Berkeley Mental Health Commission
Adopted Minutes

Berkeley Mental Health
2636 Martin Luther King Jr. Way
Berkeley, CA 94704

June 27, 2001
Regular Meeting

Members present: Artensia Barry, Sandi Harrington, Kathleen Gresher, Lorraine Taggart, Edward Webster, James Rinaldi, Nancy Gagnon, Susan Isles

Members absent: Catherine Auman, Maudelle Shirek

Staff present: Harvey Tureck, Rebecca Kahan

Guests: DeeDee Jensen

1. CALL TO ORDER
The meeting was called to order by Chair Kathleen Gresher at 6:40 PM.

A. Approval of Agenda and Minutes
Artensia Barry corrected the minutes to reflect that her lobbying efforts in Sacramento involved mental health and immigration bills; and added some information regarding a meeting with Dion Aroner. Minutes and agenda were otherwise approved as written (M/S/C Rinaldi/Harrington)

B. Public Comment
Artensia Barry will be attending a fundraiser for Dion Aroner, whose top campaign priority is mental health. Artensia will ask Ms. Aroner why she was not present for the AB 1421 vote (outpatient commitment).

C. Announcements
?? An interview with Artensia Barry regarding the recent pit bull mauling of a child will be on channel 20 tonight at 10:00 PM and at 11:00 PM.

2. CHAIRS REPORT
A. Clients report
?? Susan Isles announced that attendance at the Creative Living Center is down. Generally, people flow in and out of attendance there. Susan also mentioned a recent article in a local newspaper which mentions the ACT program in San Francisco.

?? Lorraine Taggart reported that clients at the Drop-In Café have expressed feelings of abandonment due to recent loss of some BMH staff and to the ongoing problems in recruiting and retaining psychiatrists. Harvey Tureck responded that BMH has, in...
general, a lower degree of staff turnover than is usual in public mental health programs, despite recent services restructuring. The real question is: how to plan for and mitigate the inevitable problems of staff turnover for clients? Kathleen Gresher noted that the challenge of budget priorities has impacted resources for people with mid-level disabilities. Artensia Barry suggested that clients be forewarned of the possible temporary relationship with their psychiatrist and/or clinician. Harvey Tureck responded that, although staff must inform their clients well in advance when they are leaving, it can introduce a detrimental element of doubt into the beginning of a therapeutic relationship.

B. Commissioners Ad-hoc Project Reports

Sandi Harrington distributed an article addressing issues within the San Francisco Mental Health system that mentions ACT and decries the economic priorities of a health system that emphasizes reductions in hospitalizations over quality of care.

Harvey Tureck distributed the latest edition of the Service Employees International Union (SEIU) Local 535 statewide newspaper (the *Dragon*), which featured the staff and clients of BMH. The article represents the staff and clients very well and could serve as a good promotional piece for public mental health.

Artensia Barry mentioned a pilot program in Tennessee which is training the Police Department to work more effectively with the mentally disabled population.

Sandi Harrington mentioned an Alameda County Behavioral Health Care-sponsored workshop on Wellness Recovery Action Plan (WRAP) on May 25th. It was an orientation and the first of a series. There is a follow-up for those who want to attend a WRAP facilitator workshop.

3. NEW BUSINESS

A. CIMH Training: Second Session – Dee Dee Jensen

**Topic: Committee Formation and Project Selections**

**Question:** *Why are committees important?*

- They are small deliberative bodies that look at which areas should be considered by the larger body
- They should have a pre-established endpoint
- They provide a higher level of comfort and personal involvement
- They focus more on mission goals
- They contribute to the performance of work that is part of a larger goal.

Although an individual may have an important assignment, 2 people are needed to form a committee. DeeDee Jensen, the training facilitator from CIMH, distributed several
handouts on committee structure and responsibility for review and discussion. Commissioners participated in a break-out exercise about forming committees. (Handouts and discussion is included in this packet). Discussion included:

?? The need for Commissioners to make commitments to attend, and to be prepared to accept assignments
?? The need for Committees to maintain a size capacity cap.
?? Suggestions for “exploratory Committees” to determine whether a goal is within the scope of the Commission
?? The possible difficulties in recruiting new members that may result from the current recession.
?? The necessity of forming Committees regardless of the status of a Recruitment Committee

The Executive Committee will discuss this training and its implications on July 13, 2001.

B. Art Contest
Rebecca Kahan presented a sample of the entries from the recent Mental Health Commission Art Contest to the Commission. The Commission discussed whether the current submissions constituted an acceptable pool from which to choose a winner (which will be published on the cover of the Commission brochure). Move to accept the submissions as an adequate pool (M/S/C Sandi Harrington/James Rinaldi. Ayes: 5 Noes: 2). The motion is carried, and Rebecca will call judges within the next week to set up viewing times.

Nancy Gagnon questioned possible conflict of interest, if any of the judges were to know an artist personally. Based on this issue, Susan Isles disqualified herself as a judge. The remaining judges are: Kathleen Gresher, Artensia Barry, Edward Webster, Peggy Schneider, and Susan Levine.

Motion to table all items other than the Directors Report (M/S/C Susan Isles/Nancy Gagnon/Unanimous).

4. DIRECTORS REPORT
A. Budget Update
The City Council passed a budget last night. As with every new budget, much has to be clarified over the next several weeks. The Mental Health Division lost one full-time permanent position that was vacant and some additional City General Fund dollars. There will be no long-term impact on services as we hope to be able to replace the position with currently unbudgeted state monies.

Harvey would like to work with a budget committee of the commission to answer specific questions about how money is allocated and to develop a format for periodic budget


reports to the commission.

**B. Restructuring Update**

A proposal has been submitted to the Department Director for a restructuring of management and administrative functions in the division. The administrative team is currently reviewing the plan. This plan should be presented to the Commission in the next two months.

This plan recommends several new positions, some grant-funded and some proposed through a reorganizing of current vacancies. The proposed new positions are as follows:

- **Increase the intern training coordinator** from half time to full-time and add staff training and development, inter-agency training, coordination of personnel activities and coordination with statewide human resources initiatives.
- **Create a half-time consumer liaison position** to increase participation by consumers and family members on the commission, division committees, focus groups, etc., respond to grievances and complaints, consult with staff and consumers on recovery issues, e.g., WRAP plans and to bring a consumer perspective to management and planning.
- **Housing Developer:** funded by AB 2034, this position will primarily work to develop new housing opportunities for BMH clients and serve as an agency resource person on housing issues.
- **Alcohol and Other Drug Coordinator:** to coordinate citywide AOD services consistent with and as a part of the system of care work currently underway for mental health services; to identify and apply for grants; conduct needs assessments and related activities.
- **Create new full-time Senior Clinician position** to serve as team leader for expanded ‘low-intensity’ or specialized services, e.g., medication support, groups, brief treatment, Wellness/Recovery services, individual therapy.

We have transferred two positions from intensive case management to the specialized services team. Clients who do not need ICM services will either be transferred to this unit or referred out if they have resources and can be served in another setting. As in previous discussions, residency will be a primary criterion for referral out, as well as other clinical considerations. The goal of this team, as with adult services restructuring, will be to improve access for those Berkeley/Albany residents unable to obtain services in other settings due to their uninsured status or the nature of the problems they are experiencing.

**C. Housing Update**

We are working very closely with the Berkeley Emergency Food and Housing Project on a board and care conversion using AB 2034 funds to support a long-term, intensive
residential program. This will include both board and care and Shelter Plus Care components.

D. Personnel Update
Two ICM staff left during June and recruitment is underway for their replacements and to fill other vacancies. We currently have at least 4 full-time clinical vacancies and another 70 hours per week of psychiatrist time is unfilled. The Personnel Board and City Council passed an equity increase for career psychiatrists making their salaries competitive with other Bay Area County mental health programs. We also continue to have two lead management positions vacant, the fiscal administrator and mental health planner.

5. ADJOURNMENT
The meeting was adjourned at 9:00 PM.