alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

WELLNESS • RECOVERY • RESILIENCE

2000 Embarcadero Cove, Suite 400
Oakland, California 94606
510-567-8100 / TTY 510-533-5018
Carol F. Burton, MSW, Interim Director

MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, October 23, 2020 (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
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.	*We maintain a focus on the people served, while working together with openness and mutual respect.*	The MHSA Stakeholder Group: • *Reviews* the effectiveness of MHSA strategies • *Recommends* current and future funding priorities • *Consults* with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care • *Communicates* with ACBH and relevant mental health constituencies.

1. Welcome and Introductions 2:00
   - MHSA-SG Meeting Structure: *(2) Administration & Operations; (3) Program Planning & Development*

2. MHSA PEI Presentation: Virtual Site Visits 2:15
   - PEI Overview
   - Performance Management Activities
   - How MHSA-SG can be involved/support

3. The Office of Family Empowerment Presentation 3:00
   - OFE Overview
   - Core Strategies
   - The Co-Learning Project & OFE Toolkit
   - How MHSA-SG can be involved

4. Administrative Updates & Announcements 3:45
   - New member application
   - ACBH/MHSA Updates
   - MHSA-SG Member Announcements (*30 seconds*)

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5. Wrap-Up/Summary 3:55

6. Meeting Adjournment 4:00

Documents Attached:

- Agenda
- Minutes from September meeting
- PPT Presentation
- Legislative Update Sheet (Chaptered Bills Report 9/25/20)

Alameda County Mental Health Services Act Stakeholder's Meeting
September 25, 2020 • 2:00 pm – 4:00 pm
TELECONFERENCE REMOTE MEETING

Meeting called to order by **Mariana Dailey (Chair)**

Present Representatives: Viveca Bradley (MH Advocate), Jeff Caiola (Consumer), Margot Dashiel (NAMI), Sarah Marxer (Family Member), Liz Rebensdorf (NAMI East Bay), Katy Polony (Abode/IHOT), Mark Walker (Swords to Plowshare), Elaine Peng (MHACC), Shawn Walker-Smith (MH Advocate), Terri Kennedy (ACBH)
Guests: Kathleen Sikora (Community member)

ITEM	*DISCUSSION*	*ACTION*
Welcome and Introductions (Mariana)	**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, and asked the group: **Mariana** stated that the meeting structure would focus on 2 of the MHSA-SG meeting structure elements: • Relationship Building, Leadership & Advocacy • Program Planning & Development • Administration & Operations	
MHSA-SG Administrative Updates/Membership and Announcements (Mariana)	Administrative Updates: **Mariana** announced one legislative update below. *<u>Assembly Bill No. SB803 (Passed)</u> - Mental health services: peer support specialist certification. This bill would require the department, by July 1, 2022, subject to any necessary federal waivers or approvals, to establish statewide requirements for counties or their representatives to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both. The bill would authorize a county, or an agency that represents a county, to develop a peer support specialist certification program and certification fee schedule, both of which would be subject to department approval. The bill would require the department to seek any federal waivers it deems necessary to establish a demonstration or pilot project for the provision of peer support services in a county that agrees to participate in and fund the project, as specified.* - MHSA-SG Member Community Updates and Announcements: • **Mariana** – Asked Stakeholder Group if they would like to share any comments/notes to a meeting they have attended, or any updates to their organizations. • **Mark** – Contributed that his organization received funds from CalVet and is collaborating with Alameda County's Veteran Service Office to get a full view for	• **Mark** – Provided MHSA-SG brochures with information about Veterans

ITEM	DISCUSSION	ACTION
	care to veterans in Alameda County. They are looking for participants to chime in on Veterans mental health services in Alameda County. They would like to convene a veteran (virtual) roundtable to share resources and expertise with community colleagues to improve care and access to VA and other benefits. • **Mariana** – Asked **Mark** if there was a separate flyer for outreach. • **Mark** – Responded to Mariana if anyone was interested in participating to please reach him at *Swords to Plowshare*. • **Katy** – Expressed kudos to the VA! She knows a mother who had help from the VA for a family member who had a good experience accessing psychiatric and hospitalization care. • **Liz** – Shared this month's speaker at the monthly NAMI meeting from the University of Berkeley which gave a presentation on sleep disorder. She said it was a very exciting and dynamic PowerPoint presentation. She knows everyone has sleep issues and wanted to share the video at nami.org under What's New. **Mariana** introduced the website location to the MHSA Housing Solutions and Resources: https://acmhsa.org/housing-solutions-for-health-office/ **Mariana** announced one new member application from Cicely Winston and reviewed the application to the MHSA Stakeholder Group. She brought attention to the MHSA website that identifies what vacancies exist. The four remaining positions are: • Consumer/Homeless • Consumer/Mental Illness • Transitional Aged Youth (16-25) • Child Welfare Agency This will focus on the priority of the vacancies needed, by being transparent and consistent across the board. **Mariana** reviewed a contestation of an applicant that was interviewed. **Kimberly Graves** sent an email letter contesting her entry process into the MHSA-SG. **Mariana** responded to **Kimberly's** letter by explaining the interview process and how we prevent bias. She provided the MHSA-SG information that **Tracy** and she had a follow-up meeting to provide additional information regarding the interview and selection process. • **Sarah** – Asked if anything needed to happen? Did anything come out from the fall out, or decision process? • **Mariana** – Read her letter to the Stakeholder Group. The issues in Kimberley's letter were: ➢ Ways to enhance the interview process. ➢ Vacancies need to be accessible.	mental health services.

ITEM	*DISCUSSION*	*ACTION*
	➢ More information is needed about the selection process and how decisions are made (which takes 3-6 weeks). In her letter, **Mariana**, explained that vacancies can occur, and the waiting list will go by an individual's score in their interview. • **Sarah** – Replied that having the vacancies on the website is a great move. • **Katy** – Asked if a member happens to know somebody but does not sponsor the applicant, can we say we do not want to take part in the decision? Is there a policy for that? • **Mariana** – Replied before the interview process a selection committee is asked if they identify a conflict of interest. If so, they have the option to recluse themselves from the selection committee and a substitution will be selected. • **Liz** – Asked in reviewing Cicley Winston's application, does she represent a group, or provide services? • **Mariana** – Responded based on the application, she was nominating herself as a consumer. We can learn more in the interview process and sift through more information about what groups she represents. • **Sarah** – Recommended that the issue might have been about the question. Who do you represent? Or providing service to? • **Mariana** – Asked the MHSA Stakeholders who would want to be part of next interview panel? • **Liz, Katy,** and **Mark** – Responded yes to participating on the next interview panel. **Mariana** announced that in December she will review MHSA's operating guidelines to the Stakeholders.	• **Mariana** – Will follow-up with the panel before the interview.
MHSA Three-Year Plan Public Hearing (Mariana)	**Mariana** reviewed with the MHSA-SG the Public Hearing held by the Mental Health Advisory Board (MHAB) on 9/21/2020 of the Three-Year Plan. • The Public Hearing was held from 5:00-6:00pm and at the end of the hearing there was time for public comments. • There were 54 people who attended the hearing. The meeting was recorded by **Tracy**. • **Tracy** presented to MHAB the MHSA budget plans for the years 20/21, 21/22 and 22/23. • **Mariana** thanked the MHSA Stakeholders who gave their support in attending the Public Hearing. • There was a total of **227** public comments posted online on the MHSA website. The public comments will be tabulated, and they will be attached to the appendices to the final Three-Year Plan. The Three-Year Plan will be expected to be finalized by	• **Mariana** – Will announce to MHSA-SG when the Three-Year Plan binders were mailed to individual Stakeholders who requested a copy. • **Mariana** – Will post the final State's approval of the Three-Year Plan.

ITEM	*DISCUSSION*	*ACTION*
	November/December and the final plan will have every public comment and response. Next Steps: ➢ Three-Year Plan will be reviewed by the Board of Supervisors on **10/26** ➢ In November, the Alameda County Supervisors will review the Three-Year Plan. They have 30 days to send it to the State for approval.	
Housing & Homeless Presentation: Robert Ratner, Housing Services Director	**Robert** discussed the Homeless and Housing reorganization. **<u>Reorganization</u>**: • The end of December 2019 the leading role addressing housing and homelessness was reviewed by the Alameda County Board of Supervisors and established a new office – Office of Homeless Care and Coordination (OHCC) that includes Behavioral Health. • It is coordination within the County level and Health Care Services. • Its goal is to increase collaboration and integration, while strengthening coordination with other County agencies, cities, community-based organizations, and other partners. • Behavioral Health Dept. was merged to Housing Solutions to increase collaboration and integration to bring together efforts in Health Care. • Alameda County Health Care for the Homeless tries to reduce the numbers of homelessness by providing affordable places to live. • Housing and Urban Development (HUD) communities will be responsible for managing or funding "coordinated entry," which will prioritize resources and matching them in the housing support system. • The new office will be supported by MHSA and other funding including potential local sales tax revenue (Nov. 2020 ballot). • The change this year and something that will be noticeable in 2021, is that Health Care Agency will be designated to organize and be responsible for coordination on how we give access to these services to people and connect them to resources. • MHSA in 2007 is a biproduct of these changes that are mentioned. • MHSA brought an issue of housing through behavioral health and other agencies. **<u>Continuum of Homeless Services</u>**: • **Robert** expressed that he prefers using the term "Housing Services" than "Homeless Services." • <u>Independent Living Association</u> – we need to be able to keep people continuing to live in the living situation they are in or help people who do not have any shelter by policy, planning, education and advocacy.	

ITEM	*DISCUSSION*	*ACTION*
	• Cross-system coordination and collaboration with struggling facilities, room and board, and quality operations in the County create more housing for people. • There are 14 regions of outreach teams, which include psychiatrists in Oakland providing psychiatrist consultation for integrated primary care substance abuse. • Housing Problem Solving support help resolve housing problems quickly by connecting them with other resources in the community by service access points. • COVID-19 in Alameda County organized emergency/crisis housing by providing non-congregate shelters for individuals that was exposed or tested positive with severe cases of infection beginning in March. This included 1,200 rooms – leased hotels and trailers. • We should get back to permanent housing by rapid re-housing subsidies to return to private-rental housing. Increase people's income so they can target affordable homes. • Shallow subsidy – 30% ($600/mo.) is paid rent and subsidy pays the rest to make it more affordable for a household. • Permanent supportive housing is continuing in many ways through 30% housing subsidy, land alliance/land trust, buildings, and scattered site housing subsidies (e.g. MHSA housing project – pictures provided on MHSA website), and licensed board and care subsidies. **<u>Funding</u>**: • Create a one-time investment for licensed board and care homes for elderly. The State set aside funds to prevent the closure of these facilities. It is an important issue. There has been a dramatic number of homes that had to close. Prices have been going up, especially during the pandemic. Covering staffing due to illness from virus, overtime work, PPI equipment all these factors have brought economic and operational stressors on operators. Many have had a difficult time deciding to save the home or save lives. • Advocacy groups lobbied for $500-$550M dollars to help increase rates in homes to prevent further closures. • There has been no state action taken to date on licensed board and care issue. • Financial property owners in California have had an eviction moratorium so renters can stay in rental housing during the pandemic due to people who lost work and income, with the expectation that they pay back rent. State laws have passed, and millions of renters have significant back rent due and have to	

ITEM	DISCUSSION	ACTION
	property owners have had to pay expenses and property taxes. • The concern is the looming housing financial crisis when the moratoriums are lifted what will happen. There is no help from the Federal government - homelessness is a major risk. • There is one-time state funding – Project Homekey, CARES Act, HHAP, and others. • There are many factors due to housing, but the main factor is the lack of affordable housing. • We should find creative ways to invest in positive long-term changes to advocate long-term investment (e.g. Ballot measure in Alameda County to increase sales tax in our community to go to housing and homelessness programs). **Land Trust**: • The MHSA Innovation Project in Alameda County (funding to support start-up of new entity). • Form a new non-profit organization focused on preserving and creating supportive housing for individuals with serious mental health issues. • $5M from MHSA is set aside for this 4-5-year period. Money set aside to invest in innovative projects. Land Trust is selected to be a partnership organization to contract with the FUSE Fellow, non-profit organization, in San Francisco, to hire executives in private sector for one-year fellowship with ACBH to help get organization started next year. • Start conversation to explore acquisition of a licensed board and care for sale (e.g. In Berkley, a licensed board and care with extreme mental illness might close.). • A formation of Board of Directors who are family and consumer representatives. • Stakeholder/focus groups can be formed to see what they want to see for the organization and what it brings to the community. • Innovations – opportunities for people living with mental illness to own housing units, equity and property, cross-subsidizing, licensed care homes, and specialized property management. **Questions/Comments**: • **Liz** – Was curious about all this programming. I am an Oakland person. What is Oakland, or San Francisco, or San Leandro doing? How do you interact with local municipalities? • **Robert** – Replied there is always room for improvement. Different local governments sharing resources. We will keep working on sharing resources with one another. Mayor of San Francisco and	

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	Alameda County have a housing and homelessness task force. We have Supervisors/City supervisors collaborating with the Mayor's office. We provide City of Berkeley and City of Oakland resources around housing and homelessness. We are in the process of providing 5 staff Regional Coordinators in the C-5 region. Oakland, Albany, East and South County will be in regular coordination and conversations with city officials in that process. We have forgotten that collaboration on what gets built and what does not get built need local government approval. It is a process through the city level. The county's responsibility is the housing issues. The city has their own goals. Housing and homelessness are around policy and it needs more interaction with services, outreach, and shelter and less on housing planning. We can turn this around. The County Community Agency meets once a month to discuss housing and the city leaders' goals on creating more affordable housing. Everyone has different priorities and disagreements. Agencies are focused on people without homes due to safety, health, crime, and physical encampment. We should do something now and something long term is not efficient. But investing in long term is an ongoing challenge because more outreach, showers, and shelters are needed now than money/time for long term stuff. • **Katy** – Stated besides the fact that Board of Supervisors authorized this coordinated office and MHSA funds that new office. Will the local tax fund the office? Other than MHSA money being used for this new office, is there any money going to be used for actual, physical housing? What will happen to the people occupying the 1,200 rooms? Will they be back on the street? I do understand the land trust, but other than that is there only housing being built through private development? Money from HUD going federally to build housing or hugely slashed, how are we going to get actual buildings built? • **Robert** – Replied the new offices are going to have more funding sources. Federal money (HUD, Federal health care money for substance and abuse) are tied to its original purpose for MHSA covering staff, paying for services, MHSA supporting work, and addressing mental health housing communities. HUD did announce that the people in the hotels will receive long term subsidies that will be available by mainstream vouchers for people 18-61 years old that have disabilities. Local housing is going to work with that process and be coordinated with the people in the hotels so that they do not go back on the street. Development companies doing well locally, and state	

ITEM	DISCUSSION	ACTION
	level locally is through the land trust. Advantage is at the state level. The MHSA website has the list of buildings that were built and provides the list of all the housing investments. Projects like No Place Like Home borrowing statewide has MHSA bonds repayment for mental illness is on the website. California is No. 1 in the first round of 4 big County allocations. We are No. 1 in the State and we will apply moving forward. We need more progress. Hud and the lack of affordable housing, 1970s investments in housing were poor. It did not keep up with the need for affordable housing. California is particularly bad because of the unique housing policies at the state and county level. In the Federal level, something needs to be done to acquire funds for housing investments. In the State level, they are challenged to do something on housing. But are reluctant to be more reclusive. California culture of having it all and not have to share it is not helping if we want to end homelessness. More and more people have nowhere to go and end up in the street. Federal government determines who is making the decisions and who is getting the funding. The presidential campaign really should be talking about it and putting it back into the political agenda due to the eviction and housing moratorium. • **Mark** – Asked what is the current amount of housing, or magic number in Alameda County in the next 5-10 years? Is there data? What is the current amount of funding over the next several years? • **Robert** – Replied looking at the people experiencing homelessness, what does it take to have and help people with affordable housing? In 2005, over 15-year period at the end of it $1Billion. This is a huge number based on the analysis of who is experiencing homelessness now. How much are we spending? The most recent data is around $175M depending on what you are trying to address homelessness. I think that the goal must be the goal of $500-$550M. On the Ballot Measure, the sales tax brings in $150M, a wide gap more than Federal government investment in housing. How much we invest in long term housing subsidies is needed to change the message for the need of affordable housing and address homelessness. People who are not homeless but acquired a household will count as homeless because that is where the money is from. Investing in fundamental nationwide commitment to seniors, fixed income and mental health is a patchwork but long-term housing for households save more money and will provide far fewer homeless people. • **Mariana** – Asked what we can do to help support your office? What would you recommend?	

ITEM	*DISCUSSION*	*ACTION*
	• **Robert** – Replied to engage at the national, state, and local levels on the politics of homelessness and housing. We need people to show up to support affordable housing including mental disabilities. Many people do not show up at these engagements. We need to show up but also be more organized. It would be better. NAMI rather than a local chapter has more of a better stand to the Counsel Commissions that show up. For example, I am active in Alameda on behalf of senior Federal housing development. It would be more of an impact if you show up to engagements within your neighborhoods. "I support this project and I am from _____." Land Trust is helping form a new business and NAMI is shaping the ideas of more community level involvement. Suggestions on how it would be more effective in ways to get those resources. Board and care facilities are in a big crisis and needs advocacy if the State does not do anything. • **Jeff** – Asked if there was a breakdown of units compared to who are homeless within the county? • **Robert** – Replied Washington D.C analyzed housing interventions in the county. There will be a report of how much affordable housing we have. There is 300 subsidized and 3,000 supporting housing slots. The conservative number is 5,000 supportive housing units and the extreme number is 10,000 low income housing units. Shelter for transitional housing could be 3,300 rooms. Our number is lower, 2,000 for every person to one shelter, a ratio of 1 to 4. Do we build more shelters or improve to get better outcome of longer term, permanent situations? • **Jeff** – Stated umbrella like John George, where people have been in a locked facility and homeless could be back in the facility within a week if there is no place for them to go other than being hospitalized. Do they have to get in line to get those beds? Some have lost their housing and not all of them are from John George. They come out with no resources or money and within a week are back in the facility. This is not very efficient. Does it help to release them with limited beds and be released before they out to be? It is like a revolving door. • **Robert** – Replied that mental health system is keeping track of those experiencing psychiatric services there and at Santa Rita jail with mental illness. In terms of numbers, there is a revolving door. We have insured shelter beds. Crisis presidential beds are available to people exiting from John George, but it is not long enough. It is only 30 days max to stay there. We have a shortage globally with mental illness. What are exit resources for folks?	

ITEM	*DISCUSSION*	*ACTION*
	• **Katy** – Asked how about licensed board and care? • **Robert** – Replied licensed board and care has state regulations that takes a great amount of preparation for those who are not admitted into a hospital because of expected documents. A longer hospitalization, like John George the probability to a transfer to a licensed board and care facility is possible and can be a little bit faster. • **Mariana** – Asked the MHSA Stakeholder Group to provide any more questions/comments for **Robert** will be sent by email. • **Katy** – (From Chat Log) Could there be a mechanism set up between yourself and this body so that when support is needed in different communities to overcome NIMBYism, we can be notified. That way we may have a chance to help.	• **Nellie** will collect questions/comments from MHSA-SG and send them to **Robert**.
Wrap-Up/Summary (Mariana)	**Stakeholder members** will be invited to support future planning efforts. **The group identified future meeting topics**: • PEI – Virtual Site Visit Process -10/23/20 presentation: Kelly Robinson, PEI Coordinator & Cheryl Navarez, PEI Program Specialist ➢ Data Collection, Reporting Process & Virtual site visits • Office of Family Empowerment – 10/23/20 presentation: ➢ Advocacy ➢ Learn about the organization ➢ Ask questions ➢ Family Empowerment Toolkit • Yellowfin Dashboard – 11/20/20 presentation confirmed	• **Mariana** – Will provide MHSA-SG with updated 9/25/20 PowerPoint presentation.

Next Stakeholder meeting: Friday, October 23, 2020 from 2-4 p.m. LOCATION: GoToMeeting webinar

MHSA-SG MEETING

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES, MHSA DIVISION

4TH FRIDAYS EVERY MONTH, 2-4PM

FACILITATOR/COORDINATOR:

MARIANA DAILEY MPH, MCHES


HELLO
MY NAME IS

COMMUNITY AGREEMENTS/DTA

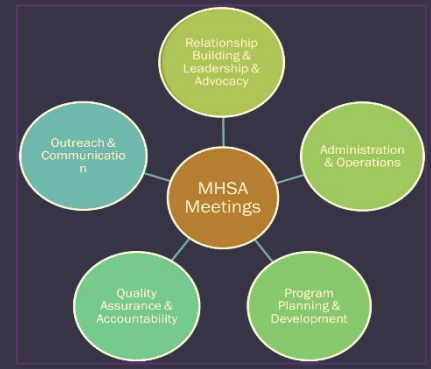
Atmosphere?
The feeling we want to create

Thrive?
What we need to do our best work

Deal with Conflict?
How we'd like to handle difficulties/conflicts

MEETING OBJECTIVES

- Welcome & Introductions
- PRESENTATION: PEI Unit
- PRESENTATION: Office of Family Empowerment
- Administrative Updates & Announcements
- Wrap-Up/ Summary



PEI PRESENTATION

Kelly Robinson, PEI Coordinator
Cheryl Narvaez, PEI Program Specialist

PEI PRESENTATION AGENDA

PEI Overview Who does PEI Serve & MHSA Funding	Kelly	10 min
Performance Management Related Activities ● Virtual Site Visits ● Evaluation Work Groups for PEI and UELP Systems ● Updated Reporting Processes (data template reports, naming conventions, uploading)	Cheryl & Kelly	20 min
How MHSA-SG members can support/be involved ● Provider Meeting Schedules MHSA-SG Questions	All	15 min

PEI Unit Staff: Kelly.Robinson@acgov.org (PEI Coordinator) and Cheryl.Narvaez@acgov.org (PEI Program Specialist)

Prevention and Early Intervention Website: https://acmhsa.org/prevention-early-intervention/

PEI OVERVIEW

- Moves mental health services to “Help-First”, instead of “Fail-First strategy
- 3 Core Strategies: Outreach/Prevention; Timely Access; Non-Stigmatizing/Non-Discriminatory
- Reduce 7 Negative Outcomes from Untreated Mental Illness
- Program Categories:
  - Prevention
  - Early Intervention
  - Outreach
  - Access and Linkage
  - Timely Access
  - Stigma and Discrimination Reduction
  - Suicide Prevention
- Tracking/Reporting and Evaluation Requirements

WHO PEI SERVES

- Services across all systems of care
- Un-served and under-served ethnic and language populations
- Schools
- Justice System
- Primary Care
- Community-Based
- Cultural, wellness, spiritual support, leisure, recreational, faith-based (promote social connectedness and individual, family and community functioning and increase of protective factors.

PEI Virtual Site Visits

Providers will receive **one visit** in the next two FYs (20/21 & 21/22). Generally speaking, two providers will be visited every month.

Goals of Visits

- Follow through with State's audit recommendation to increase monitoring PEI funded programs; loosely modeled after SUD Prevention audits
- Foster collaboration and transparency. Provide opportunity to identify technical assistance needs. Meet/reintroduce staff
- Create opportunity to strengthen relationships and build community
- Mitigate anxieties about meeting with "funders" or county staff
- Get to know programs from provider's perspective
- Feedback and experience has been overall positive

BEFORE the virtual site visit

- Providers will receive email from ACBH PEI Staff (Cheryl or Kelly) early in the month to schedule a visit.
- Once notified and virtual visit date/time is confirmed, providers will be asked to complete “self-check” using this Checklist. A **completed** checklist will be due to ACBH PEI Staff **three working days** prior to virtual visit. No documents will be needed to be sent at this point.

DURING the virtual site visit...

- Introductions
- Review the completed checklist; Provide TA as needed
- Share program highlights
- ACBH PEI Staff will request evidence (documentation) for a selection of items on the checklist to be emailed within one week.
- Agenda also includes closing with “ELA,” asking provider about their experience, learning, or action/awareness of the process

AFTER the virtual site visit...

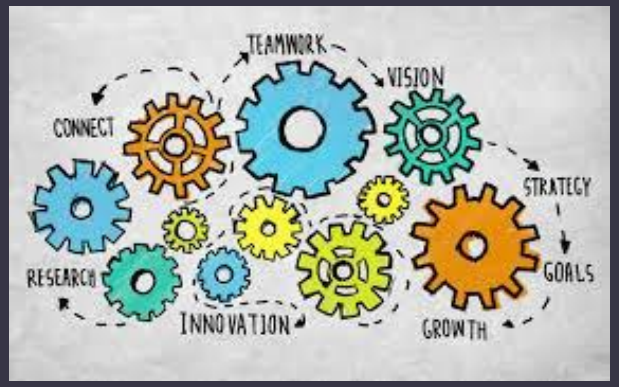
- Provider staff will compile, name, and submit documents via email **within one week of visit.**
- ACBH PEI Staff will review submitted documents for compliance and email final checklist that includes feedback and comments. Staff will also keep documents and checklist for future audit purposes.

"The Site Visit with ACBH provided us a wonderful opportunity to showcase our PEI program and to receive valuable feedback. The format of the meeting was engaging and felt more like a collaboration with ACBH. –

Tonya Bellati, Afghan Coalition."

Questions about Virtual Site Visits?

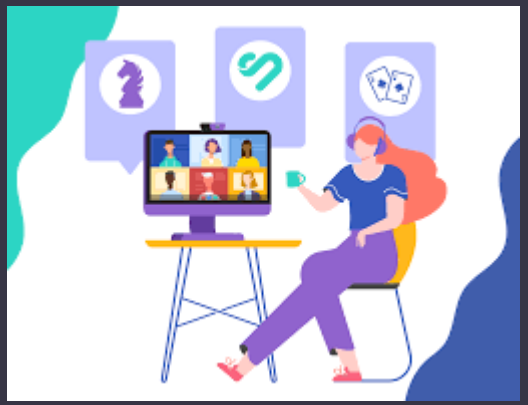
Work Groups



- Use PEI Regulations to guide and inform decisions
- Facilitated by Cheryl Narvaez and Carly Rachocki (MHSA Management Analyst)
- Participants volunteered to be part of short term group
- Represent PEI programs that serve across age span and PEI categories
- Serve clients from diverse ethnic groups and multiple languages
- Meet every other month and do “homework” in between
- Consider culture and language needs
- Think out of the box, creative, culturally-congruent methods of collecting feedback

PEI Provider Evaluation Work Group

- Make recommendations on a set of indicators/questions that all PEI funded programs will utilize in their evaluation tool
- Invite feedback and input from the system on evaluation processes, timelines
- Assist to make evaluation more useful and meaningful; and participant and staff friendly
- Space to collaborate with other PEI programs



UELP* Evaluation Work Group

- Review evaluation principles and provide feedback on past UELP Evaluation Reports
- Update Logic Model to align with UELP expansion, current contract deliverables and service delivery model
- Reconsider new timelines for survey administration and type and wording of questions on surveys
- Develop plan for increasing number of completed surveys
- Train for survey administration (not just collection process)
- Exploring ways to provide more accurate and timely data back to providers

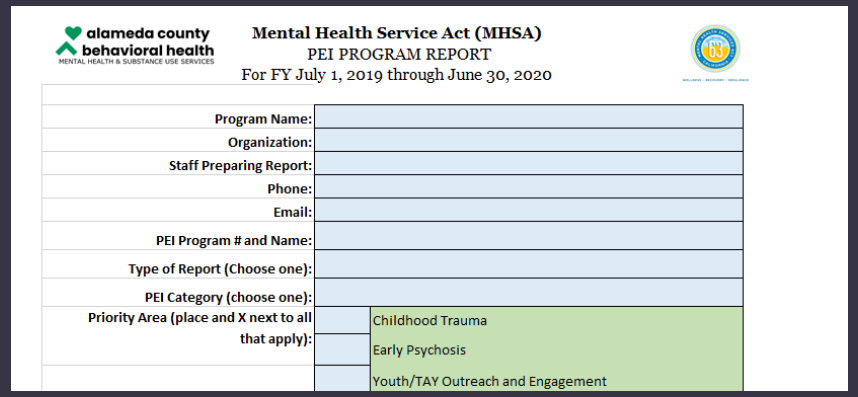
For more information on the UELP Service Delivery Model, visit this slide deck

*UELP stands for Underserved/Unserved Ethnic and Language Populations

Updated Reporting Processes

- Updated PEI Data Report Template. Click here for Template Example
  - Provides accurate aggregate data for entire PEI funded system; supports PEI regulations compliance
  - Ability to share aggregate data to PEI system of providers, ACBH leadership, and the State
  - Track reports and submission dates/times in a systematic and organized way
  - Reduces formatting problems; uniform reports in MHSA Plan update

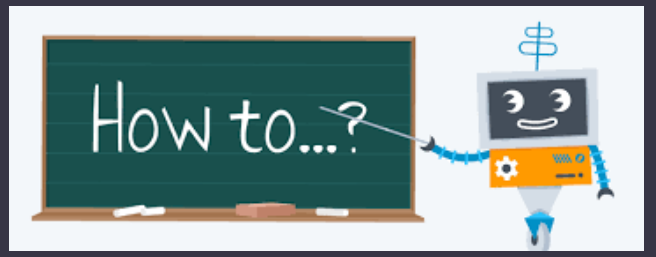
- Naming and Uploading conventions
- Provided ample TA to providers. Here is an example of announcements about FY 20-21 reporting deadlines, instructions, and resources.



alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Mental Health Service Act (MHSA)
PEI PROGRAM REPORT
For FY July 1, 2019 through June 30, 2020

Program Name:		
Organization:		
Staff Preparing Report:		
Phone:		
Email:		
PEI Program # and Name:		
Type of Report (Choose one):		
PEI Category (choose one):		
Priority Area (place and X next to all that apply):		Childhood Trauma
		Early Psychosis
		Youth/TAY Outreach and Engagement



MHSA-SG Involvement

Share Prevention and Early Intervention Website:
https://acmhsa.org/prevention-early-intervention/

Provider Meeting Schedule:

- PEI Provider Meeting, Quarterly, 3rd Thurs, 9:30-11am (Feb, May, Aug, Nov)
- UELP Provider Meetings, Every other month, 4th Fridays, 9:30-11am (Jan, March, etc.)

MHSA-SG Questions

- What is prevention in the context of mental health? What do you wish more people in the community -- and more mental health advocates, in particular -- understood about prevention?
- How do PEI programs address the social determinants of mental health?
- Please tell us about some of the PEI programs you're most excited about investing in.

The Office of Family Empowerment Overview

Rosa E. Warder, MS, MFA Manager –OFE
Beth Sauerhaft, M.Ed, Coaching/Capacity Building/Certified Professional Coach
Tanya McCullom, Program Specialist

The Office of Family Empowerment

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Office of Family Empowerment

The Office of Family Empowerment is funded through MHSA and provides technical assistance, training, coaching and diverse family perspectives to ACBH and community based partner organizations.

OFE
who we are

CHANGE AGENTS

FACILITATORS

FAMILY MEMBERS

TRAINERS

COACHES

A Family Member is:

An individual who provides:

- Emotional
- Practical
- Spiritual support

on behalf of a loved one with social/emotional or mental health concerns, including substance use disorder.

Family members may be:

- Biological parents
- Adoptive parents
- Foster parents
- Siblings
- Adult Children
- Spouses
- Domestic partners
- Aunts, Uncles, cousins
- Friends
- Or anyone else whom the peer/client/youth defines as “their family members.”

Context for the Family Movement

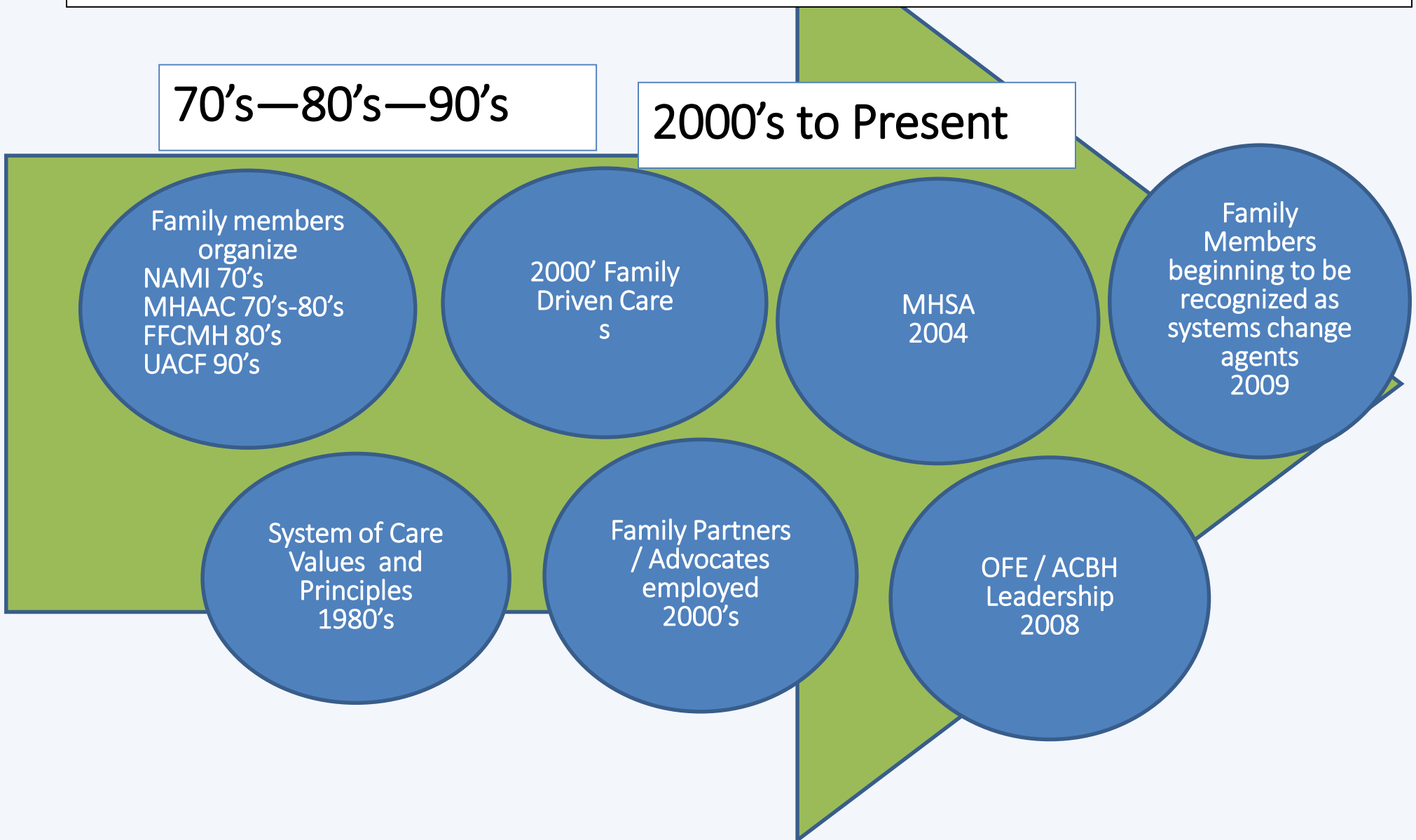
Most family members did not have a sense of their rights, their loved ones rights, or what was appropriate treatment.

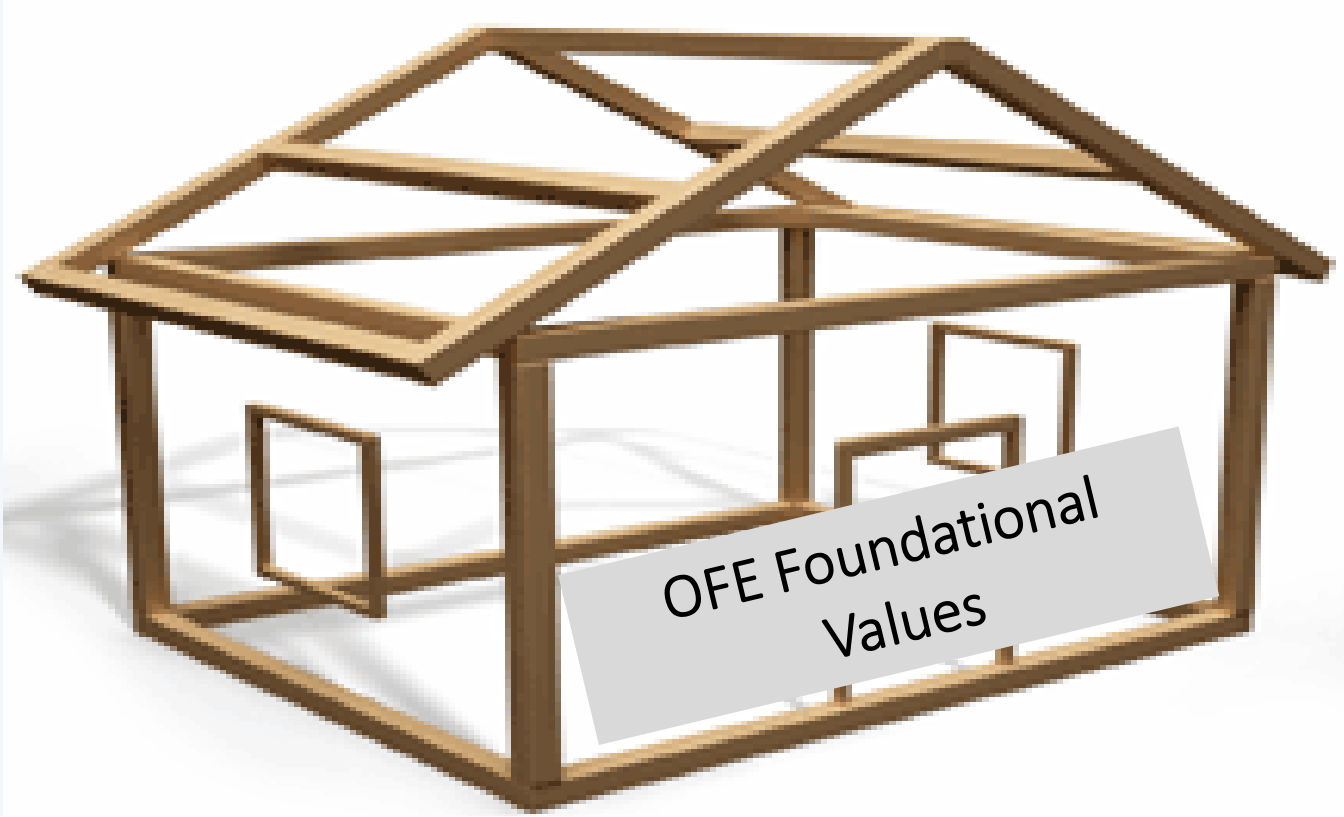
There was a systematic and oppressive culture of excluding and blaming family members about their loved ones mental illness.

There was little recognition of the strength family support can bring to the table, nor help for families under duress.

Evidence shows that loved one's outcomes are better when families are involved in their treatment.

From Anguish to Action: A Timeline





- ☑ Shifting from **pathology to equity and inclusion;**
- ☑ Centering the voices knowledge; and lived experience of **Family Members as informed allies and leaders**;
- ☑ **Centering the history and current-day reality of Anti-Black Racism** in the mental health system;
- ☑ **Walking Our Talk**;
- ☑ **Embracing Complexity and Innovation;**
- ☑ **Community Collaboration;**
- ☑ Holding Systems and Institutions **Accountable;**
- ☑ Bringing Our **Wholeness**
- ☑ **Liberation and Healing.**

OFE works directly with Providers and system partners to:

- Develop, strengthen and **grow Family Member participation and leadership** in services, programs and policies;
- Transform system culture **from pathology to inclusion, resilience and hope;**
- **Centering Blackness** in service of racial equity and justice in the mental health system.

Break Downs

Anti-Blackness/Racism

Marginalization

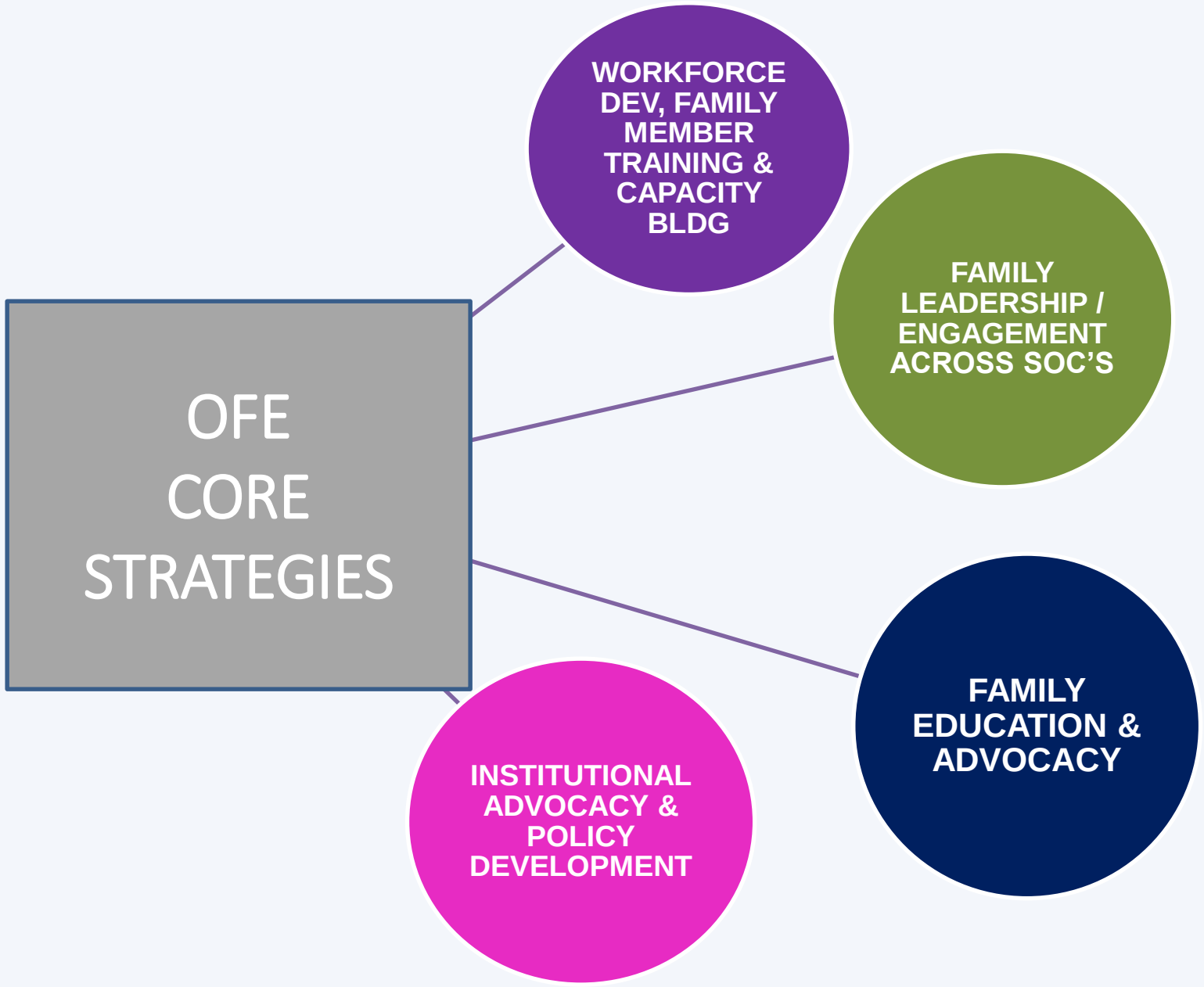
Health & Social Inequities

Devaluing lived experience

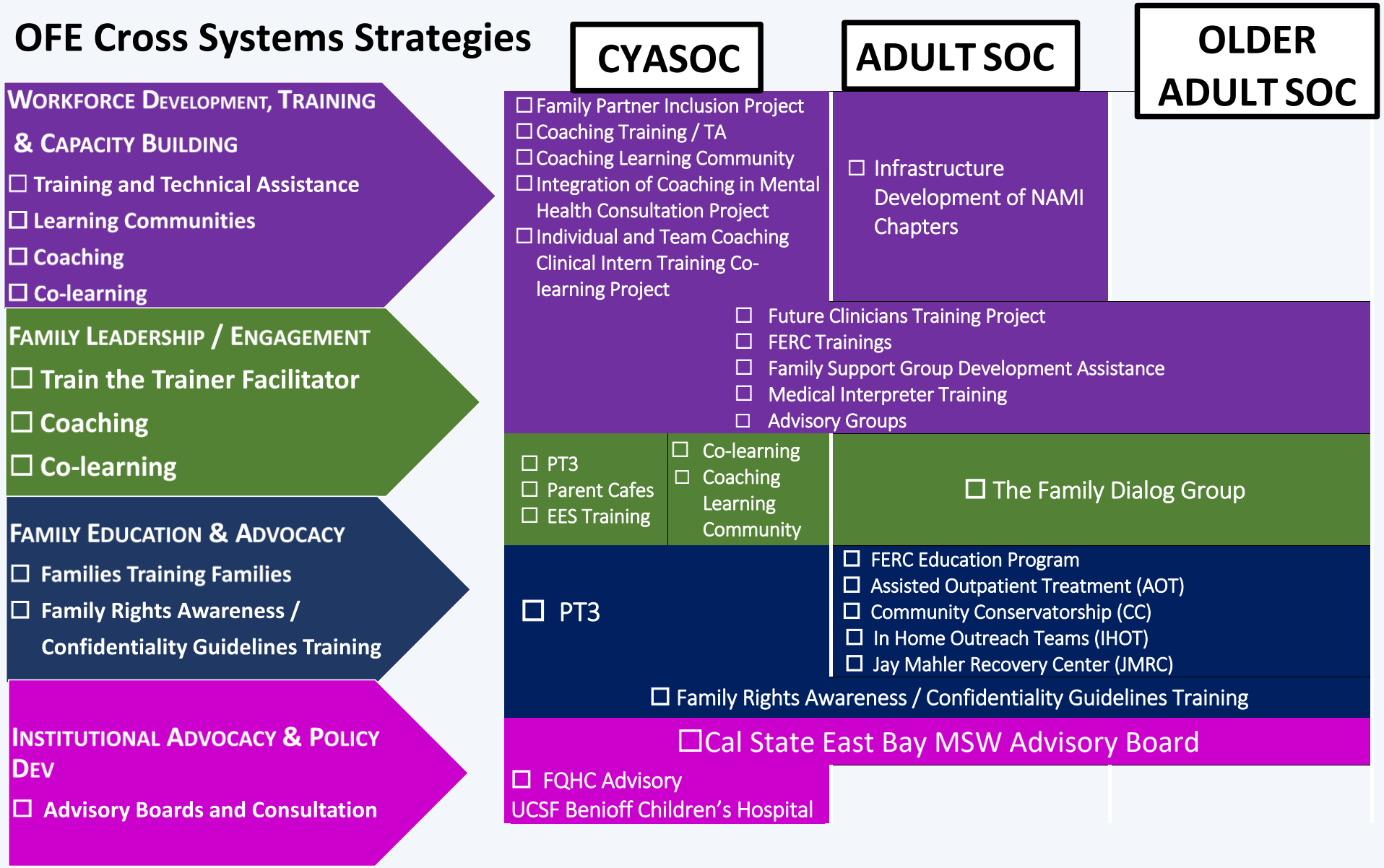
EPSDT / Medi-Cal / Fail First System
vs
Family Driven / Family Focused / Consumer Centered System

High Turnover of Family Member Workforce

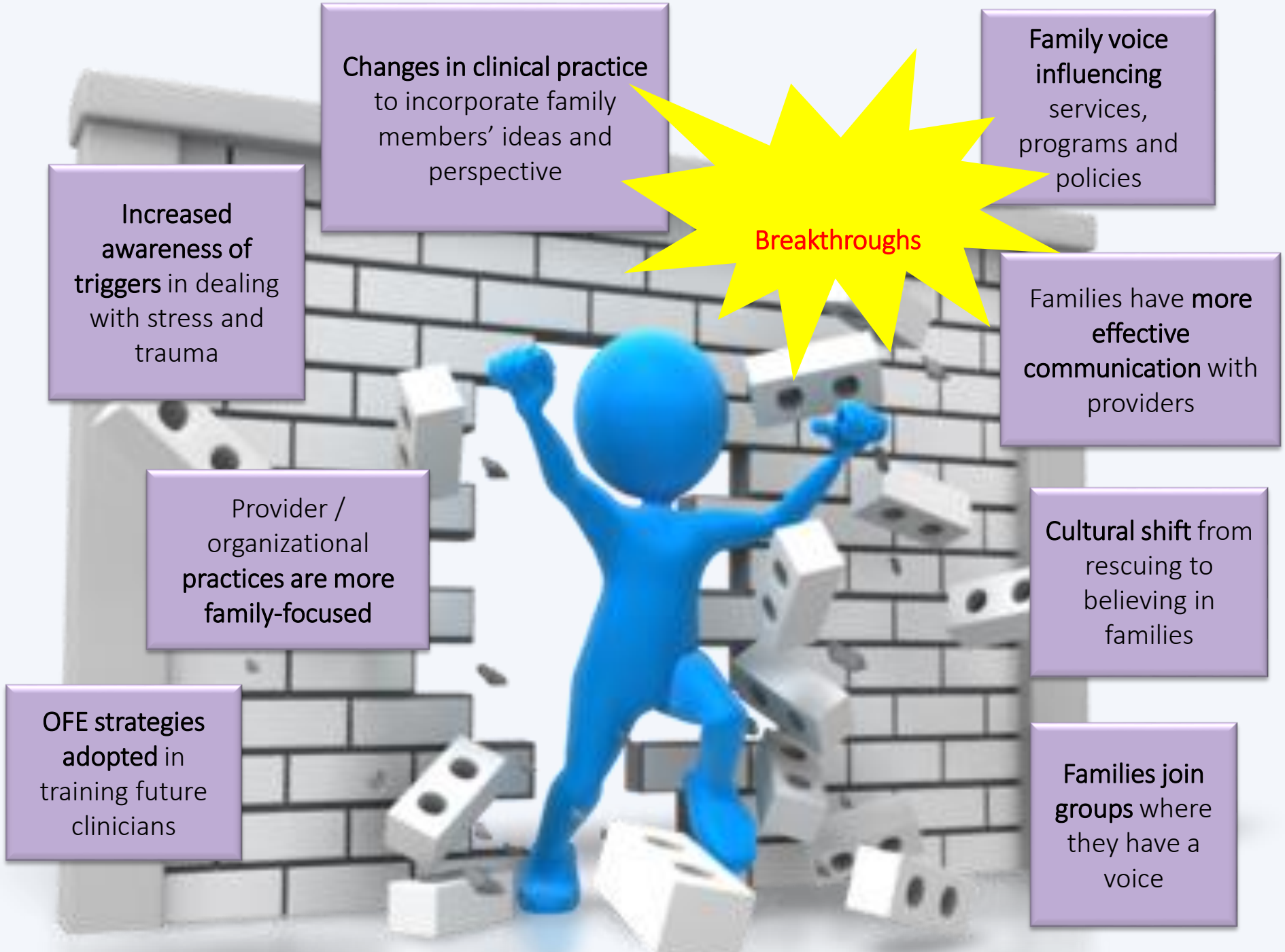
Rank, power & privilege


OFE
CORE
STRATEGIES
WORKFORCE DEV, FAMILY MEMBER TRAINING & CAPACITY BLDG
FAMILY LEADERSHIP / ENGAGEMENT ACROSS SOC'S
FAMILY EDUCATION & ADVOCACY
INSTITUTIONAL ADVOCACY & POLICY DEVELOPMENT

OFE Cross Systems Strategies



www.thecolearningproject.com


Changes in clinical practice to incorporate family members' ideas and perspective
Family voice influencing services, programs and policies
Increased awareness of triggers in dealing with stress and trauma
Breakthroughs
Families have more effective communication with providers
Provider / organizational practices are more family-focused
Cultural shift from rescuing to believing in families
OFE strategies adopted in training future clinicians
Families join groups where they have a voice

Follow up:

Rosa.Warder@acgov.org
Tanya.McCullom@acgov.org
Beth.Sauerhaft@acgov.org

MHSA-SG Questions

- What needs are you seeing among parents and family members during the pandemic?
- How is the Office of Family Empowerment changing to meet those needs?
- How do you balance the empowerment needs of families across the life span (e.g. families of young children through families of older adults)?
- What do you see as the major barriers to family empowerment, and how is the Office of Family Empowerment addressing those issues?
- How might members of the MHSA-SG support your efforts?

ADMINISTRATIVE UPDATES

- New member application: C. Winston (3 votes to table)
- ACBH/MHSA Updates
  - Three-Year Plan Update
  - Legislative Update
  - WET LMS for ACBH Trainings
- MHSA-SG Announcements (1 minute)

THANK YOU

Next Meeting:

ACBH Yellowfin Dashboard PRESENTATION

November 23, 2020

2:00 pm– 4:00 pm

Location (Virtual)

** Stipends: Follow-up with Nellie Bagalso**

Bills Signed by the Governor – Chaptered Bills

9/25/2020

CBHDA Sponsor

SB 803 **(Beall D) Mental health services: peer support specialist certification.**

Position
1. CBHDA Sponsor

Summary: SB 803 establishes a certification program for peer support specialists and provides the structure needed to maximize the federal match for peer services under Medi-Cal. The program defines the range of responsibilities and practice guidelines for peer support specialists, specifies required training and continuing education requirements, determines clinical supervision requirements, and establishes a code of ethics and processes for revocation of certification.

The amendments allow a county to secure Medi-Cal federal matching funds if the county opts to employ or contract with a certified, peer support specialists to provide Medi-Cal reimbursable peer support services so long as the county provides the nonfederal share. Additional amendments designate counties or an agency representing a county or counties to administer the certification process.

Support

AB 465 **(Eggman D) Mental health workers: supervision.**

Position
4. Support

Summary: This bill would require any program permitting mental health professionals to respond to emergency mental health crisis calls in collaboration with law enforcement to ensure the mental health professionals participating in the program are supervised by a licensed mental health professional. The bill defines licensed mental health professionals as LCSWs, LPCCs, LMFTs, and licensed psychologists. Author accepted CBHDA's amendments that allows supervision of mental health professionals to be consistent with existing county behavioral health agency standards and requirements for supervision in collaborations between law enforcement and county behavioral health agencies

AB 1766 **(Bloom D) Licensed adult residential facilities and residential care facilities for the elderly: data collection: residents with a serious mental disorder.**

Position
5. Support

Effective January 1, 2020, and quarterly thereafter, AB 1766 would direct the California Department of Social Services (CDSS) to report to county mental health or behavioral health departments the data for licensed ARFs for residents with a serious mental health disorder, and the number of beds per facility. Effective May 1, 2021, and quarterly thereafter, CDSS would be required to report the number of ARFs and RCFEs that have permanently closed in the prior quarter by facility and by county, including the reasons for closure along with other relevant data. Further, if CDSS receives notice that any of these facilities plan to close, it would be required to notify counties within three business days.

CDSS also would be required, effective January 1, 2022, to annually report specified data from these facilities to counties, which includes the number of residents who had a serious mental illness or were homeless during anytime within the last 12 months. Residents' confidentiality would be protected in accordance with Federal and State laws.

AB 2112 **(Ramos D) Suicide prevention.**

Position
5. Support

Summary: Creates the Office of Suicide Prevention in the California Department of Public Health and make the office responsible for, among other things, providing strategic guidance to statewide and regional partners regarding best practices on suicide prevention and reporting to the Legislature on progress to reduce rates of suicide. The office is responsible for using data to identify opportunities to reduce suicide and marshaling the insights and energy of medical professionals, scientists, and other academic and public health experts, to address the crisis of suicide.

AB 2174 **(Gallagher R) Homeless multidisciplinary personnel teams.**

Position
5. Support

Summary: This bill would allow jointly the counties of Yuba and Sutter to establish a homeless adult and family multidisciplinary personnel team.

AB 2265 **(Quirk-Silva D) Mental Health Services Act: use of funds for substance use disorder treatment.**

Position
5. Support

Summary: Adds Section 5891.5 to the MHSA code section to clarify that MHSA funds may be used to treat a person with co-occurring mental health and substance use disorders when the person would be eligible for treatment of the mental health disorder pursuant to the MHSA. The bill requires treatment for co-occurring disorders (COD) be identified in the counties' three-year plan and annual update. If the person being treated is ultimately determined to have a substance use disorder and not another mental health illness that is fundable under the MHSA, the county will quickly refer the person receiving treatment to county SUD treatment services. This bill allows MHSA funds to be used to treat a person believed to have CODs even when the person is later determined not be eligible for services under the MHSA.

The bill requires counties to report how many individuals with COD are served with MHSA and of these individuals, how many are ultimately determined to have a substance use disorder and not another mental health illness that is fundable under the MHSA.

AB 2377 **(Chiu D) Residential facilities.**

Position
5. Support

Summary: This bill takes existing closure protections for Residential Care Facilities for the Elderly (RCFEs) and applies them to Adult Residential Facilities (ARFs). AB 2377 requires that prior to transferring a resident of the facility to an independent living arrangement due to the forfeiture of a license, the ARF will take all reasonable steps to transfer residents safely, minimize possible transfer trauma and follow guidelines and procedures laid out by the bill. This bill would also give the city or county the first opportunity to purchase the property when an ARF intends to close.

San Francisco Department of Public Health is the sponsor of this legislation.

AB 3242 **(Irwin D) Mental health: involuntary commitment.**

Position
5. Support

Summary: AB 3242 clarifies that telehealth can be utilized for assessments and evaluations required by the Lanterman-Petris Short Act (LPS), under Welfare and Institutions Code (WIC) § 5150 and adds that telehealth can be utilized under WIC § 5151. This bill clarifies that assessments and evaluations shall be consistent with the county's authority to designate facilities for evaluation and treatment under WIC § 5404.. This bill is cosponsored by CHA and NAMI-CA

SB 855 **(Wiener D) Health coverage: mental health or substance use disorders.**

Position
5. Support

Summary: SB 855 recasts California's existing Mental Health Parity Act and expands upon it. The bill would require every health care service plan contract or health insurance policy issued that provides hospital, medical or surgical coverage to provide coverage for the diagnosis of medically necessary treatment of mental health and substance use disorders including but not limited to severe mental illnesses of a person of any age, and serious emotional disturbances of a child under the same terms and conditions applied to other medical conditions.

Oppose

AB 1976 **(Eggman D) Mental health services: assisted outpatient treatment.**

Position
2. Oppose

Summary: This bill requires a county to offer AOT unless a county opts out by a resolution passed by the governing body stating the reasons for opting out and any facts or circumstances relied on in making that decision. This bill allows a county to combine with one or more counties to provide AOT, instead of opting out. This bill removes the sunset on these AOT provisions. Finally, this bill authorizes a judge in a superior court to request a petition to initiate the process to evaluate a person who appears before the judge for AOT. Current law allows the individual, their family, clinicians overseeing the individual's care, and peace, parole or probation officers assigned to supervise the person to initiate an evaluation for the AOT process.