as soon as possible, and kept updated. The services that the county provides are not well known or publicized. It needs to be recognized that three different audiences need to be kept informed:

a. The general public who are not familiar with mental illness or the services the county offers or to whom the services are available;
b. The individuals who use services; and
c. The employees in community-based contracts & the county system

With over 80% of mental health services contracted out and 100% of Alcohol & Drug Services contracted out, there is a significant unmet need for interagency communication.

A tremendous amount of information is available on the BHCS Website, so much that it is overwhelming and needs clarification. A resource listing is available on the website and contains some BHCS services; this website is generally recognized as needing updating and reorganization. Internet publication of services only reaches those who have access to a computer and this is not believed to be enough for some of the population's information needs.

Information has to be directed to a defined audience, in a format that they are used to receiving it in, and be shared throughout the system(s) or the county to be effective.

CONCERN #9: Needs Assessment of Tri-Valley and Fremont Disparity in Mental Health Services Delivery

RECOMMENDATION:

It has been a long-standing belief by District 1 residents that there are not enough mental health infra-structure and resources in this area. BHCS has data on MediCal penetration rates for each area of the county which can tell if further expansion of services to under-served areas is needed and if language and service needs are being met.

CONCERN #10: Additional Concerns

There were additional concerns addressed in this report that were eliminated because they had not been addressed by the full board. These are felt to be important issues and are recommended by the Ad Hoc Annual Report Review Committee to be discussed at an Alameda County Mental Health Board meeting in the near future. These are:

Cultural Competence: Creation of an African American Mental Health Hub

Establishment of an Office of Health Equity at BHCS

Latino Stakeholders Mental Health Committee

Encouraging Consumer Employment by local Corporations and Companies

Revision of MHB Bylaws to reflect Alameda County as a Charter County

III. Mental Health Board Agendas and Activities in FY 13/14

The Mental Health Board meets once a month on the second Monday of the month from 12:00pm – 2:00 p.m. in San Leandro. The agenda for the meeting is determined at the Executive Committee meeting, also held monthly.

i. Mental Health Board Committees

Month	Presentation
June 2014	Review of County Mental Health Plan Contract from the State Dept. of Health Services
July 2014	CA External Review Organization (EQRO) Findings and Assessment of MH Plan (Quality, timeliness of services and access)
Aug 2014	New and Expanded Programs in MHSA Plan FY 14-15, Presentation by Carl Pascual
Sept 2014	Review of Employment Data regarding Diversity at ACBHCS by Health Care Services Agency (HCSA) Human Resources
Oct 2014	Continued Review of Employment Data regarding Diversity at ACBHCS by HCSA Human Resources
Nov 2014	Criminal Justice Overview by Yvonne Jones, Criminal Justice Mental Health (CJMH) Director
Dec 2014	Update on Alameda County Consumer Complaint Grievance Process
Jan 2014	John George Housing Dilemma
Feb 2014	ACBHCS Consumer Grievance and Complaint Process in Hospitalizations
Mar 2014	Housing for the Severely Mentally Ill, Dr. Robert Ratner, ACBHCS Housing Director, and Louis Chicoine, Director of Abode Housing
Apr 2014	Pharmacy Services by Charles Raynor, Director of BHCS Pharmacy Services
May 2014	5150 Protocol, Oakland Police Dept.

ii. Annual MHB Awards Banquet: Awardees

The Mental Health Board sponsors an annual awards banquet to honor community members who have made invaluable contributions that support the mental health of Alameda County residents. The MHB Community Awards Committee sponsors an open nomination and the committee slate is voted upon by the Nominating Committee and approved by the Executive Committee. This year's awardees include:

Name	Category	Reason for Award
Cultura y Bienestar	Promising Innovative Program	La Clinica de La Raza
Deb Yates	Child/Adolescence	Supervisor, Early Childhood Consultation and Treatment Program, Long-Time CAOC Clinician, and member of the Early Connection's Co-Learning Collaborative and Coaching Learning Community
Michelle Campbell Mateo	Consumer	Peer Advocate who volunteers for the Pool of Consumer Champions. Chairs the Steering Committee of the POCC.
Pastor Horacio Jones	Faith Based	Family Bible Fellowship, Newark
Native American Health Center Media	Media	Digital story-telling, campaigns that empowered Native American youth
Hiawatha Harris, M.D.	Professional	Pathways to Wellness
Mission San Jose High School Peer Resource Group	Volunteer	Mission San Jose High School Students created a mental health peer support program in Fremont
Tanya McCullom	Family	Lead Family Coordinator for Early Connections, Alameda County Behavioral Health Care Services, and United Advocates for Children and Families (UACF)

iii. BOS, MHB, and BHCS Town Hall Meetings

The Board of Supervisors, Mental Health Board, and Behavioral Health Care Services sponsored the first two of a series of five Mental Health Board Town Hall meetings, one held in each supervisorial district. These town hall meetings are to encourage Alameda County residents to come and learn how to access mental health services in Alameda County.

The following are Frequently-Asked Questions regarding the Town Hall Meetings:

Question 1: How many attended the Town Hall meetings that were not board members, government employees or CBO employees?

Although signing in was not mandatory, sign-in sheets indicate that approximately 45 individuals attended the District 2 Town Hall Meeting on November 17, 2014, held at the Hayward City

Council Chambers. A random head count conducted by a staff member midway through the meeting showed approximately 60 people. Most attendees were members of the public who engaged in lively discussions with nine staff members who presented information on how to access Alameda County Behavioral Health Care Services.

The District 4 Town Hall Meeting on March 26, 2015 at Allen Temple Baptist Church in East Oakland had approximately 63 attendees who signed in. Approximately 25 were members of the public and 20 were staff members who were presenters and resource personnel. Twenty were from community-based organizations. While there were many ACBHCS administrative personnel and CBOs present, they were there voluntarily, which speaks to their commitment to addressing mental health care needs of East Oakland.

During a lengthy question/answer period at both meetings, many people brought up their individual concerns regarding their own experiences or those of family members or friends. Several people who sought help were able to find resolution to their questions or problems by connecting with the key staff of BHCS and CBOs. Time was set aside at the end of each meeting for individual consultation with these staff members, and many took advantage of that opportunity. Both Supervisor Richard Valle and Supervisor Nate Miley, at their respective District Town Hall meetings, stayed for the event in its entirety, both listening and responding to questions and concerns.

Question 2: How much did the Town Hall Meetings cost?

The expenses for the Town Hall Meetings are outlined below:

<u>District 2 Town Hall Meeting (Hayward):</u>
Hayward City Hall Chambers – no cost
Advertising: Alameda Newsgroup, Tri-City Voice, San Leandro Times, Castro Valley Forum: $308
Refreshments: $50
Staff Time: No overtime or other staffing cost

<u>District 4 Town Hall Meeting (Oakland)</u>
Allen Temple Baptist Church: $509.64
Advertising: Alameda Newsgroup, San Leandro Times: $416
KTVU Public Service Announcement by Sup. Nate Miley – no cost
Refreshments: $50
Staff Time: No overtime or other staffing cost

Both meetings were widely advertised through email announcements, social media, and numerous distribution lists at no cost. Advertising for each event reached several thousand people. It was not possible to predict the turnout for either event.

Question 3: What did MHB learn about the needs and wants from the community attendees?

In both the Hayward and Oakland Town Hall Meetings, mental health professionals were able to establish meaningful dialogue about accessing mental health services, and listen/respond to

issues such as criminal justice, recidivism, and cultural competence. Manuel Jimenez, the AC-BHCS Director, directly received referrals regarding areas of concern. The feedback from those in attendance from the Mental Health Board, BHCS leaders, and members of CBO organizations found the sessions invaluable for understanding where to focus attention so that services are better aligned with needs in the community.

Question 4: As a result of the meetings, what action(s) is/are the MHB going to recommend to BHCS?

The two town hall meetings held thus far are the first of their kind for the Board of Supervisors, Mental Health Board, and Behavioral Health Care. It is premature to formalize recommendations based upon two district meetings which represent only a portion of large and diverse county. Any formal recommendations to BHCS will come after all town hall meetings are held.

iv. Field Reports from MHB Liaisons to BHCS and County Committees

The Mental Health Board (MHB) is asked to have representatives apply for membership to the MHSA Stakeholder Group, and the BHCS Quality Improvement Committee. In addition, the MHB sends a liaison to the County Health Care Services Measure A Oversight Committee. Involvement in these committees sometime includes additional committee involvement. These committees meet on an average of at least once a month. This section includes the field reports listed in the chart below:

BHCS or County Committee	MHB Field Report	MHB Liaison
Health Care Services Agency: Measure A Oversight Committee	▪ **HCSA Measure A Committee (see below)**	Rochelle Elias
MHSA Stakeholder Group	▪ **MHSA Stakeholder Group: Field Report (see below)** ▪ **Communications Committee**	Alane Friedrich Alane Friedrich (chair)

FIELD REPORT: MEASURE A OVERSIGHT COMMITTEE

MEASURE A REPORT
Rochelle Elias, Liaison to HCSA Measure A Oversight Committee

Alameda County Mental Health Board Involvement on Measure A Oversight Committee was elicited to provide expertise and input to the committee to provide mental health service evaluation.

With the passage of Measure A, the Essential Health Care Services Initiative, Alameda County established a Citizen's Oversight Committee to annually review expenditures for each fiscal year and report to the Alameda County Board of Supervisors. The charge of the Oversight Committee is to report whether expenditures conform to the purpose of the Measure's intent. The intent of Measure A expenditures was to provide "additional financial support for emergency medical, hospital inpatient, outpatient, public health, mental health, and substance abuse services to indigent, low income, and uninsured adults, children, families, seniors and other residents of Alameda County."

Recommendations to the Oversight Committee by the Mental Health Board representative include the following:

1. A fair and equitable process of Measure A funding be made available to underserved populations in the Southern and Eastern regions of Alameda County. The Southern Alameda County health crisis is exacerbated by lack of mental health practitioners, transportation issues, and lack of mental health and primary care infrastructure.

2. When defining expenditures to see if they conform to the purposes of the intent of Measure A, direction needs to be given to reporting agencies on how to define "measurable outcomes" in mental health service delivery for the purposes of the Measure A annual report. The reporting form needs redesigning to do this. This direction could conceivably be shared with Alameda County Behavioral Health Care Services.

3. Evaluation of expenditures by non-profits, particularly those who have not yet developed the administrative expertise to provide adequate reporting expectations of the Measure A Oversight Committee, needs to be more closely monitored. Non-profits maintained by volunteer staff pose particular concerns for adequately tracking expenditures.

4. Maintaining accurate data regarding cultural and language competency is key in evaluating indigent population penetration rates in use of Measure A funding. Directives originating from HCSA and the Oversight Committee need to be collaboratively established and implemented at the provider level.

5. Strategic planning in use of discretionary funds made available to the BOS for distribution is recommended so as to more effectively prioritize "emergency mental health services" as stipulated by the intent of Measure A requirements.

FIELD REPORT: MHSA STAKEHOLDER GROUP

STAKEHOLDER GROUP REPORT
Alane Friedrich, Liaison to BHCS MHSA Stakeholder Group

The Mental Health Services Act (MHSA) Stakeholder group has been told that $20 million need to be reduced out of the MHSA budget within the next two years in order to meet state income. This would stop reserve spending and leave a proposed reserve spending budget of $8 million for low income years to avoid program layoffs and discontinuances.

Steps on how this will be achieved have NOT been shared with the Stakeholder Committee or the Mental Health Board. The Stakeholder Committee was created to review the effectiveness of MHSA strategies and recommend current and future funding priorities. It is a membership application committee, and proposed members are interviewed about their qualifications and experience before being considered.

Information provided at a BHCS Budget Committee meeting indicates that an outside contractor is being considered to review the MHSA budget, look at resizing budgets when appropriate, and outcomes. In addition they will look at ways to increase BHCS income.

Reviewing the MHSA Budget is what the Stakeholder Committee should be doing. The Stakeholder Committee is not being used effectively to review the current program outcomes and expenditures. Though membership is low, there are some extremely qualified members on the committee, who are willing to volunteer their time, but feel it is not being used effectively. This has created some meeting attendance problems. Committees need true assignments and programs to review and make recommendations on. If volunteers feel their time is not being used effectively, they will be lost.

The Steering Committee of the Stakeholder Committee has heard the complaint that new BHCS leadership does not recognize how implementation of currently proposed program for Wellness Centers using MHSA funds can affect a previously BHCS contracted agency providing the same services in the same area. This agency claims to be providing these same services at a lower cost, and the Director has been trying to get his concerns addressed without success for the last two months. Hopefully, they will be addressed at an upcoming meeting with Administration.

The Steering Committee has a Communications Committee which publicizes news about the Mental Health Service Act. Alameda County administration lost an opportunity to respond to the Little Hoover Report and its negative comments about MHSA spending. Response to a public report splashed in the newspapers, radio, and TV cannot wait days or weeks. It needs to be immediate. Alameda has much to be proud of with the MHSA programs and its program expenditures. It was not one of the four counties mentioned in the State MHSA Audit. Alameda County and BHCS needs to let its residents and community know its successes with the program and program outcomes. A new Newsletter is under production, but communication needs to occur regularly, and relations built up with news stations, radio, and newspapers. The MHSA

Communications Committee structured a Public Relations plan that was well received, and steps should be taken to move forward with BHCS approval.

Each Board of Supervisors member should be presented with an information packet about the MHSA programs in their respective areas along with any outcome information available. Since the Board of Supervisors now makes funding decisions regarding MHSA, keeping them more informed on MHSA activities is a priority.

IV. Mental Health Board Needs

The Alameda County Mental Health Board was created to serve in an advisory capacity to Behavioral Health Care Services and the Board of Supervisors of any aspect of the mental health care delivery system in Alameda County. Toward that end it is paramount that the Mental Health Board maintains "the pulse of the community" inasmuch as furthering and addressing Legislative, systemic, and local issues as they arise. As past chair, I am recommending that the Mental Health Board construct and maintain a sustainable community outreach planning process by:

1. Creating and expanding recipients of MHB agendas and minutes.

    Send MHB information to all CBO's within the BHCS network and consider surveying agencies regarding pertinent issues.

    Ensure attendance at monthly MHB meetings, as well as full participation by members on MHB standing and ad hoc committees.

    a. **Recommendation:** Request that members of the Board of Supervisors appoint MHB members who are:
        i. able to commit sufficient time necessary to become fully involved MHB members, including attendance at regular monthly meetings, MHB-sponsored events, and serving on MHB committees;
        ii. have access to transportation for attendance at MHB-related meetings and activities; and
        iii. have access to modern communication methods, including email and internet access, for timely receipt of, and response to, communication pertaining to the Mental Health Board.

2. Increase training to improve the ability of MHB members to be accountable to the people they serve.

    a. **Recommendation:** Primary among other training topics is to provide MHB members with yearly Health Insurance Portability and Accountability Act (HIPAA) training.

3. Maintain attendance rosters and reports of all committee meetings which are to be submitted regularly by committee chairs to the MHB Chair for distribution.

4. Each MHB member should regularly communicate with the Board of Supervisors member who appointed them.

5. The Mental Health Board should attend to actions BHCS takes to follow up on recommendations made in the African American Utilization Study.

6. Designate at least one MHB representative to attend weekly Alameda County Board of Supervisors meetings.

ATTACHMENT A

Mental Health Board Committee Membership

This section describes each active and ad hoc committee of the Mental Health Board and identifies liaisons from the MHB to BHCS and County Committees. Active committees offer presentations that educate committee members and the public about topics that impact access quality of care. If a topic receives enough attention in a committee, then the topic is brought to the full board for further action. All committees had a quorum at 100% of their meetings.

1) ACTIVE COMMITTEES

Executive Committee July 1 2014-June 30, 2015

The Executive Committee coordinates the development of the Mental Health Advisory Board agenda; reviews the bylaws when necessary, previews procedures and processes of the Mental Health Board; and recommend courses of action to the full board on an 'as needed' basis. Although formal membership includes board officers and the chairs of each standing committee, meetings are open to the entire mental health board. The Committee's goal is to improve the flow of communication between consumers, family members, Behavioral Health Care Administration and the MHB around Mental Health issues.

- **Chair:** Rochelle Elias
- **Vice-Chair:** Abu Rahim
- **Secretary:** Luvenia Jones

Adult Committee

The Adult Committee provides education for the Mental Health Board and the community on the range of services and BHCS initiatives that impact Adults and Transition Age Youth who receive public behavioral health services. The Committee reviews and evaluates community mental health needs thru monthly reports from mental health service agencies. Their goal is to get an overall view of how the system is working and advise system of care directors and behavioral health leadership on strategies for improvement.

- **Chair:** Abu Rahim

Children's Advisory Committee

The Children's Advisory Committee provides information and education for the "child-serving community" on behavioral health services and initiatives that impact children and families in Alameda County. The committee: reviews and discusses legislation that impacts the Children's System of Care; reviews policies that impact children and their

families; and partners with schools to develop healthy communities. Their goal is to evaluate how the system is working and how they can collectively problem-solve and improve our Children's System-of-Care.

- **Chair:** Carmen Balingit

Criminal Justice Committee

The Criminal Justice Committee investigates and provides information about how mentally ill people in Alameda County are treated in the criminal justice system. The committee reviews and assesses the Behavioral Health Court, the Court Advocacy Project and the mental health service provided by Criminal Justice Mental Health to inmates at Santa Rita Jail. The committee seeks to address the problem in Alameda County that far too many County residents with mental illness cycle in and out of both Santa Rita Jail and John George Psychiatric Hospital. The committee's goal is to recommend ways to end this cycle and to reduce the number of mentally ill people who're incarcerated at Santa Rita Jail.

- **Chair:** Brian Bloom

2) AD HOC COMMITTEES

Community Awards Committee

The Community Awards committee solicits nominations and selects finalists for the annual MHB "community award." Community Service Awards are made to individuals, professionals, businesses, and media and recognize efforts made to increase access to care; improve quality of care; create innovative services; or advocate for change. The Mental Health Board's goal is to recognize members of our community who have made an extraordinary difference in improving the quality of life for people with "mental illness."

- **Co-Chairs for 2015:** Jaseon Outlaw and Carmen Balingit

ATTACHMENT B

Mental Health Board Liaisons to BHCS and County Committees

BHCS Budget Task Force: Advises the Behavioral Health Director on the annual budget for each Fiscal Year.

- Alane Friedrich, Luvenia Jones, FY 14/15

MHSA Stakeholder Group: Advises the Behavioral Health Director on planning issues associated with Mental Health Services Act funded programs.

- Alane Friedrich (Chair, MHSA Stakeholder Group Communications Plan)

BHCS Quality Improvement Committee: Advises the Behavioral Health Director regarding implementation of the annual BHCS Quality Improvement Workplan.

- Alane Friedrich

Measure A Oversight Committee: Advises the Alameda County Board of Supervisors regarding expenditures of Measure A funding.

- Rochelle Elias

ATTACHMENT C

NON-VOTING LIAISONS FROM COMMUNITY GROUPS TO THE MENTAL HEALTH BOARD

Alameda County Family Coalition: Advises Behavioral Health Care Director regarding family issues.

- Margot Dashiell

Mental Health Board, City of Berkeley : Advises the Mental Health Manager of the City of Berkeley

- Carole Marasovic

ATTACHMENT D

Powers and Duties of Mental Health Boards
Source: WIC *§5604.2*

SOURCE: California Welfare and Institutions Code: §5604.2. Powers and Duties of California Mental Health Boards
(A) The Local Mental Health Board Shall Do All Of The Following:
1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any county agreements entered into pursuant to Section 5650.
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
8. Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board
(B) It is the intent of the Legislature that, as part of its duties pursuant to *subdivision (a)*, the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

ATTACHMENT E

California Mental Health Boards: State Mandate

SOURCE: Bronzan-McCorquodale Act (1991) California Welfare and Institutions Code
http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5600-5623.5

§ 5604. Mental health board

(a)(1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. One member of the board shall be a member of the local governing body. Any county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. Nothing in this section shall be construed to limit the ability of the governing body to increase the number of members above 15. Local mental health boards may recommend appointees to the county supervisors. Counties are encouraged to appoint individuals who have experience and knowledge of the mental health system. The board membership should reflect the ethnic diversity of the client population in the county.

(2) Fifty percent of the board membership shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(3)(A) In counties under 80,000 population, at least one member shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health services. (B) Notwithstanding subparagraph (A), a board in a county with a population under 80,000 that elects to have the board exceed the five–member minimum permitted under paragraph (1) shall be required to comply with paragraph (2). (b) The term of each member of the board shall be for three years.

The governing body shall equitably stagger the appointments so that approximately one–third of the appointments expire in each year. (c) If two or more local agencies jointly establish a community mental health service under Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the mental health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services. (d) No member of the board or his or her spouse shall be a full–time or part–time county employee of a county mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of the governing body of, a mental health contract agency. (e) Members of the board shall abstain from voting on any issue in

which the member has a financial interest as defined in Section 87103 of the Government Code. (f) If it is not possible to secure membership as specified from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health

who are not full–time or part–time employees of the county mental health service, the State Department of Mental Health, or on the staff of, or a paid member of the governing body of, a mental health contract agency. (g) The mental health board may be established as an advisory board or a commission, depending on the preference of the county. (Added by Stats.1968, c. 989, p. 1913, § 2, operative on the 61st day after final adjournment of the 1968 Regular Session. Amended by Stats.1969, c. 722, p. 1436, § 34, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1969, c. 1120, p. 2185, § 4, operative on the 61st day after final adjournment of the 1969 Regular Session; Stats.1970, c. 1627, p. 3451, § 27; Stats.1971, c. 1593, p. 3345, § 384.5, operative July 1, 1973; Stats.1973, c. 1212, p. 2837, § 328, operative July 1, 1974; Stats.1975, c. 1128, p. 2750, § 3; Stats.1976, c. 679, p. 1675, § 1; Stats.1977, c. 1252, p. 4582, § 588, operative July 1, 1978; Stats.1977, c. 726, p. 2309, § 1; Stats.1978, c. 429, p. 1456, § 210, eff. July 17, 1978, operative July 1, 1978; Stats.1978, c. 852, p. 2695, § 1; Stats.1984, c. 1327, § 9, eff. Sept. 25, 1984; Stats.1985, c. 1295, § 1; Stats.1986, c. 179, § 1; Stats.1987, c. 1004, § 2; Stats.1987, c. 1004, § 3, operative Jan. 1, 1990; Stats.1990, c. 85 (S.B.945), § 1, eff. May 9, 1990; Stats.1991, c. 89 (A.B.1288), § 83, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 20, eff. Oct. 28, 1992; Stats.1993, c. 564 (S.B.43), § 2; Stats.1995, c. 712 (S.B.227), § 1; Stats.1997, c. 484 (S.B.651), § 1, eff. Sept. 25, 1997.)

§ 5604.1. Meetings of advisory boards

Local mental health advisory boards shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code, relating to meetings of local agencies. (Formerly § 5605, added by Stats.1968, c. 989, p. 1914, § 2, operative July 1, 1969. Renumbered § 5604.1 and amended by Stats.1985, c. 1295, § 5; Stats.1991, c. 89 (A.B.1288), § 84, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 21, eff. Oct. 28, 1992.)

§ 5604.2. Powers and duties of mental health board

(a) The local mental health board shall do all of the following:
(1) Review and evaluate the community's mental health needs, services, facilities, and special problems.
(2) Review any county agreements entered into pursuant to Section 5650.
(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.
(4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
(5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.
(6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
(7) Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
(8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.
(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services

delivered to clients and on the local community. (Formerly § 5606, added by Stats.1968, c. 989, p. 1914, § 2, operative July 1, 1969. Amended by Stats.1978, c. 852, p. 2697, § 4; Stats.1983, c. 1207, § 1.9, eff. Sept. 30, 1938; Stats.1984, c. 1327, § 10, eff. Sept. 25, 1984. Renumbered § 5604.2 and amended by Stats.1985, c. 1295, § 9. Amended by Stats.1991, c. 89 (A.B.1288), § 85,

eff. June 30, 1991; Stats.1991, c. 611 (A.B.1491), § 43, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 22, eff. Oct. 28, 1992; Stats.1993, c. 564 (S.B.43), § 3.)

§ 5604.3. Expenses of board members

The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, child care, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program. (Formerly § 5604.5, added by Stats.1973, c. 407, p. 872, § 1. Amended by Stats.1978, c. 852, p. 2696, § 3. Renumbered § 604.3 and amended by Stats.1985, c. 1295, § 3. Amended by Stats.1991, c. 89 (A.B.1288), § 86, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 23, eff. Oct. 28, 1992.)

§ 5604.5. Bylaws

The local mental health board shall develop bylaws to be approved by the governing body which shall:

(a) Establish the specific number of members on the mental health board , consistent with subdivision (a) of Section 5604.

(b) Ensure that the composition of the mental health board represents the demographics of the county as a whole, to the extent feasible.

(c) Establish that a quorum be one person more than one-half of the appointed members.

(d) Establish that the chairperson of the mental health board be in consultation with the local mental health director.

(e) Establish that there may be an executive committee of the mental health board .

(Added by Stats.1985, c. 1295, § 4. Amended by Stats.1991, c. 89 (A.B.1288), § 87, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 24, eff. Oct. 28, 1992.)

Acknowledgements

The contributors to this report are:

Contributing Writers:

Rochelle Elias
Brian Bloom
Alane Friedrich
Luvenia Jones
Lorene Kiger
Jaseon Outlaw
Robert Villanueva
Diane Wydler

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