

MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, March 25, 2022 (2:00-4:00pm)

GO TO MEETING TELECONFERENCE: <https://global.gotomeeting.com/join/511501621>
United States (Toll Free): 1-646-749-3129; Access Code: 511-501-621

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. ACBH Presentation: ACT Fidelity Evaluation | 2:15 |
| 3. MHSA Plan Update.FY22/23 | 3:15 |
| - 30 Day Public Comment | |
| 4. General Updates & Announcements | 3:30 |
| - Leg Update | |
| - New Members: 0 applications | |
| - County Selection Committee (CSC) opportunities | |
| 5. Wrap-Up | 3:50 |
| - Next Meeting is April 22, 2022 from 1:00-3:00PM | |
| 6. Meeting Adjournment | 4:00 |

Documents Attached:

- 2022 Meeting Calendar version 3
- Agenda
- PPT

MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER GROUP MEETING CALENDAR, 2022 rv3

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

DATE	TIME	LOCATION	MEETING THEMES
January 28, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> • Program Spotlight: Mental Health Peer Coach • Annual Plan Update • MHSA Community Planning Meetings (CPM) Outreach & Focus Group
February 25, 2021	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> • MHSA Goal Setting/Finding A Common Link • Program Spotlight: STRIDES • Review Operating Guidelines
March 25, 2022	2:00-4:00pm	GoToMeeting	<ul style="list-style-type: none"> • Presentation: ACT Fidelity
April 22, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> • CPPP/INN recommendations • Program Spotlight: INN Proposals (Project Indigo)
May 27, 2022	2:00-4:00pm	GoToMeeting	<ul style="list-style-type: none"> • MHSA Plan Public Comment/Public Hearing • Quarterly Program Data Review • Program Spotlight: OESD 33/Deaf Community
June 24, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> • Compliance- HIPAA for family members
July 22, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> • Leg Review: AB2022
August 26, 2022			<ul style="list-style-type: none"> • Program Spotlight: Deaf & Hard of Hearing
September 23, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> • Program Spotlight: Annual Plan Review & CPPP Data
October 28, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> • Leg Information: LPS/Conservatorship
November 18, 2022**	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> • Presentation: Supportive Housing
December 16, 2022**			<ul style="list-style-type: none"> • Program Spotlight/Presentation: • MHSA Policy & Legislation Review • End of Year Celebration/Retreat

MENTAL HEALTH SERVICES ACT (MHSA) STAKEHOLDER GROUP MEETING CALENDAR, 2022 rv3

			<ul style="list-style-type: none">• Interview Qs
--	--	--	--

ACBH DEPARTMENTAL INFORMATION NOTICE:

March 18, 2022

Mental Health Services Act (MHSA) Community Program Planning Process (CPPP) Update

Mental Health Services Act (MHSA): The MHSA, also known as Proposition 63, is funded by levying a one percent tax on personal annual incomes that exceed one million dollars. The MHSA, passed by California voters in 2004, provides increased funding to support mental health services (through five components) for individuals with mental illness & their family members who have inadequate access to the traditional public mental health system.

Community Program Planning Process (CPPP): MHSA has a variety of regulatory requirements, one of which includes conducting a CPPP every three years in relation to our Three-Year MHSA Plan. In Alameda County, the MHSA Division solicits additional input each year for the Annual Plan Update and uses feedback from County residents and stakeholders to inform the development of MHSA-funded projects and initiatives.



CPPP Summary: This fiscal year, MHSA coordinated 18 virtual listening sessions with participation from 307 community members. Each event represented an important cross section of Alameda County populations in accordance with MHSA regulations and data from the FY 20/23 Three-Year Plan.

*"When I was doing time,
my whole family was also doing time"*

-MHSA Listening Session with Reentry Collaborative Court

Several critical reoccurring themes were identified through the listening session process. Some of them focused on a spectrum of behavioral health services and support needs and included:

- **Isolation** (across the life span)
- **Lack of community**, fun things to do to help with mental wellness
- **Workforce needs** (clinicians/peers) that look like our clients and are bi-lingual
- **More assistance with how to navigate** our different systems
- **Address the response time** in systems such as ACCESS
- **Youth suicides**
- More services for the **African American community** across the lifespan
- Establish **capacity building grant** for African American CBOs
- Supports in the **evenings and weekends**
- Supports and activities for the **LGBTQ** community, particularly the transgender community of color and sex workers
- Need for **increased language capacity**, especially for Asian communities
- **Increased culturally responsive training**
- More **peer support** services
- **Stigma** all around, but particularly in the Asian communities
- Address insecure **housing** utilizing FSPs
- Support the **reentry community** with services to divert people from John George and Santa Rita Jail



For questions, email Mariana Dailey Mariana.Dailey@acgov.org.

*"[MHSA] should support a "complex care" model similar to Stanford HealthCare.
[This involves] people that help people navigate and access services"*

-MHSA Listening Session with the City of Fremont for the Older Adult/Senior Community



MHSA-SG MEETING

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE
SERVICES, MHSA DIVISION

FACILITATOR/COORDINATOR:
MARIANA REAL MPH, MCHES

HELLO
MY NAME IS

A large white rectangular area for writing a name, framed by a brown border. This area is intended for the user to provide their name.

MEETING OBJECTIVES

- Welcome & Introductions
- Presentation: Act Fidelity/Evaluation
- MHSA Plan Update FY22/23
- General Updates/Announcements
- Wrap Up / Meeting adjournment



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

The background of the slide is a close-up, slightly blurred photograph of a blue pen writing on a document. The document features a line graph with a dotted horizontal grid line. The number '2,5' is visible on the left side of the grid, and '2,47' is visible on the right side. The overall color palette is a muted blue-grey.

2021 ACT/IPS/MHSA

Reviews

Background

- **Individual Placement Supports (IPS):** Evidenced Based Practice (EBP) for Supported Employment Services
 - Required implementation by all Full Service Partnership (FSP) Teams
 - Annual Fidelity Review Process
 - Concepts of: Zero Exclusion, Competitive Employment/Education, Person Centered, Strength Based, Rapid Job Development, Time Unlimited Services, Follow Along Supports
- **Assertive Community Treatment (ACT):** Evidenced Based Practice for Mental Health Teams.
 - Required Implementation by all FSP Teams
 - Annual Fidelity Review Process
 - Concepts of: Team Approach, Assertive Engagement, Specialist Treatment Teams, Person Centered, Strength Based, Services within the community, Hospital Without Walls
- **Mental Health Services ACT (MHSA):** Plan update is submitted to various stakeholders, including the AC Board of Supervisors and the State
 - The report includes FSP Metrics from Yellowfin and will include Partner Interviews from the 2021 Review in 2023

Merging the Reviews

- IPS/ACT Review Processes
 - Staff Interviews
 - Partner Interviews
 - Leadership Interviews
 - Chart Review
 - Daily Team Meeting Observation
- MHSA Qualitative Report
 - Partner interviews
- **Instead of having teams undergo three visits in a year. We decided to Merge them into one visit**





Timeline

- September 2021: Pre fidelity review meetings
- October thru December Site Visits and Fidelity Reviews
- January thru February 2022 Follow up visits



Pre Review Meetings

- Met with leadership from each team
- Transparency over data collection and review processes
- Set up date, and review schedule
- Complete Team Survey



Site Visit

- Observe daily team meeting
 - Reviewers use a Daily Team Observation Log (see attached)
- Interviews
 - Staff
 - Prescriber
 - Leadership
 - Partners
- Chart Review, done off site



Follow up Visits

- Review the report
- Answer questions
- Go over recommendations
 - Examples
 - Assertive Engagement Strategy
 - Weekly Schedule
 - Daily Team Meeting Structure



ACT Chart Review Findings: Team Engagements

Criteria	High Fidelity Metric	1	2	3	4	5	6	7	8	9	10
Total number of Face to Face contacts [S4] & [S1]	120	50	75	60	49	75	32	42	67	28	60
% of visits in the community (non clinical settings) [S1]	60%	88%	84%	78%	76%	93%	91%	90%	58%	96%	62%
Average number of Natural Support contacts [S6]	2.0	0.9	1.0	1.1	0.6	2.0	1.7	0.8	3.9	1.5	0.5
Average number of weekly face to face contacts [S5]	3	1.25	1.88	1.6	1.2	1.88	0.8	1.05	1.68	0.7	1.5
Average number of minutes per week face to face contacts [S4]	85	40.01	45	57.80	32	45.44	30.84	49	54	30.98	34.81
Percentage of cases that had face to face visits with multiple staff in a 2 week period [H2]	60%	60%	90%	80%	60%	90%	50%	50%	100%	50%	100%

ACT Chart Review Findings: Team Staffing

Criteria	High Fidelity Metric	1	2	3	4	5	6	7	8	9	10
Client/provider ratio [H1]	20:1	10:1	10:1	15:1	15:1.4	10:1	10:1	10:1	10:1	10:1	10:1
Staff turnover [H5]	39%	27%	11%	50%	21%	5%	25%	45%	66%	50%	35%
Staff capacity [H6]	80%	66%	79%	39%	71%	88%	78%	65%	64%	55%	61%
Prescriber on team per 100 consumers [H7]	0.70 per 100	0.3	1.0	0.3	0.53	1.0	1.0	0.5	0.36	1.2	0.9
Nurses per 100 consumers [H8]	1.40 per 100	1.0	1.0	0.0	1.3	2.0	2.0	0	0	1	0.9
Co-occurring disorders specialist per 100 consumers [H9]	1.40 per 100	1	1.0	0.0	2	1.0	0.0	1.0	0	0	1.4
Employment Specialist per 100 consumers [H10]	1.40 per 100	0.0	0.8	0.0	0	1.0	1.0	0	2	3	1.4

Impacts: Hospitalization and Sub Acute Days

ALL FSPs	Service Fiscal Year 2018/19	Service Fiscal year 2020/21
Eligible Episodes for MEAN Hospitalization days	322	421
Change in MEAN hospitalization days One year (Want negative Value)	-18	-17
% Change in MEAN hospitalization days One Year (Want negative value)	60% reduction	57% reduction
Eligible Episodes for MEAN Sub Acute Days	190	225
Change in MEAN Sub Acute days One Year (Want negative Value)	-148	-136
% Change in MEAN Sub Acute Days One Year, (Want Negative value)	82% Reduction	72% Reduction

Chart Review Trends Over Time: Average across all FSP teams

Partner Engagement: Average Weekly Face to Face Contacts

2019 Pre Baseline Fidelity Review	2020 Quality Check	2021 Full Fidelity Review
1.33	1.50	1.35
Natural Support Engagements: Average per month		
0.92	0.87	1.4

Staffing: Turnover and Capacity over time

Staff Turnover: Average from all FSPs		
2019 Pre Baseline Fidelity Review	2020 Quality Check	2021 Full Fidelity Review
46.67%	42.90%	33.50%
Staff Capacity: Average from all FSPs		
68.11%	73.90%	60.00%

General Findings and Observations

- Dips in Staff Capacity, and increases in Staff Turnover as a result of the COVID 19 Pandemic
 - Specifically, in Specialists roles and Nurses
 - Follow up visits show that staffing in those areas are being achieved!
- Minor decrease to hospitalization rate percentages. Nothing significant
- Overall, teams were resilient during the Pandemic and were able to maintain moderate ACT fidelity level of services



Creative Practices

- Use of the after-hour line as a planned intervention
- Creating a space for Specialists to meet with other Specialists on different teams
- Creating a Consumer Advisory Board
- Daily Team Meeting Virtual Chart to track face to face visits, and prescriber appointments
- Assigning a Case Manager of the Day schedule
- Prescriber / Team Nurse partnership monthly tag teaming



Conclusion and Observations



All the teams have made implement creative solutions and adapted to the challenges of COVID 19



As a result, it is clear that structural changes can lead to positive outcomes and greater efficiency



The ACT Model creates a general blueprint and parameters in which teams should strive within

Recommendations

1

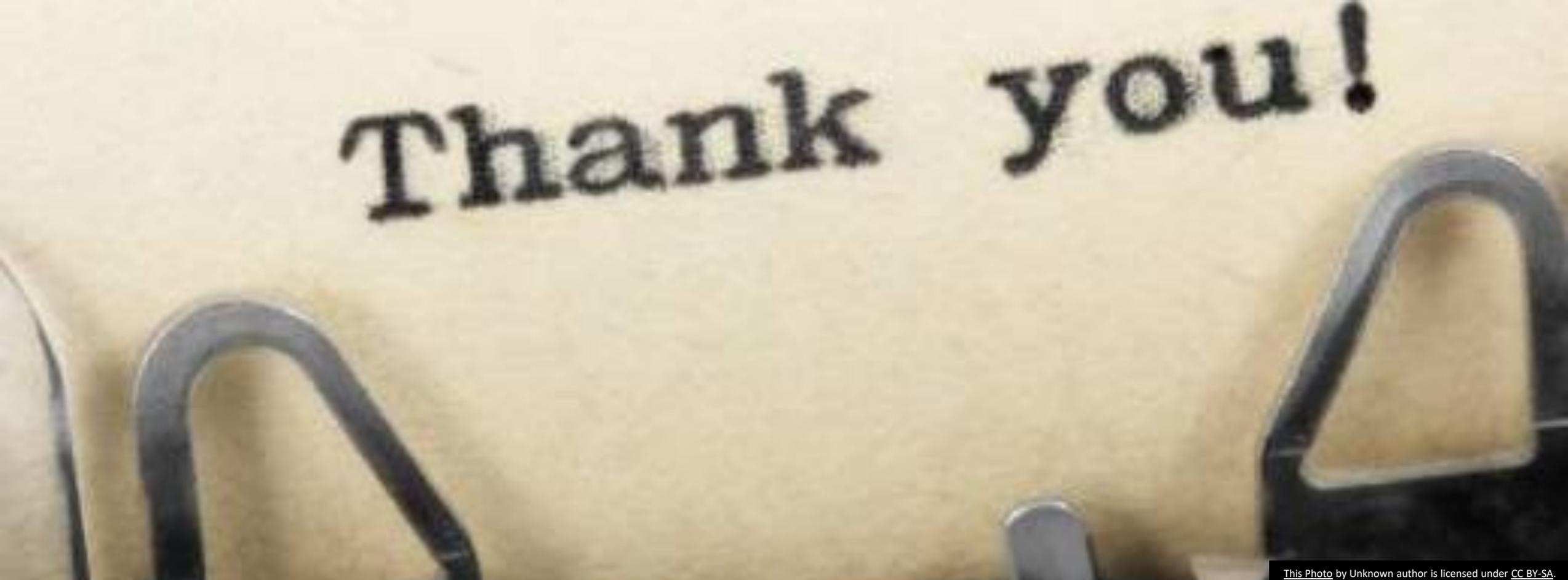
Utilize a tracking system that is shared and discussed during the daily team meeting. This should occur at least four times per week where every partner is discussed, and the meeting should not be longer than hour

2

Create Individual Treatment Teams (ITT) that are specific toward the goals of the partners served

3

Maintain team approach to services, and dedicate staff to operate primary case managers that are responsible for maintaining treatment plan dates and goals. Team leads should have consistent weekly supervisions with staff



Thank you!

This Photo by Unknown author is licensed under [CC BY-SA](#).

Until Next time! Annual ACT / IPS reviews will
begin again in October 2022

FY22/23 MHSA ANNUAL PLAN UPDATE:

30-Day Public Comment Period

4/1/22- 4/30/22

MENTAL HEALTH SERVICES ACT ANNUAL PLAN UPDATE

DRAFT

FISCAL YEAR 2022-2023



MENTAL HEALTH SERVICES ACT (MHSA) DIVISION | ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
(ACBH) DEPARTMENT RELEASED FOR PUBLIC COMMENT: APRIL 1, 2022 – MAY 1, 2022

MENTAL HEALTH BOARD MEETING MONDAY, MAY 16, 2022 | 3PM
PLEASE VISIT ACMHSA.ORG FOR UP TO DATE INFORMATION

 **alameda county**
behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES



MHSA Three-Year Plan/Plan Update Cycle

July-September

- Gather previous fiscal year data from MHSA funded programs.

October-February

- Listening Sessions for the Community Program Planning Process (CPPP).

January-March

- Develop drafts of MHSA Three -Year Plan/Plan Update.
- Review of MHSA drafts with MHSA SG and ACBH Leadership.
- ACBH Leadership approves the MHSA budget.

April

- Three-Year Plan/Plan Update is posted for 30 day Public comment period.

May

- Public Hearing at the Mental Health Advisory Board to close the 30-day Public Comment period.

June

- Presentation to the Board of Supervisors Health Committee.
- Full Board Approval.
- MHSA Three-Year Plan/Plan Update is sent to DHCS & MHSOAC.



MHSA 30 Day Public Comment Plan



HEALTH & HUMAN RESOURCE
EDUCATION CENTER



WELLNESS • RECOVERY • RESILIENCE



Outreach

WE WANT TO HEAR FROM YOU!

Help shape and impact Alameda County's mental health system!

30-DAY PUBLIC COMMENT NOTICE

for the Alameda County Mental Health Services Act Annual Update FY22/23



MHSa is funded by a 1% tax on individual incomes over \$1 million.

Paid Advertisement Strategies:

- Social Media/Podcast
- Billboard Ad Campaign
- PR Firm
- Google Ad
- Newsletters
- Email/Distribution Lists

Non Paid

- MHSa Website (Website analytics)
- Email distribution lists
- Webinar
- NextDoor

Examples:

Social Media Sample

Health & Human Resource Education Center
August 26, 2020

Alameda County Behavioral Health wants your opinion! Add your voice to those of your community members and make a difference.

Mhsa Plan Outreach_hhrec (4)
Alameda County Behavioral Health wants to hear from YOU! Let them know what you think of the MHSa 3-Year Plan for the community. Click on the image to get started.

Newsletter Sample

California Black Newspapers Win Hundreds of Thousands in Facebook Grants

WE WANT TO HEAR FROM YOU!
Help shape and impact Alameda County's mental health system

Community Input Survey
for the Alameda County Mental Health Services Act 3-Year Planning Process

Alameda County Behavioral Health Services
invites you to take the Community Input Survey

VISIT WWW.ACMHSA.ORG
CONTACT ADMIN LINE AT (510) 834-5990

SURVEY IS AVAILABLE IN SEVEN LANGUAGES
English | Spanish | Chinese | Korean | Vietnamese | Tagalog

Million4EBillion

CLAIM YOUR CASH CREDIT

We're here to help. File for free online.

Visit www.CalEITC4Me.org or Text 'EITC' to 555-888

Billboard Sample

10TH ANNUAL WE MOVE FOR HEALTH
FRIDAY, MAY 14, 2021 | 12:30PM-4:30PM

REGISTER ONLINE FOR THIS VIRTUAL EVENT!
www.hhrec.org/wemoveforhealth

WITH GUEST SPEAKER DR. DONNA WHITE-CAREY

PUR ACTIVITIES
Mental Wellness | Tai Chi & Chair Chi | Dance
Yoga | Community | Youth | Health & Food | Fitness

#1787

GENERAL UPDATES/ANNOUNCEMENTS

Legislative Update (rv 3-22-22)

Bills of Interest:

[SB 1019 Gonzalez](#), **Medi-Cal managed care plans: mental health benefits** This bill would require a Medi-Cal managed care plan to conduct annual outreach and education to its enrollees regarding the mental health benefits that are covered by the plan, and to also develop annual outreach and education to inform primary care physicians regarding those mental health benefits. **CBHDA has a support position for this bill.**

[SB 1229 McGuire](#) , This bill would provide **\$25,000 grants** to aspiring mental health clinicians willing to work in high-need communities for two years. The intention is to fill 10,000 new counseling positions at schools and youth organizations across the state, particularly those with high rates of adverse childhood experiences.



MEETING WRAP-UP

- Future Presentation:
 - INN Overview
 - CPPP/MHSA Funding & Program Selection
 - LPS/Conservatorship
 - OESD33: Deaf/blind community services
 - Peer Support Services – peer certification training
 - Supportive Housing – Margot/EBSH
- Survey Monkey (update contact information) & Member Bio
- Submit agenda item requests on the website
- Celebrate your accomplishments!

THANK YOU

Next Meeting:
April 22, 2022
1:00 pm– 3:00 pm
(Virtual)

** Stipends: Follow-up with Mariana Real

