

MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, March 26, 2021 (2:00-4:00pm)

GO TO MEETING TELECONFERENCE: <https://global.gotomeeting.com/join/511501621>

To participate by phone, dial-in to this number: <tel:+18773092073,511501621#>

MISSION	VALUE STATEMENT	FUNCTIONS
<p><i>The MHSA Stakeholder Group advances the principles of the Mental Health Services Act and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.</i></p>	<p><i>We maintain a focus on the people served, while working together with openness and mutual respect.</i></p>	<p>The MHSA Stakeholder Group:</p> <ul style="list-style-type: none"> • <i>Reviews</i> the effectiveness of MHSA strategies • <i>Recommends</i> current and future funding priorities • <i>Consults</i> with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care • <i>Communicates</i> with ACBH and relevant mental health constituencies.

- | | |
|--|------|
| 1. Welcome and Introductions | 2:00 |
| 2. Presentation: IHOT Evaluation | 2:10 |
| 3. Annual Plan Update/CPPP
- MHSA Three-Year Plan Approved
- CPPP Update
- Innovation Brainstorm Pt 2 | 3:20 |
| 4. General Updates & Announcements
- New member applications: 0 | 3:50 |
| 5. Wrap-Up/Summary | 3:55 |
| 6. Meeting Adjournment | 4:00 |

Documents Attached:

- Agenda
- Meeting Minutes from February 2021
- PPT Presentation
- MHSA-SG Calendar v4

Alameda County Mental Health Services Act Stakeholder’s Meeting
February 26, 2021 • 2:00 pm – 4:00 pm
TELECONFERENCE REMOTE MEETING

Meeting called to order by **Mariana Real (Facilitator)**

Present Representatives: Viveca Bradley (MH Advocate/MHAAC/AA Family Outreach), Margot Dashiell (Family Member/East Bay Supportive Housing Collaborative/African American Family Outreach Project/Alameda County Family Coalition), Annie Bailey (City of Fremont-Youth & family Services Division), Jeff Caiola (MH consumer advocate /Berkeley Bipolar Support Group), Elaine Peng (MHACC), Liz Rebensdorf (Family Member/NAMI East Bay/MHSAAC), Katy Polony (Abode/IHOT), Mark Walker (Deputy Director, Swords to Plowshare), Shawn Walker-Smith (Family Member/MH Advocate/ African American Support Group & Family Dialogue Group), Sarah Marxer (PEERS/Family Member); Carissa Samuels (TAY/Ohlone College Mental Health Ambassador); YuanYuan Lo (TAY/ Ohlone College Mental Health Ambassador)

Guest Representatives: Sang Leng Trieu (Manager, Mental Health Programs), Tyler Bennett (Berkeley City College Student/ Mental Health Navigator)

ITEM	DISCUSSION	ACTION
<p>Welcome and Introductions (Mariana)</p>	<p>Mariana reviewed conference call etiquette tips, and led a brief check-in with the group utilizing the Community Agreements and MHSA-SG Design Team Alliance (DTA) model to identify the desired atmosphere for the meeting and strategies to ensure members thrive and deal with conflict. The group would like to focus on:</p> <ul style="list-style-type: none"> • Respect for perspectives and where they are • Welcoming Atmosphere • Welcoming questions • Advocate for collaboration 	
<p>Presentation: Alameda County Community College Mental Health Navigator Program & Mental Health Navigator application (Pilot project of MHSA-WET)</p>	<p>Sang Leng Trieu, Manager of Mental Health Programs and Tyler Bennett, Student presented an overview of the Alameda county Community College Mental Health Navigator Program and new Mental Health Navigator Application. This program is a pilot project of the MHSA Workforce Education & training Unit and received \$30,000 from WET beginning Summer 2020 – June 2021. The programs operate on a \$300,000 budget for the annual year, additional funds stem from grants and a health fee per student per semester.</p> <p>Alameda County has 7 community colleges and 115 campuses and is the largest institution of highest learning serving 2.1M students. Approximately two thirds of students are transitional aged youth (TAY). The mental health programs include the following:</p> <ul style="list-style-type: none"> • Student Wellness Ambassadors: facilitate campus presentations. Currently 11 ambassadors. • Advocacy: Work with select affinity groups. Currently 8 advocates. • Mental Health Navigators • Equity Scholars Program: Must apply to get in. Currently developing a 10-episode podcast. There are 3 in this program. <p><i>Please view the full PPT presentation from the 2/23/21 MHSA-SG meeting</i></p>	<ul style="list-style-type: none"> • MHSA-SG will review the WET component of the three-year plan on the acmhsa.org website

ITEM	DISCUSSION	ACTION
	<p>Elaine Peng: provided a link for NAMI campus resources at https://namica.org/nami-on-campus/#section-nami-on-campus-college and https://calmatters.org/projects/California-mental-health-private-insurance-medi-cal \</p> <p>Sara posed the following questions:</p> <ul style="list-style-type: none"> • What are the biggest service gaps? Tyler responded private insurance (for example Kaiser) don't provide 1:1 care and referrals to group therapy • How do you contact students? Tyler responded it is subject to each college. For example, Berkeley can refer via email only due to FERPA and HIPAA restrictions • Explain the breakdown of the 4 programs <p>Annie questioned:</p> <ul style="list-style-type: none"> • What is the operational budget required to run several volunteer programs? Sang responded all students are paid \$15/hour. Sang manages the program part-time at 0.6FTE. The navigator program budget is \$30,000, student wellness center is \$45,000-\$60,000 from the state, the advocacy program is \$30,000, and equity scholar program is \$40,000. <p>Jeff asked how BEST NOW fits in to their model. Sarah responded at the state level they are involved with advocating for the guidelines state developed.</p> <p>Sang closed discussing the importance of advocating for MHSAs dollars.</p> <p>Mariana reminded the MHSAs-SG that the mental health college pilot project is highlighted in the FY2020-23 MHSAs Three-Year Plan and will be highlighted in the FY2021-22 Annual Plan Update. Both will be located on the acmhsa.org website.</p>	
<p>FY21/22 Annual Plan Update: CPPP Innovation Brainstorm</p>	<p>Mariana reviewed some of the top Innovative Ideas from the Three-year plan and asked the MHSAs-SG to review concepts, and identify possible program components for each service mode. The innovative idea to review is the <i>Community Holistic Response Team</i>. Sample definitions include the following:</p> <ul style="list-style-type: none"> • Community Response Team: Community-based or interagency team that targets African Americans and Latinx communities to support (non-crisis) urgent needs, social supports, and community treatment, short-term and long-term referrals and linkages, disaster response. The team would include non-traditional responders, faith-based agencies, partners supports, and community organizations. • Holistic approach: includes partnerships with behavioral health organizations, social services, other teams, advocacy groups, interfaith organizations, short-term housing partners, etc. <p>Mariana asked the members how they feel about this idea and what would holistic health services look like?</p>	<ul style="list-style-type: none"> • MHSAs-SG will review the MHSAs 101 Fact sheet on the Community Input page of the acmhsa.org website

ITEM	DISCUSSION	ACTION
	<ul style="list-style-type: none"> • Liz: Multiple uses of the word that should be clarified (1- medical model, 2- psychological, 3-non-traditional/organic approaches, addresses spirituality). Should emphasize the body and physical health. Psychological definition should address values, cultural upbringings, emotions. When I think of holistic, I tend to think of psychological services. • Jeff: Certain definitions may turn some off/opposite of neutrality • Carissa: Not a familiar word used in TAY population, consider using the word “comprehensive” • Shawn: Treating whole body (spirit, mind, mental, physical), non-traditional medicine <p>Mariana asked members what would be the ingredients/components we should consider when creating a community holistic response team?</p> <ul style="list-style-type: none"> • Liz: Diverse providers • Carissa: Collaboration (multidisciplinary field) • Shawn: Diverse disciplines/traditions (spiritual) may address different ethnicities, collaborate and share information • Jeff: Collaborative, field of strength, lived experience • Mark: Coordination between VA and healthcare providers <p>Mariana will follow-up with group members next week and review the second innovative idea: <i>Innovative Service Team Model</i></p>	
MHSA-SG Administrative Updates/Membership and Announcements (Mariana)	<p>Mariana asked the group to review recent legislative updates located in their meeting packet.</p> <p>MHSA has not received new member applications.</p>	
Wrap-Up/Summary (Mariana)	<p>Next MHSA-SG meeting will feature a presentation from the IHOT Evaluation Team (Carly R and Daniel K>)</p> <p>The group identified future meeting topics:</p> <ul style="list-style-type: none"> • April 2021: Review UELP Evaluation • May 2021: AB2022 • Submit ideas on the INN idea form on the acmhsa.org website 	<ul style="list-style-type: none"> • Mariana requests membership biographies from new members • Mariana requests members to update their information on SurveyMonkey • Mariana will send an email to summarize today’s meeting and required reading materials for the next MHSA-SG meeting

Next Stakeholder meeting: Friday, March 26, 2021 from 2-4 p.m. LOCATION: GoToMeeting webinar

MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER GROUP MEETING CALENDAR, 2021 rv4

** This schedule is subject to change. Please view the MHSA [website](#) for calendar updates.

DATE	TIME	LOCATION	MEETING THEMES
January 22, 2021 (Friday)	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> MHSA Goal Setting/Finding A Common Link Annual Plan Update MHSA Community Planning Meetings (CPM) Outreach & Focus Group
February 26, 2021 (Friday)	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Program Spotlight: WET INN recommendations Focus Group recruitment Review Operating Guidelines
March 26, 2021 (Friday)	2:00-4:00pm	GoToMeeting	<ul style="list-style-type: none"> Program Spotlight: IHOT Evaluation
April 23, 2021 (Friday)	2:00-4:00pm	GoToMeeting	<ul style="list-style-type: none"> Program Spotlight: UELP Evaluation MHSA Plan Public Comment/Public Hearing
May 28, 2021 (Friday)	2:00-4:00pm	GoToMeeting	<ul style="list-style-type: none"> Presentation: AB2022
June 25, 2021 (Friday)	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Quarterly Program Data Review Government Funding
July 23, 2021 (Friday)	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Procurement Overview
August 27, 2021 (Friday)	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> MHSA Policy & Legislation Review
September 24, 2021 (Friday)	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Program Spotlight:
October 22, 2021 (Friday)	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Program Spotlight/Presentation:
November 19, 2021 (Friday)**	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Program Spotlight/Presentation:
December 17, 2021 (Friday) **	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> End of Year Celebration/Retreat Interview Qs



MHSA-SG MEETING

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE
SERVICES, MHSA DIVISION

4TH FRIDAYS EVERY MONTH, 2-4PM

FACILITATOR/COORDINATOR:

MARIANA REAL MPH, MCHES

HELLO
MY NAME IS

A large, empty rectangular box with a blue border, intended for writing a name. The box is positioned below the text "HELLO MY NAME IS" and occupies the lower two-thirds of the image.

COMMUNITY AGREEMENTS/DTA

Atmosphere?

The feeling we want to create

Thrive?

What we need to do our best work

Deal with Conflict?

How we'd like to handle difficulties/conflicts

MEETING OBJECTIVES

- Welcome & Introductions
- IHOT Evaluation Presentation
- Annual Update/CPPPP
 - Innovation Brainstorm Pt 2
- General Updates & Announcements
- Wrap Up/Adjourn





WELLNESS • RECOVERY • RESILIENCE

In-Home Outreach Teams Program and FY 18/19 Evaluation Results

Presented by:

Daniel Ku, Adult and Older Adult System of Care

Carly Rachocki, MHSa Division

MHSa Stakeholder Group Meeting
March 26, 2021

Evaluation Results FY 18/19



Program and
Referral
Process
Overview



*How much
did we do?*



*How well did
we do it?*



*Is anyone
better off?*



Program and Referral Process Overview

WHAT IS AN IN-HOME OUTREACH TEAM (IHOT)?

- Team consists of Clinical Leader/Manager, Lic. Eligible Case Manager, 2 Peer Specialists, and a Family Advocate. Goal to connect people who are unserved into services.
- Purpose: Successful linkage to supports, to avoid unnecessary hospitalizations and reduce interaction with the criminal justice system
- IHOT DOES NOT PROVIDE TREATMENT
- Mobile teams that provide in-home outreach and engagement services to people who are reluctant to seek outpatient mental health services
- There are four mobile teams each serving between 20-25 participants with a total program census of 80-100 individuals
- IHOT places equal emphasis on supporting family members
- The first step for AOT referrals

WHAT IS THE CRITERIA FOR IHOT?

1. Serious mental illness
2. Have Medi-Cal or be Medi-Cal eligible
3. Reluctant or resistant to accepting outpatient mental health services

WHO CAN REFER TO IHOT?

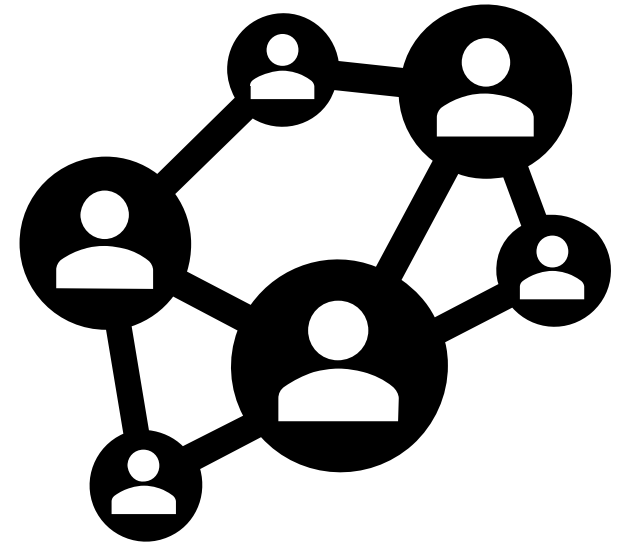
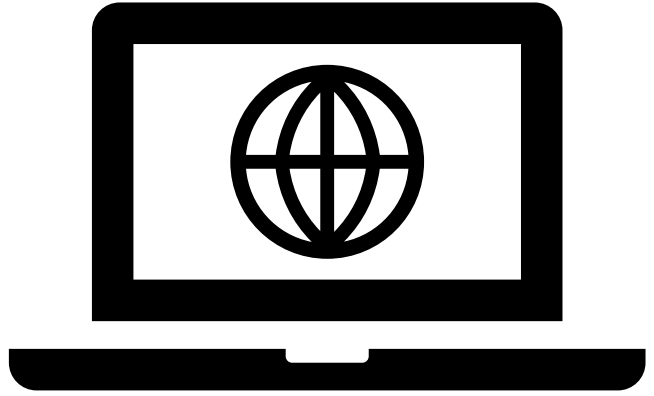
NOTE: All referrals to IHOT go through ACCESS (1-800-491-9099)

- ✓ Family member or caretaker who requests an in-home intervention
- ✓ PES
- ✓ Law Enforcement
- ✓ Jail
- ✓ Psychiatric Hospitals
- ✓ All Hospital Emergency Departments
- ✓ Mental Health Programs (that don't have their own outreach)
- ✓ Adult Protective Services
- ✓ NAMI or Other Advocacy Agencies

WHAT ARE THE BENEFITS OF IHOT?

- ❖ Family members receive ongoing support from the IHOT team.
- ❖ Once referred and screened, eligible participants receive outreach for as long as clinically determined, typically 3-6 months
- ❖ If participant agrees to engage, team will link participant to services (ideally) within three months.
- ❖ Team ensures connection was made to community resource (emphasis on warm hand offs)
- ❖ Participants are welcome to return to the IHOT program if unsuccessful in treatment.

IHOT Evaluation Methods

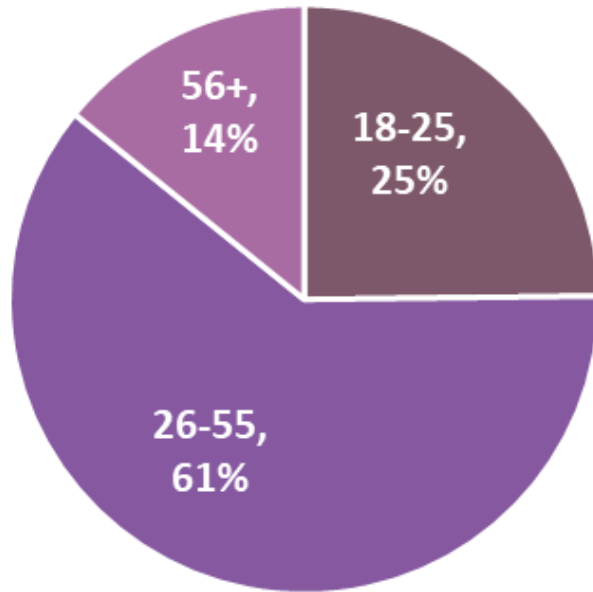




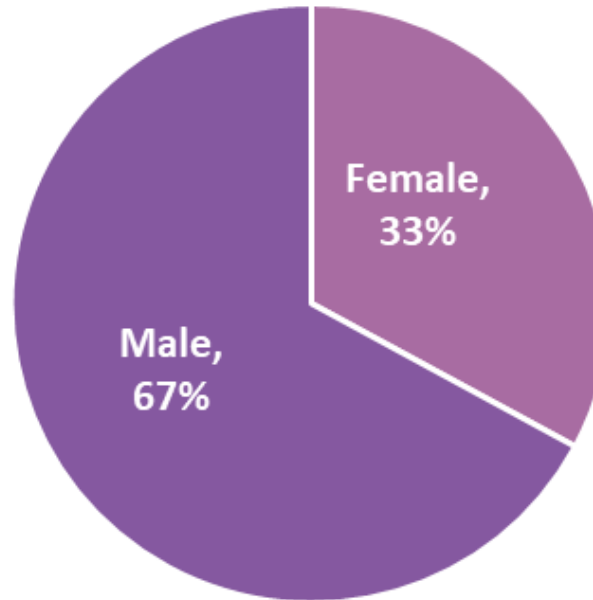
How Much Did We Do?

IHOT Partners' Age, Gender Identity, and Language

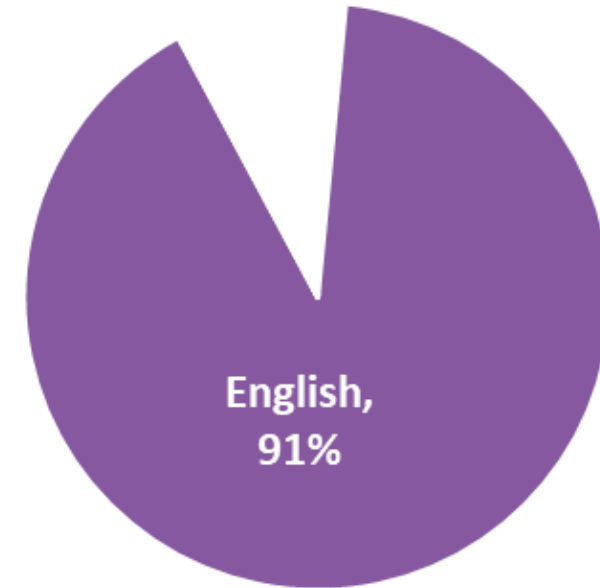
61% of IHOT partners were between the ages of 26 to 55.



67% of IHOT partners identified as Male.

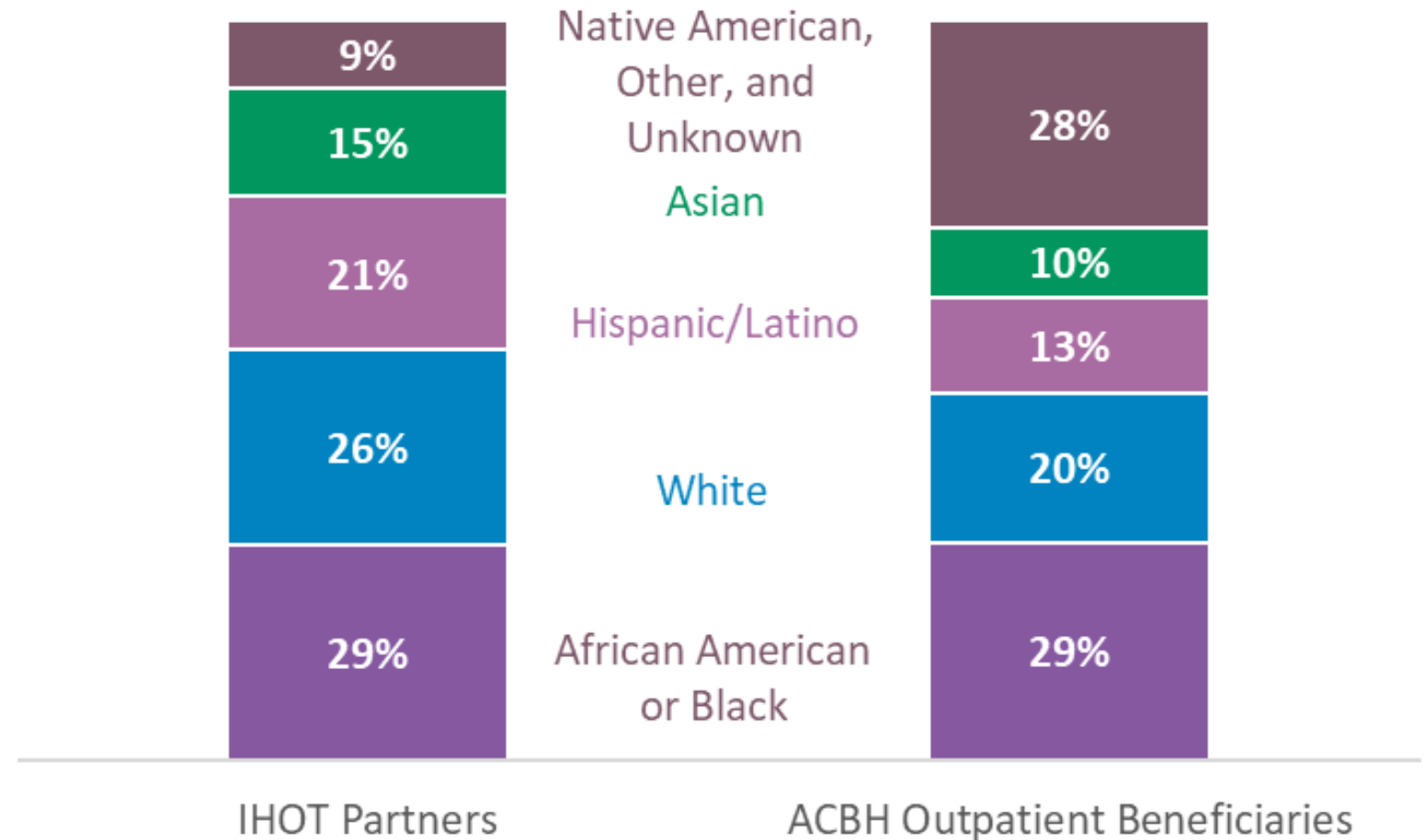


91% of IHOT partners spoke English.



IHOT Partner and ACBH Outpatient Race/Ethnicity

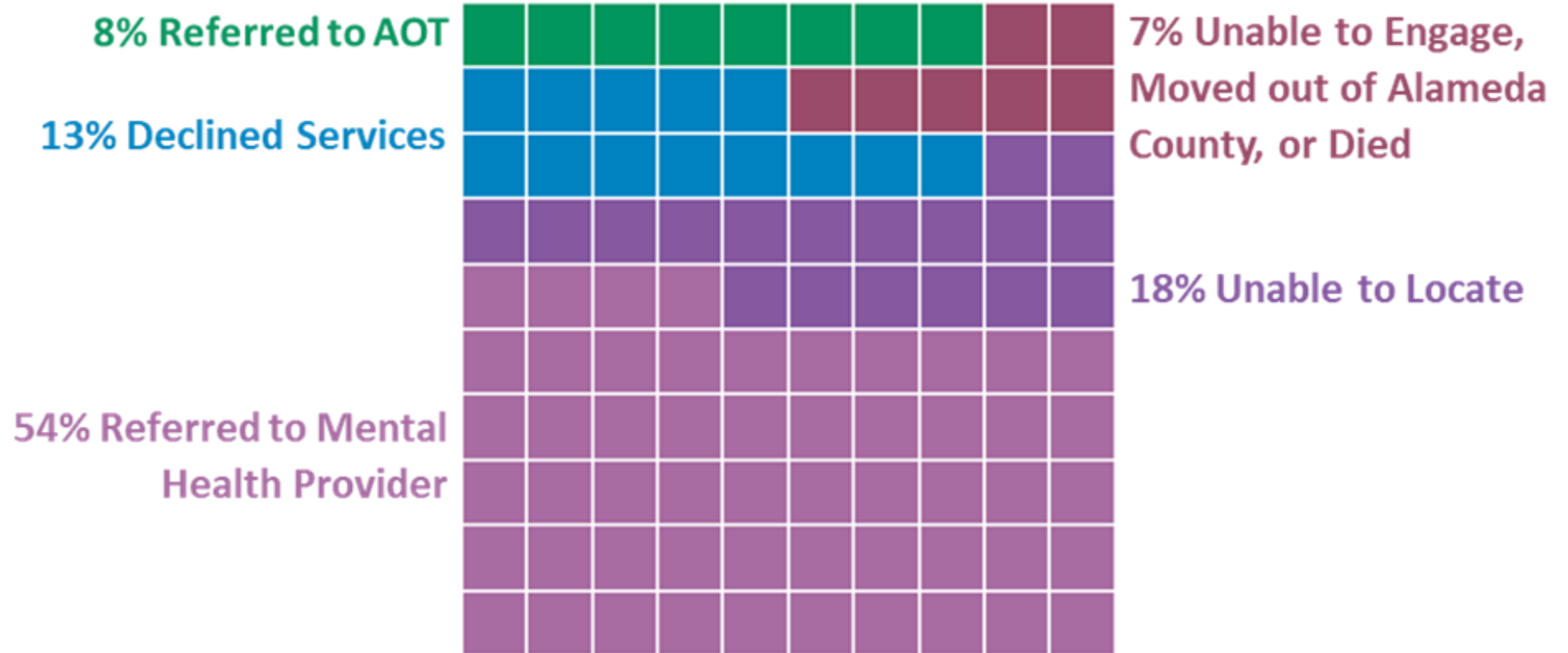
IHOTs served more **Asian**, **Hispanic/Latino**, and **White** partners compared to ACBH Outpatient beneficiaries.



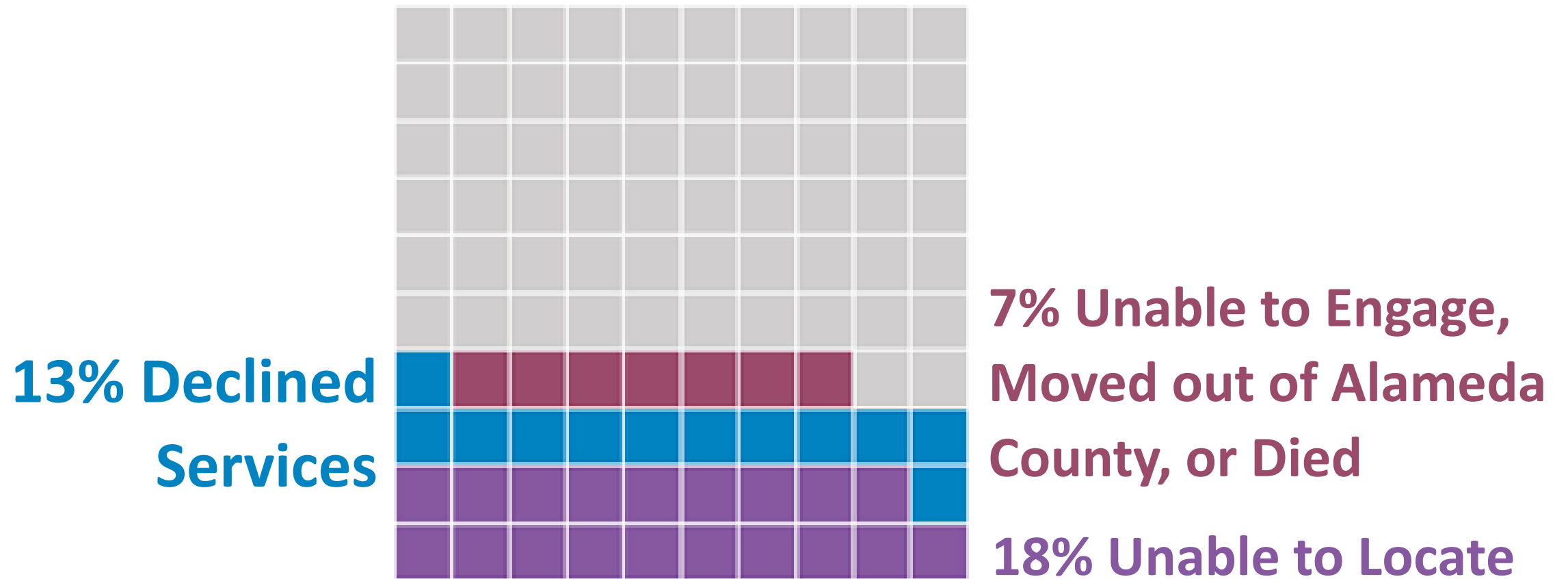


How Well Did We Do It?

IHOT Referral Outcomes



Reasons Why Client Did Not Engage



Less Involved Partners and Family Members Did Not Have a Positive First Impression



Created by Gregor Cresnar
from Noun Project

Partner

“...I didn't, like it was just an onslaught you know...I didn't know what he was talking about, where he was going, what he knew.”



Created by Oksana Latysheva
from Noun Project

Family Member

“...they didn't know what they were doing.”

More Involved Clients and Family Members Had a Positive First Impression

Partner

“...that they were very friendly. [That] if they could help in any way they would.”

Family Member

“Well she was just a warm, caring person. It was nice to know that there were people fighting to my [child] the help that [they] desperately needed. It was a relief knowing that I wasn't in the struggle by myself.”

Severity of Mental Illness Affects Potential Partners ability to be Involved with Referral



Created by Gregor Cresnar
from Noun Project

Partner

“Yeah, I was in not a good condition I was paranoid about their services at first but once I got working with [the IHOT]...I had a good experience with them.”



Created by Oksana Latysheva
from Noun Project

Family Member

“[The partner] stopped [their] meds. So, [the partner] was severely depressed [they] didn't move. That's why you couldn't engage [them].”

Lack of Network to Help Connect with Partner

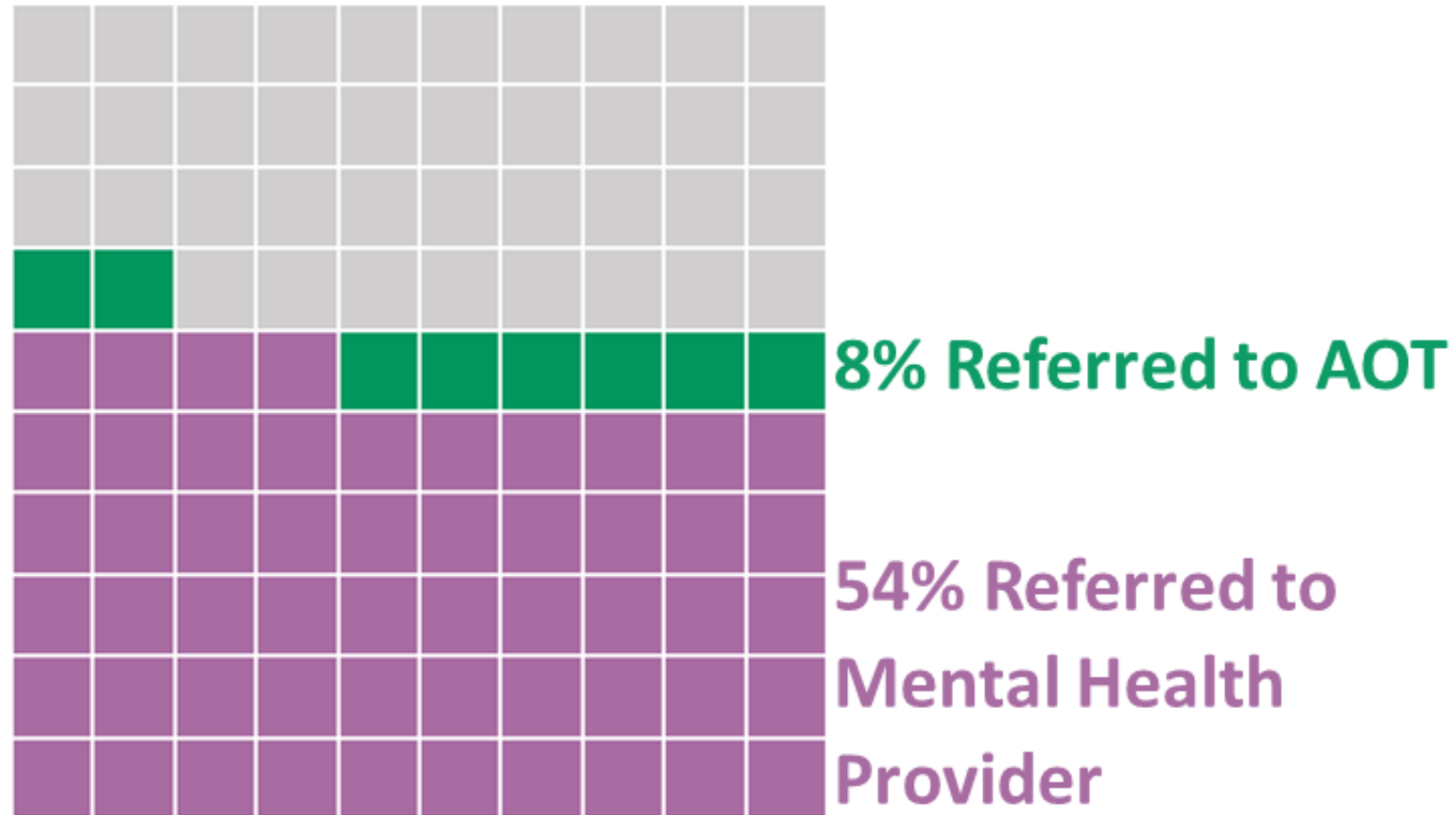
Partner

“First, I heard it through my parents. They said that they were going to come contact me and then I received a phone call or text message.”

Family Member

“My [child] doesn't have any friends, [they are] still very, very sick. No friends even though [they are] taking medication...But [they have] no friends, no brothers, no sisters so it was just me and the team.”

Reasons Why Client Engaged in Services



What Works for Building Trust



Being Persistent and Consistent



Listening to Partner

Navigating a Complex System to Connect Partners to Services



What works for Building Rapport

Facilitating Goal Setting



Photo by [RF. .studio](#) from [Pexels](#)



Becoming Like Family or a Support System

Demonstrating Care for the Partners



Areas of Concern

Photo by [Magda Ehlers](#) from [Pexels](#)

Time it Takes to Link to Services



Want More Time or More Frequent Contact



Staff Turnover



**Is Anyone Better
Off?**

Recovery Oriented

Mental Health

“Because I wasn't there for it but I saw an upswing in [the partner's] behavior. A lot more happiness and a lot more abilities to do things.”

Community-based Services

“They kept me off the streets I mean they helped a lot. They helped me not get stuff taken or stolen when I wasn't around and let me have a secure place where I could leave my stuff and go out. It made me feel secure.”





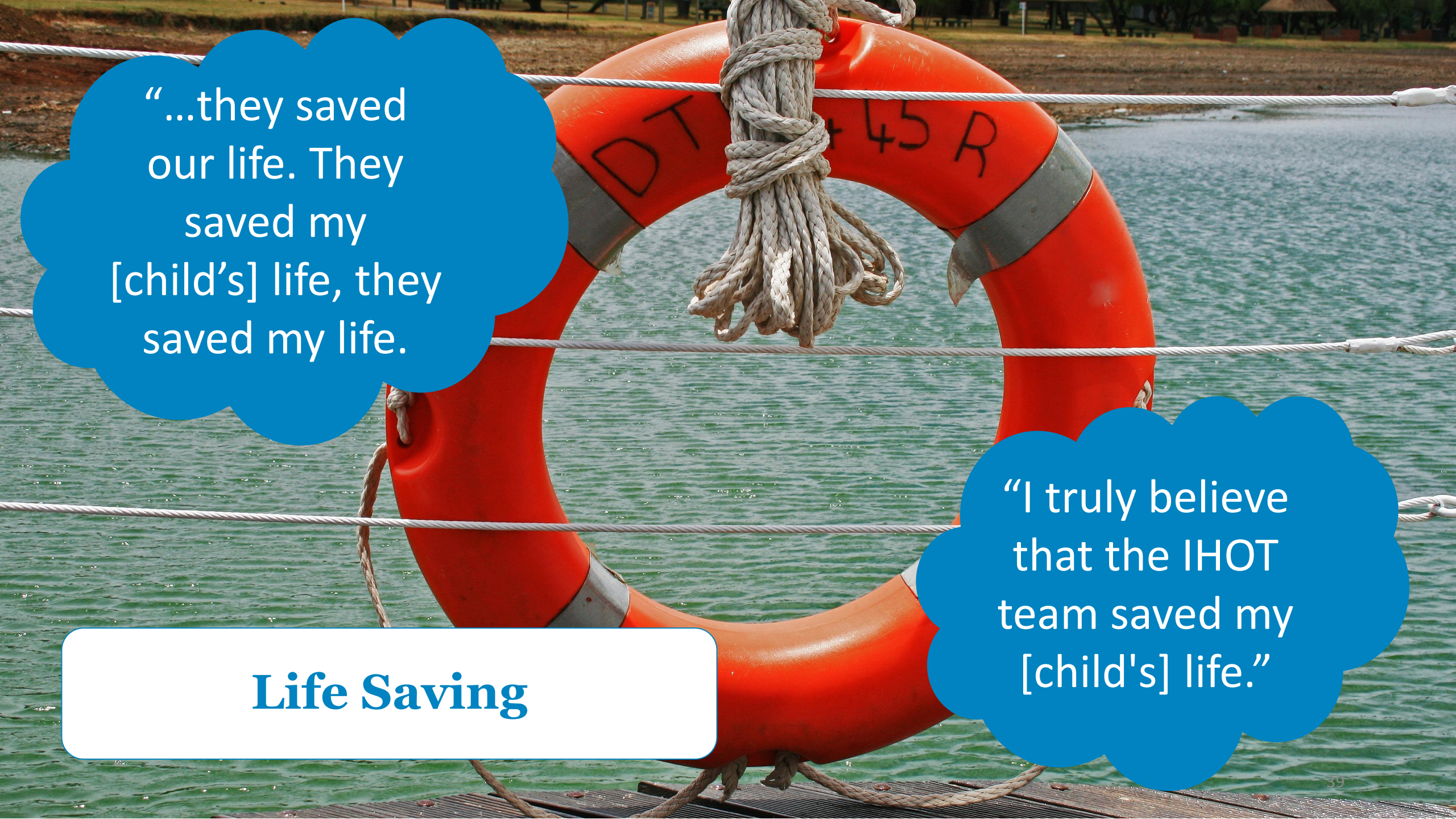
Asking for Help

Accomplishing Goals



Improving Hygiene





“...they saved
our life. They
saved my
[child’s] life, they
saved my life.

“I truly believe
that the IHOT
team saved my
[child's] life.”

Life Saving

Program Improvement Recommendations



Improve Data
Quality



Increase
Language
Diversity



Increase
Connections
with Families



Improve
Workflow with
ACCESS

MHSA Website www.ACMHSA.org

ACCESS HOTLINE • 24 hours a day/7 days a week/Multilingual • For mental health or substance use help, call **1-800-491-9099**

Select Language ▼

Powered by  Translate

[Home](#)

[Find Support](#)

[Get Involved](#)

[MHSA Info](#)

[Contact](#)



Mental Health Services Act (MHSA)

Alameda County Behavioral Health Care Services

WELLNESS • RECOVERY • RESILIENCE



Community Services & Supports

Prevention & Early Intervention

Workforce Education & Training

Innovation & Community Learning

Capital Facilities & Technology

Comments and Questions



Carly.Rachocki@acgov.org

Daniel.Ku@acgov.org

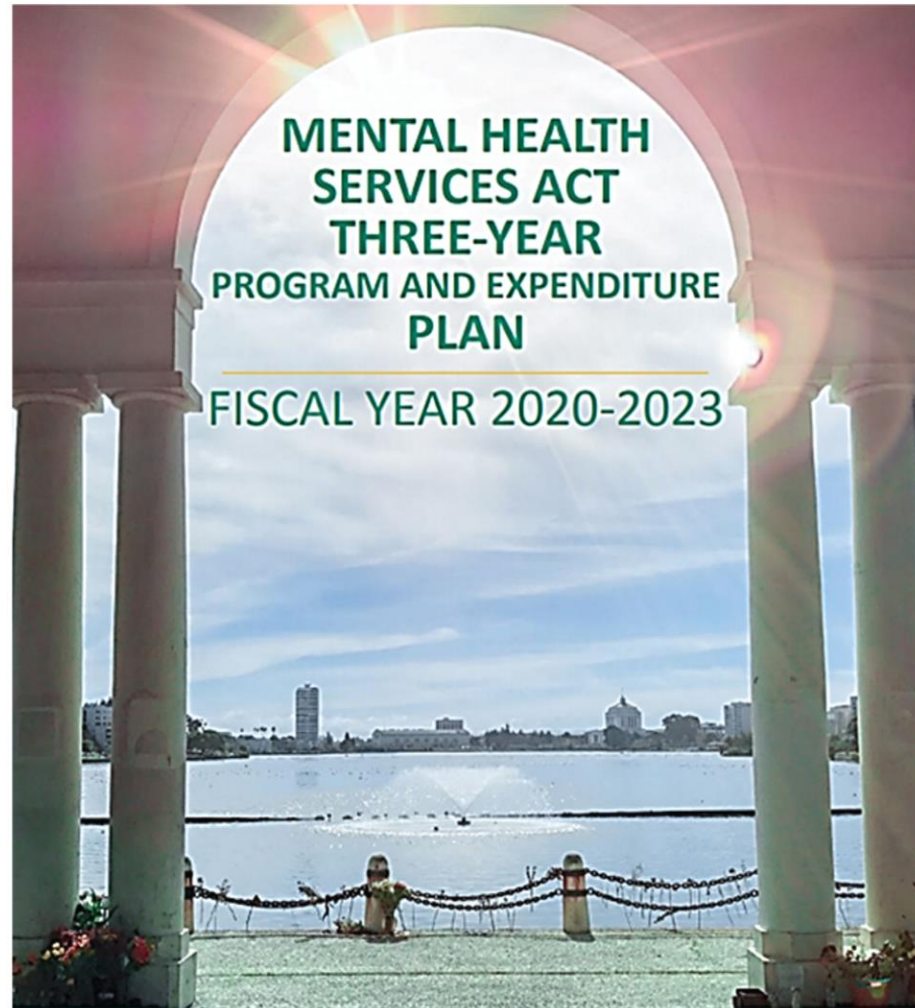
www.ACMHSA.org



WELLNESS • RECOVERY • RESILIENCE

MHSA ANNUAL UPDATE/CPPP

MHSA UPDATE: ANNUAL PLAN, FY21/22



MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN

FISCAL YEAR 2020-2023

MENTAL HEALTH SERVICES ACT (MHSA) DIVISION | ALAMEDA COUNTY BEHAVIORAL HEALTH DEPARTMENT
RELEASED FOR PUBLIC COMMENT: AUGUST 21, 2020-SEPTEMBER 21, 2020

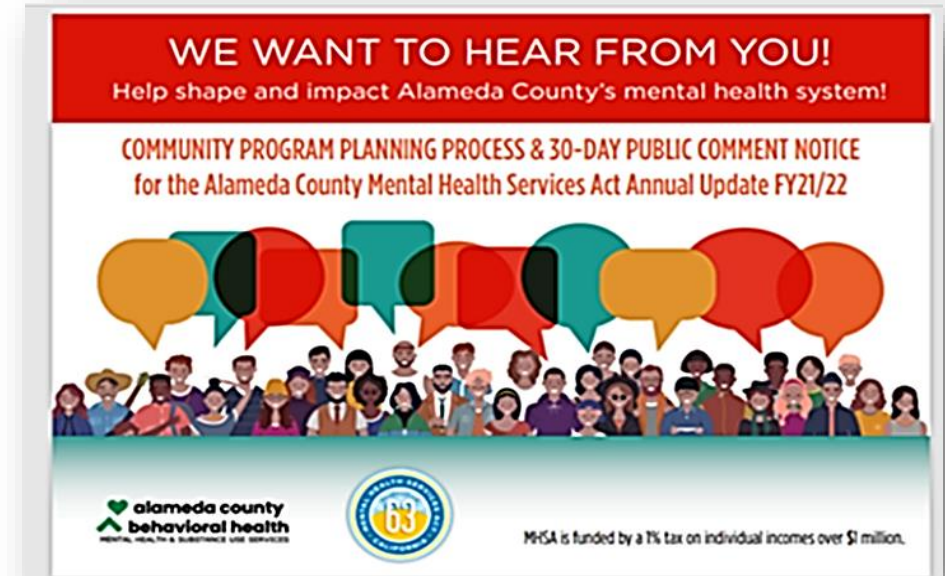
APPROVED BY THE ALAMEDA COUNTY BOARD OF SUPERVISORS
ON FEBRUARY 23, 2021



MHSA ANNUAL PLAN, FY21/22

Tentative 30-day public comment period dates: 4/15/21 – 5/19/21

- Focus Group Summary:
 - Peers WRAP[®]
 - MHSA-SG
 - Law Enforcement Mental Health Units (CIT/MET/CATT)
 - African American Veterans (rescheduled)
 - TAY – Ohlone College Students
- Tentative Podcast & Webinar Topic Proposals:
 - * APRIL 8 COVID-19 Vaccine: Impact on African American's mental health
 - * APRIL 22 How to Effectively Navigate Telehealth online platforms
 - APRIL 26 ACBH WEBINAR – How to Read the MHSA Plan
 - * May 13 MHSA Plan & Community Input for the upcoming May 17th Public Hearing
 - MAY 17 ACBH MHSA Public Hearing Mental Health Advisory Board - Public Hearing
 - * MAY 27 The Telehealth new "normal" and How it Impacts our Youth



MHSA INNOVATION BRAINSTORM

COMMUNITY HOLISTIC RESPONSE TEAM (\$1M)

Definitions:

Community Response Team: Community-based or interagency team that targets African Americans and Latinx communities to support (non-crisis) urgent needs, social supports, and community treatment, short-term and long-term referrals and linkages, disaster response. The team would include non-traditional responders, faith-based agencies, partners supports, and community organizations.

Holistic approach: includes partnerships with behavioral health organizations, social services, other teams, advocacy groups, interfaith organizations, short-term housing partners, etc.:

QUESTION: How do YOU feel about a *COMMUNITY HOLISTIC RESPONSE TEAM*

- **What do holistic health services look like?**
 - Liz: Multiple uses of the word that should be clarified (1- medical model, **2- psychological**, 3-non-traditional/organic approaches, addresses spirituality). Should emphasize the body and physical health. Psychological definition should address values, cultural upbringings, emotions
 - Jeff: certain definitions may turn some off/opposite of neutrality
 - Carissa: non a familiar word used in TAY population, consider using the word “comprehensive”
 - Shawn: treating whole body (spirit, mind, mental, physical), non traditional medicine
- **What would be the ingredients/components we should consider when creating a community holistic response team?**
 - Liz: Diverse providers
 - Carissa: Collaboration (multidisciplinary field)
 - Shawn: Diverse disciplines/traditions (spiritual) may address different ethnicities, collaborate and share information
 - Jeff: collaborative, field of strength, lived experience
 - Mark: coordination between VA & healthcare system to help those who fall between the cracks based on eligibility
 - Elaine: Emphasize role of family members



MHSA INNOVATION BRAINSTORM

New INN SERVICE TEAM MODEL (\$1.5M)

How would you develop a new service team model? How would you better engage and treat SMI clients who qualify for ACBH services through a revamping of the service team model in South & East County?

What could be a model for warm hand off/drop off from crisis stabilization/crisis teams and CATT



WELLNESS • RECOVERY • RESILIENCE

GENERAL UPDATES/ANNOUNCEMENTS



MEETING WRAP-UP

- FUTURE PRESENTATION:
 - UELP Evaluation & AB2022
- SUBMIT IDEAS ON THE INN IDEAS FORM ON THE INN WEBPAGE
- REVIEW OPERATING GUIDELINES & CODE OF ETHICS
- SURVEY MONKEY (UPDATE CONTACT INFORMATION) & MEMBER BIO
- SUBMIT AGENDA ITEM REQUESTS ON THE WEBSITE
- CELEBRATE YOUR ACCOMPLISHMENTS!

THANK YOU

Next Meeting:
April 23, 2021
2:00 pm– 4:00 pm
(Virtual)

** Stipends: Follow-up with Mariana Real

