

Mental Health Services Act (MHSA) Makes a Difference in Alameda County

More than two million Californians are affected by potentially disabling mental illnesses every year.

To address this, in 2004 voters passed Proposition 63, now known as the Mental Health Services Act (MHSA). It places a 1 percent tax on personal income above \$1 million. MHSA was designed to expand and transform the mental health system, while improving the quality of life for people living with mental health challenges. Consumers and their families were partners in the process, from drafting the MHSA to campaigning for its passage.

MHSA funds effective treatment, prevention and early intervention, outreach support services, and family involvement programs to increase access and reduce inequities for unserved, underserved, and inappropriately served populations.

MHSA core values:

- ⊙ Community collaboration
- ⊙ Cultural competence
- ⊙ Consumer and family-driven services
- ⊙ Focus on wellness, recovery, resiliency
- ⊙ Integrated service experiences for clients and families

MHSA brings people receiving services and families, across ethnicity and class boundaries, to the center of the conversation, and does not leave them on the outskirts.

Alameda County Behavioral Health Care Services spends MHSA dollars on:

- ⊙ **Community Services and Supports (CSS)**
Comprehensive mental health services for individuals and families experiencing

significant emotional and psychological problems that would benefit from intensive office and field-based services.

- ⊙ **Prevention and Early Intervention (PEI)**
These programs embrace a preventative approach that engages individuals before the development of mental illness, as well as providing services to intervene early to reduce negative mental health symptoms so as to reduce prolonged suffering.
- ⊙ **Innovation (INN)**
Funds learning projects, instead of on-going services. By piloting community-driven, unique, and creative approaches, the aim is to learn new and innovative strategies to improve the quality of services and gain better health outcomes for individuals living with mental health challenges.
- ⊙ **Workforce Education & Training (WET)**
Develop a workforce for Alameda County Behavioral Health Care Services (ACBHCS) that is sufficient in size, diversity, and linguistic capacity to deliver services and supports that are culturally responsive to consumers/clients and family members. The values of wellness, recovery, and resiliency are at the forefront of ACBHCS hiring, training, and services.
- ⊙ **Capital Facilities/Technology (CFT)**
This funding goes towards the acquisition, construction, and/or rehabilitation of facilities to create and develop space for MHSA funded programs. It's also funding the development of the ACBHCS electronic health records system to improve access to services and quality of care for consumers.



In the U.S., **individuals living with serious mental illness** (SMI) face an increased risk of having chronic medical conditions.

ADULTS IN THE U.S. LIVING WITH SERIOUS MENTAL ILLNESS **DIE AT LEAST 25 YEARS EARLIER** THAN OTHERS, LARGELY DUE TO TREATABLE MEDICAL CONDITIONS¹

Research indicates alarming health disparities between people with serious mental and/or substance use disorders and the general population.²

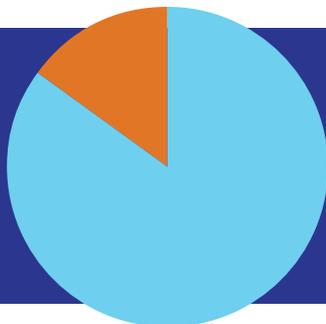
According to the Substance Abuse and Mental Health Services Administration (SAMHSA), many factors play a role in disparities that impact people with serious mental and/or substance use disorders, including:

- ⊙ Higher rates of cardiovascular disease, diabetes, respiratory disease, and infectious disease (including HIV)
- ⊙ Elevated risk factors due to high rates of smoking, substance misuse, obesity, and unsafe sexual practices
- ⊙ Increased vulnerability due to poverty, social isolation, trauma and violence, and incarceration

- ⊙ Overall lack of access to health care, particularly preventive care
- ⊙ Lack of coordination between mental and primary health care providers
- ⊙ Prejudice and discrimination

Mark Offson and his team followed a group of 1.1 million people living with schizophrenia. In 2015, their research published in JAMA Psychiatry, stated, **“Eighty-five percent of the premature deaths were due to largely preventable conditions such as high blood pressure, high cholesterol, diabetes, and heart disease.”**

These researchers pointed to lifestyle behaviors such as poor diet, lack of exercise, and smoking as contributing to many of their physical problems.³



85% OF PREMATURE DEATHS OF PEOPLE LIVING WITH SCHIZOPHRENIA ARE DUE TO LARGELY PREVENTABLE CONDITIONS SUCH AS HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, DIABETES, AND HEART DISEASE.

¹National Association of State Mental Health Program Directors, Medical Directors Council, author, *Morbidity and Mortality in People with Serious Mental Illness*, 2006. www.nasmhpd.org.

²Substance Abuse and Mental Health Services Administration's Wellness Initiative web page: www.samhsa.gov/wellness-initiative

³Premature Mortality Among Adults with Schizophrenia in the United States, Mark Offson, MD, MPH, et al, JAMA Psychiatry, 2015, <http://jamanetwork.com/journals/jamapsychiatry/fullarticle/2466831>

Community Services & Supports (CSS)

Community Services and Supports (CSS) programs provide services to meet the needs of:

- ⦿ Children/Youth (0 – 17) and Transitional age youth (16 – 25) with serious emotional disturbance
- ⦿ Adults (18 – 59) and Older adults (60+) with severe mental illness

The goals for CSS programs include:

- ⦿ Reducing homelessness
- ⦿ Reducing involvement with justice and child welfare systems
- ⦿ Reducing hospitalizations and frequent emergency medical care
- ⦿ Promoting a client and family-driven system
- ⦿ Reducing ethnic and regional service disparities

The MHSa regulations state that 50% or more of the CSS funds are to be used for **Full Service Partnership Programs**.

CSS programs address the unmet needs of adults, children, and youth with serious mental illness.

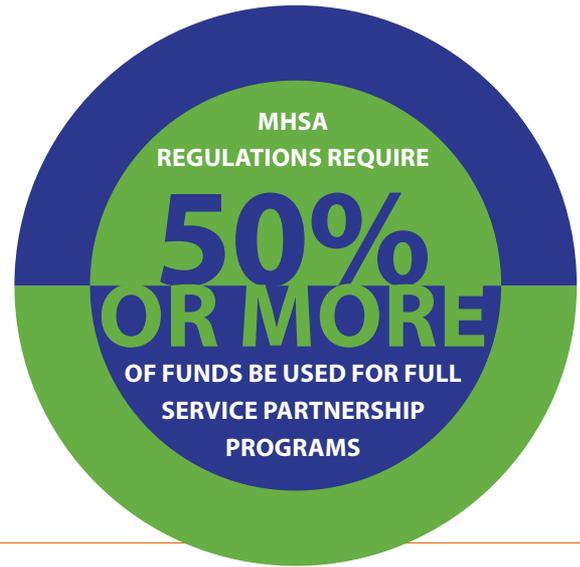
Full Service Partnership (FSP) programs are designed for individuals with serious emotional disturbance (SED) or a severe mental illness (SMI) who would benefit from an intensive service program. The foundation of Full Service Partnerships is doing “whatever it takes” to help individuals on their path to recovery and wellness.

FSPs are comprised of multidisciplinary teams that engage clients with an SED or SMI who are homeless, involved with the justice system, and/or have high utilization rates of crisis psychiatric services.

Some examples of Alameda County’s FSP programs include our:

- ⦿ **North County Senior Homeless Program:** This is a multidisciplinary team that engages homeless older adults and provides housing and community supports. They also link individuals to services for family members and peer support services and activities.
- ⦿ **Transition to Independence (TIP) Program:** This program provides intensive mental health services to transition age youth who are experiencing severe mental illness, who have also either aged out of the foster care system or are leaving the criminal justice system or residential treatment services.
- ⦿ **Forensic ACT Team:** This program provides housing and intensive wraparound supportive services to adults who frequently use psychiatric emergency and inpatient services and are involved in the criminal justice system.

Mental Health Services Act (MHSA) regulations require that **50% or more** of the Community Services and Supports (CSS) funds be used for **Full Service Partnership programs** (FSPs).



In 2004, California voters approved the MHSA, also known as **Proposition 63**. It places a 1% tax on personal income above \$1 million. MHSA dollars fund Community Services and Supports and FSP programs in Alameda County.

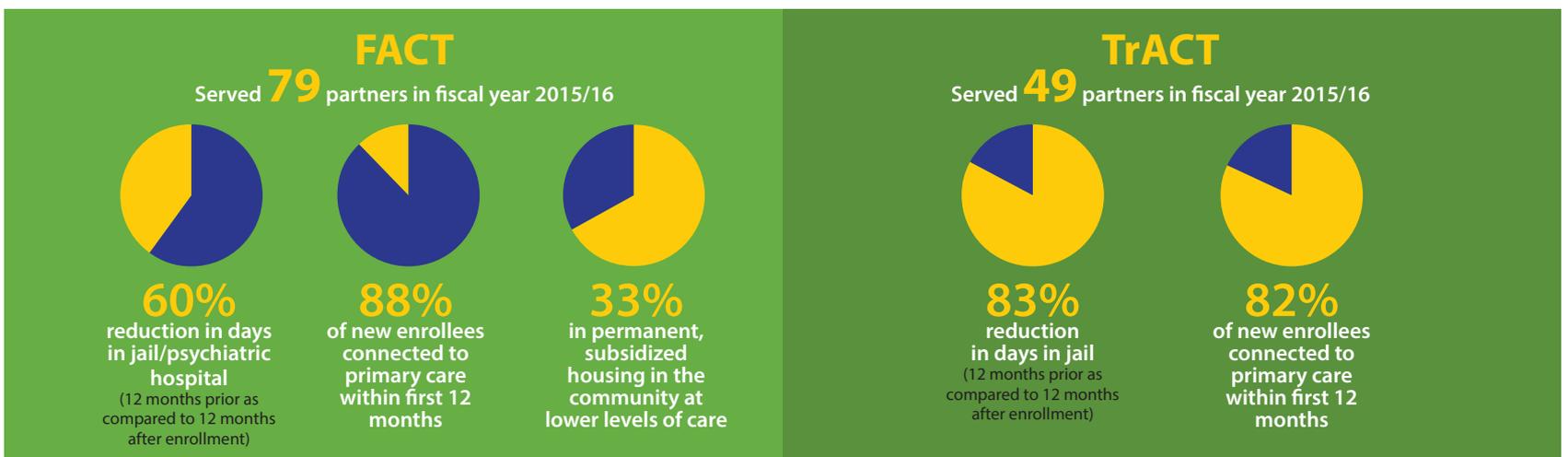
FSPs are designed to do **‘whatever it takes’** to improve mental health and health outcomes by providing supports for stable housing, education/employment, health care, mental health services, and psychosocial supports for some of the hardest to reach men and women in Alameda County.

FSPs provide a variety of treatments and supports that make wellness and recovery a reality for people living with a serious mental illnesses, some of which are schizophrenia, schizoaffective disorder, bipolar disorder, or treatment resistant depression. The East Bay Community Recovery Project (EBCRP) is one of several agencies that have FSPs. Services are

field-based, as opposed to clinic-based. **Each staff member works with no more than 10 individuals/partners.**

The Forensic Assertive Community Treatment (FACT) program provides housing and intensive wraparound supportive services to persons who are challenged living independently in the community due to severe mental health, substance use, and incarceration issues. The Behavioral Health Court - Transitional (TrACT) program is similar in scope, but is managed by Alameda County Behavioral Court.

FACT and TrACT operate on the **“Housing First”** model, where partners are housed first, and then offered services on a voluntary basis. Services range from providing for basic human needs, such as food and clothing, to rehabilitative counseling, integrated medical care, and supported employment.



Prevention and Early Intervention (PEI)

Prevention and Early Intervention (PEI) programs are a component of the Mental Health Services Act (MHSA) that provide:

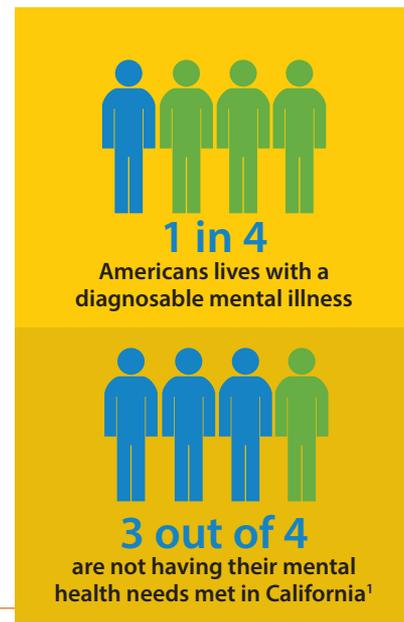
- 1) **Outreach** to families, employers, primary care health providers, and others to recognize the early signs of potentially severe and disabling mental illness. The goal is to catch mental health issues in their earliest stages to prevent long-term suffering.
- 2) **Access** and linkage to medically necessary care as early in the onset of these conditions as possible.
- 3) **Reduce** stigma and discrimination associated with seeking mental health services and reduce discrimination against people living with a mental health challenge.
- 4) **Promote** wellness, foster health, and prevent the suffering that can result from untreated mental illness.

Alameda County is part of the historic effort to improve its residents' mental health through Prevention and Early Intervention (PEI) initiatives.

Some examples of Alameda County's PEI programs are:

- ⦿ **0-8 Prevention Services:** An initiative to strengthen services and supports for children 0-8 and their families, including trauma informed psychotherapy training, mental health consultation, and tools/supportive services for parents of young children.
- ⦿ **10x10 Wellness Campaign:** Research has shown that people living with a mental illness or substance use disorder are more likely to die 25 years younger than those without these conditions. This campaign is designed to motivate people living with a mental health or substance use concern to move their bodies and eat well in order to help with increasing the lifespan of consumers with mental health and/or co-occurring disorders.
- ⦿ **Underserved Ethnic/Language Populations (UELPP):** Many immigrants and refugees in Alameda County are limited in English, which makes mental health outreach activities challenging. Numerous programs in the county work to reach and engage underserved and underserved communities in a culturally responsive manner to provide education about mental health, reduce stigma, increase access to mental health services, and intervene early when mental health concerns are present.
- ⦿ **The Wellness Centers:** These centers provide services and supports to clients in recovery from a mental illness so they can continue on their journey of wellness and recovery and receive linkages to community supports.

Fear of judgment, discrimination, and isolation prevents many people with mental illness from asking for help. Deeply engrained beliefs and negative attitudes about mental illness are called stigma.



In 2004, California voters passed **Proposition 63**, the Mental Health Services Act (MHSA), which is designed to expand and transform California's county mental health service system. MHSA dollars fund **Prevention and Early Intervention** (PEI) programs in Alameda County.

In Alameda County, PEI programs strive to address stigma, reduce risk factors, and build protective factors, which increase resiliency, interpersonal connections, and raise the general level of health and well being for individuals, families, and communities. All ages can utilize PEI services.

In one out of a total of 16 programs, Alameda County Behavioral Health Care Services (ACBHCS) works with Underserved Ethnic Populations (UEL). Other programs, that are age-based, address stigma and suicide prevention, as well as provide culturally responsive outreach, prevention, and community

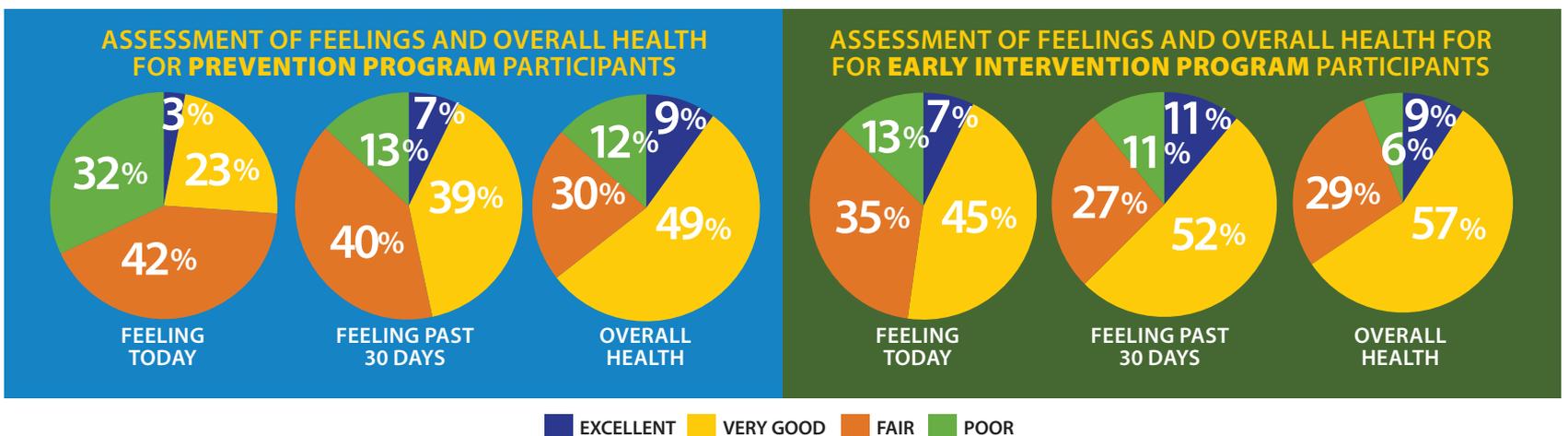
education services. PEI services for county residents, who are underserved and inappropriately served, are viewed as a key strategy to:

- Prevent mental illness from becoming severe and disabling and
- Improve timely access for underserved populations.

ACBHCS works with seven Underserved Ethnic Language Population (UEL) programs. UEL providers offer services that:

- 1) are prevention programs for clients who are at greater than average risk of developing a significant mental health challenge
- 2) are early intervention programs that are designed for clients who show early signs and symptoms of a mental health concern.

In 2014 and 2015, surveys were disseminated in the UEL community in **11 different languages**. Here are some results of the 2015 survey and focus groups.²



¹CalMHSA Prevention and Early Intervention: calmhsa.org/programs/tools-resources-about-prevention-early-intervention-programs/

²Alameda County MHSA Fiscal Year 2016/17 Annual Report, Attachments, p. 103.

Workforce Education & Training (WET)

Workforce Education & Training (WET) programs help Alameda County Behavioral Health Care Services (ACBHCS) address a shortage of public mental health workers through expanding the behavioral health workforce. Among other things, WET efforts focus upon the under-representation of mental health professionals with consumer and family member experience or with experiences in racially, ethnically, or culturally diverse communities. In addition to increasing cultural responsiveness, WET programs address the need to expand linguistic capacity to better reflect the languages spoken by Alameda County residents.

“I feel productive and useful when I am working,” says a consumer.
“When I work, I make friends and have structure for the day.
I am a contributing member of society by working.”

– a consumer who found work with WET supports

The Mental Health Services Act (MHSA) funds WET projects in Alameda County in the following areas:

Consumer and Family Employment Toolkit

Provides consumer/client and family member employment and supports employees at all stages of the employment process.

Community College Career Pathway

Develops a community college route for consumers/clients, family members, and ethnically and culturally diverse students and individuals that can lead to employment with ACBHCS.

Educational Campaign to Increase Workforce Diversity

Working in collaboration with Prevention and Early Intervention community partners, this campaign develops culturally appropriate educational campaigns to enhance the image of mental health employment and to recruit students and potential employees from Alameda County’s diverse communities.

Internship Program

Coordinates academic internship programs throughout Alameda County. Provides training to clinical supervisors and student interns.

High School Behavioral/ Mental Health Career Pathways

Staff engage with high school students from diverse cultural and linguistic backgrounds and provide them with information about careers in behavioral health/mental health. This program includes development of mental health classroom curriculum, work-based learning experiences, and collaborations between high schools, post-secondary educational partners, and industry partners.

Workforce Education & Training (WET) programs help Alameda County Behavioral Health Care Services (ACBHCS) develop programs to build and expand the public behavioral health workforce.

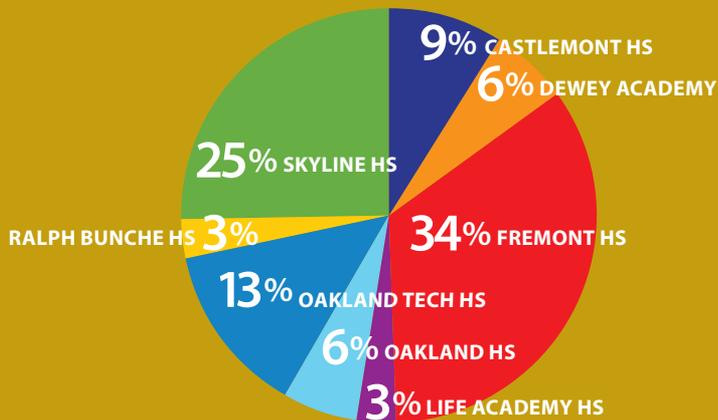
California voters passed Proposition 63, the Mental Health Services Act (MHSA), which provides increased funding to transform California's county mental health systems. MHSA dollars fund WET programs in Alameda County. **WET addresses the need to increase cultural diversity and linguistic capacities** in the county's mental health system to better reflect the communities served.

Another WET program is the Mental Health Loan Assumption Program (MHLAP), which is detailed in the MHSA legislation, and provides funding to develop a loan forgiveness program in order to recruit and retain qualified professionals working for ACBHCS and its contracted providers.

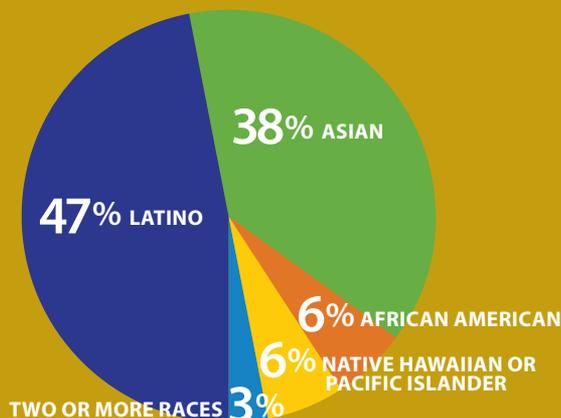
An award recipient may receive up to \$10,000 to repay educational loans in exchange for a 12-month service obligation in a hard-to-fill position in the county public mental health system.

One of the WET programs is the High School Intern Program for Career Pathways. In August 2017, 32 high school students are participating in the Summer Intern Program.

These students attend Oakland high schools:



The 32 students are 67% female and 30% male. The race/ethnicity of the 32 students is:



2014/15 CYCLE AWARDEE LANGUAGE (24 AWARDEES)

English only	46%
Spanish	50%
Cantonese	4%
Mandarin	0
Vietnamese	0
Other Languages	0

2014/15 CYCLE AWARDEE ETHNICITY (24 AWARDEES)

Asian & Pacific Islander	8%
African American/Black/African	21%
Latino/Hispanic	42%
White/European/Middle Eastern	29%
Multi-Ethnic	0
Other	0
Declined to state	0

Innovation Grants Program (INN)

MHSA funding goes towards Innovation Grant Learning Projects in Alameda County. An Innovation Project may produce a novel, creative, and/or ingenious approach to a variety of mental health practices. Instead of funding ongoing services, Innovation projects contribute to learning. Innovation projects can address mental health issues at any time during an individual's or families' needs from prevention and early intervention to recovery supports.

Alameda County BHCS has funded 18-month Innovation Grants to learn from various communities about new and innovative ways to engage and support consumers and family members throughout the county. ACBHCS has previously funded Innovation grant projects that have served these communities:

- ⦿ African American community,
- ⦿ LGBTQI2-S Clients and Consumers,
- ⦿ Isolated Adults and Isolated Older Adults, and
- ⦿ Other community groups

Alameda County BHCS funds innovative strategies to create change.

ACBHCS wants your ideas on the next Innovation Projects!

Innovation Grant Proposals must meet the following criteria:

- 1. It is new, having not been used previously in the mental health field.**
 - ⦿ Introduces a new mental health practice or approach.
 - ⦿ Adopts an existing mental health practice or approach, so that it can serve a new target population or setting.
 - ⦿ Modifies an existing practice or approach from another field, to be used for the first time in mental health.
- 2. It has a learning component, which will contribute to the body of knowledge about mental health.**
- 3. It's focused on improving some aspect of the mental health system and/or mental health service delivery.**

The **Innovation Grants Program** (INN) is funded by the **Mental Health Services Act** (MHSA). The MHSA philosophy is to transform the mental health system through programs that are wellness, recovery, and resiliency focused; culturally responsive; client and family-driven; integrated; and collaborative with the community and other stakeholders. The focus is upon continued learning.

Alameda County Behavioral Health Care Services (ACBHCS) invites members of the community to present new and innovative approaches to be funded and explored in more depth. Each is a short-term project that may introduce a novel, creative, and/or ingenious approach to a variety of mental health practices. The result – community defined practices and unique ideas from which the Alameda County mental health system, community based providers, and community members can learn.

In the **first cycle** of the Innovation Grants Program, the population, problem statement, and learning objectives were deliberately defined in a broad fashion to solicit a wide array of non-traditional ideas.

For the **second round** of INN funding, ACBHCS developed learning questions based upon recommendations from the *ACBHCS African American Utilization Report*. INN Two grant projects addressed these learning questions and implemented projects to improve the quality of care for African American consumers/clients and produce more positive outcomes.

Round Three grant projects addressed the needs and strengths of two communities:

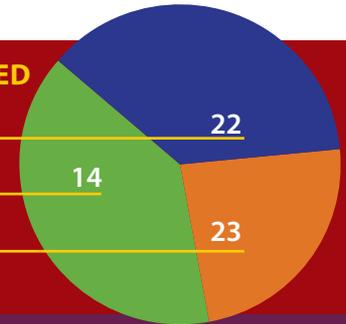
- ⦿ Isolated adults and isolated older adults and their families, and
- ⦿ Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two Spirit (LGBTQI2S) clients and consumers.

NUMBER OF PROJECTS FUNDED

Round One (2010)

Round Two (2011)

Round Three (2015 – 2016)



AGE GROUP FOCUS OF ROUND ONE GRANT PROJECTS

Children/Youth 0 - 17 years old	5
Transition Age Youth (TAY) 16 - 25 years old	5
Adults 18 - 59 years old	7
Older Adults 60 years & older	2
Mixed ages	3

AGE GROUP FOCUS OF ROUND TWO GRANT PROJECTS

Children/Youth 0 - 17 years old	2
Transition Age Youth (TAY) 16 - 25 years old	3
TAY & Adults 16 - 59 years old	3
Older Adults 60 years & older	1
Mixed ages	5

AGE GROUP FOCUS OF ROUND THREE GRANT PROJECTS

Children/Youth 0 - 17 years old	1
Transition Age Youth (TAY) 16 - 25 years old	2
Adults 18 - 59 years old	4
Older Adults 60 years & older	3
Mixed ages	13

Alameda County Behavioral Health Care Services (ACBHCS)

CRISIS AND URGENT CARE

MULTILINGUAL HOTLINE

24 HOURS A DAY—7 DAYS A WEEK

For mental health or substance use help, call ACCESS

1-800-491-9099

ACCESS is a multilingual, culturally responsive call center that provides information, screening and referrals for mental health and substance use disorder treatment for Alameda County residents.

CRISIS SUPPORT, INFORMATION & REFERRAL—MONDAY TO FRIDAY

Para español, llame al: 中文電話線: 510-735-3939
510-535-6200—Oakland
Bằng tiếng Việt, xin gọi: 510-735-3939
510-300-3180—Hayward

ONLY BERKELEY & ALBANY RESIDENTS:

MOBILE CRISIS TEAM

510-981-5254

11:30am–10pm, 7 days a week, including holidays

BERKELEY MENTAL HEALTH SERVICES

Day-to-day skills and support for individuals with serious mental illnesses.

510-981-5290 (18 & older)

510-981-5280 (youth & family)

SUICIDE PREVENTION

For people having suicidal thoughts and feelings or who have a specific plan to end their life.

24-hour crisis line: 1-800-309-2131
OR

Text “safe” to 20121 4-11pm, 7 days a week

PARENT SUPPORT HOTLINE

Hotline for parents and caregivers of children 0-21 years of age. Call anonymously for support, resources and positive parenting tips. English and Spanish spoken. Multilingual translation. Multiple phone sessions available.

24-HOURS A DAY—7 DAYS A WEEK

1-800-829-3777

CRISIS INTERVENTION AND BRIEF TREATMENT

ACBHCS Crisis Response Program. **M–F, 8:30am–5pm**

510-383-5020 North County
(Alameda, Oakland and Emeryville)

510-891-5600 South County
(All county areas not included above)

WALK-IN URGENT HELP

Sausal Creek Outpatient Clinic, 2620 26th Ave., Oakland
A crisis walk-in service for adults 18 and older.

510-437-2363

M-F, 8am–8pm. / Sat. & holidays 8am–4:30pm

SUPPORT SERVICES

WELLNESS CENTERS

Welcoming and accessible drop-in services offering classes and programs, skills-building, and behavioral health services for people with a known or suspected mental illness. No appointment is necessary.

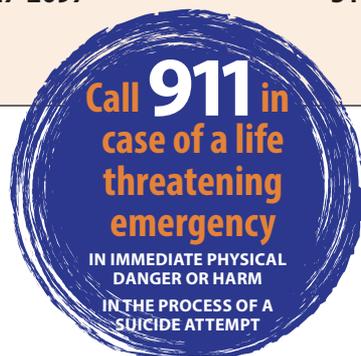
Alameda, Four Bridges
510-827-2097

Fremont, South County
510-657-7425

Hayward, Hedco House
510-247-8235

Pleasanton, Valley
Wellness Center
925-484-8457

Oakland, Towne House
510-658-9480



ACBHCS services are primarily for people with MediCal or no health insurance. This list includes services provided by ACBHCS and other organizations. Not all the services listed here receive MHSA funds.

Mental Health Information and Resources FOR CONSUMERS AND FAMILIES

EDUCATION AND ADVOCACY SERVICES

PEERS ENVISIONING AND ENGAGING IN RECOVERY SERVICES (PEERS)

510-832-7337

www.peersnet.org

Delivers wellness tools through peer-led support groups and workshops. They are mental health advocates working to eliminate discrimination.

FAMILY EDUCATION AND RESOURCE CENTER (FERC)

Warm line: 1-888-896-3372

www.askferc.org

Support and advocacy for family caregivers who have a loved one with a serious mental health challenge. Provides assistance in English, Spanish, Korean, Cantonese, and Mandarin.

MENTAL HEALTH EDUCATION AND SUPPORT

NORCAL MENTAL HEALTH AMERICA (MHA)

1-916-366-4600

www.mhanca.org

Improving the lives of residents in the diverse communities of Northern California through advocacy, education, research, and culturally relevant services.

LOCAL MHA AFFILIATE:

MENTAL HEALTH ASSOCIATION OF ALAMEDA COUNTY

510-835-5010

<http://www.mhaac.org>

Provides direct assistance and support to people with a mental illness and their families.

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

1-800-950-6264

www.nami.org

M-F, 10am-6pm Eastern Time

Education and support for those affected by mental illness—people living with a mental health concern, family members, and friends.

FOUR LOCAL NAMI AFFILIATES:

NAMI ALAMEDA COUNTY SOUTH

(Fremont, Newark, Union City)

510-969-6479

www.namiacs.org

NAMI ALAMEDA COUNTY

(Oakland through Fremont)

510-334-7721

www.nami-alamedacounty.org

NAMI EAST BAY

(Albany, Berkeley)

510-524-1250

www.namieastbay.org

NAMI TRI-VALLEY

(Livermore, Pleasanton, Dublin)

925-980-5331

www.nami-trivalley.org

NOTE: Family and peer supports available in Cantonese, Mandarin, and Spanish. Contact a NAMI Affiliate for more information.