

MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, April 22, 2022 (1:00-3:00pm)

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 | 1:00 |
| 2. ACBH Presentation: Innovation Overview (Project Indigo) | 1:15 |
| 3. MHSA Plan Update & Funding Overview | 1:45 |
| 4. General Updates & Announcements | 2:15 |
| - Leg Update | |
| - Calendar/Next meeting | |
| - County Selection Committee (CSC) opportunities | |
| 5. Wrap-Up | 3:50 |
| 6. Meeting Adjournment | 3:00 |

Documents Attached:

- Meeting Calendar 2022
- Agenda
- PPT

MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER GROUP MEETING CALENDAR, 2022 rv4

** 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"> • Spotlight: PEI
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"> • Compliance- HIPAA for family members • MHSA Policy & Legislation Review

MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER GROUP MEETING CALENDAR, 2022 rv4

			<ul style="list-style-type: none">• End of Year Celebration/Retreat• Interview Qs
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WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act Stakeholder Meeting

Facilitator:

Mariana Real, MPH, MCHES | MHSA Sr. Planner, Alameda County Behavioral Health

Go To Meeting
April 22, 2022 | 1:00PM

HELLO
MY NAME IS

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

Meeting Agenda

- Welcome & Introductions
- Presentation: Innovation
- MHSA Funding Overview
- General Updates
- 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



WELLNESS • RECOVERY • RESILIENCE



MHSA INNOVATIONS UPDATE

PRESENTED BY THE INDIGO PROJECT:
ROBERTA CHAMBERS & KIRA GUNTHER

MHSA Innovation At-A-Glance

Alternatives to Confinement

- Amount Requested: \$8.6M
- Duration: 5 Years
- Individuals to be Served: 2,279/year
- Inn-funded Services:
 - Forensic CRT
 - Arrest/Diversion Triage Center
 - Reducing Probation/Parole Violations

Peer Led Continuum of Forensic and Reentry Services

- Amount Requested: \$8.6M
- Duration: 5 Years
- Individuals to be Served: 2,279/year
- INN-funded Services:
 - Reentry Coaches
 - WRAP for Reentry
 - Forensic Peer Respite
 - Family Navigation and Support

Background Information

- Alameda County, along with its partners and community of stakeholders, has invested substantial time and resources on a number of efforts that aim to strengthen forensic and reentry mental health services for people with mental health needs and/or substance use disorders by:

Safely diverting people from the justice system into treatment,

Stabilizing and connecting individuals in custody to community behavioral health services, and

Promoting service participation that reduces recidivism.

- ACBH was interested in exploring how Innovation funds could implement recommendations from the Justice Mental Health Task Force and the ACBH Forensic and Reentry Services Plan.

Primary Problem

- Individuals who are justice-involved experience substantially higher rates of mental health conditions and substance use disorders, and often end up incarcerated because of those conditions.
 - More than 60 percent (60%) of adults in jail are estimated to have a substance use disorder
 - Approximately 25- 33% of adults in jail have a serious mental illness.
 - Over half of all youth in the county-based juvenile justice system have an open mental health case.
 - In California, 30% of people in prison received mental health services in 2017, more than doubling the rate since 2000.
 - Once people with mental health issues become justice involved, they are more likely to remain involved and penetrate the justice system further.

INN Plan Contributors

The Indigo Project met with a number of internal and external stakeholders to gather information and workshop the ideas and concepts as they evolved, including:

- Consumer representatives and members of the Pool of Consumer Champions
- Family representatives and individuals from NAMI
- Providers who represent communities who are underrepresented because of cultural affiliation and language access
- Members of the African American subcommittee
- Members of the MHSA Stakeholder group
- Healthcare for the homeless providers
- System of Care Directors for Adult, Crisis, and Forensic Mental Health Services
- Consumer and Family Empowerment Managers

Project Purposes

Alternatives to Confinement

Alternatives to Confinement seeks to **divert individuals from incarceration and into treatment** in three primary ways:

1. When a mental health consumer who is forensically involved begins to exhibit early warning signs of a crisis with behaviors that may lead to police contact,
2. At the moment of police contact that may result in arrest, and
3. When the person has fallen out of compliance with their probation or parole and is subject to re-arrest.

This is intended to increase access, quality, and promote interagency collaboration.

Peer Led Continuum of Forensic and Reentry Services

The project supports individuals so that they experience **fewer episodes of arrest and/or incarceration** and **increased participation in ongoing mental health and other services** in the following ways:

1. Support mental health consumers who are justice involved by helping them transition back into the community following an arrest or incarceration,
2. Identify and address the issues that led up to their arrest and/or incarceration
3. Connect with mental health and other services to support them in their recovery and reentry journey, and
4. Build the capacity of family members to advocate on behalf of their loved one with a serious mental illness who has become justice involved.

Alternatives to Confinement Programs

- **Forensic CRT.** The Forensic CRT will provide a voluntary, unlocked alternative to hospitalization and/or incarceration for individuals with mental health and criminal justice involvement who require services to re-stabilize and address the issues that place them at higher risk for police contact and/or an involuntary hold or arrest.
- **Arrest Diversion/Triage Center.** The arrest diversion/triage center is a centrally located program where law enforcement officers can bring someone with a serious mental illness who would otherwise be arrested in order to avoid the jail booking and engage the person in other services.
- **Reducing Probation/Parole Violations (RP/PV).** This program provides educational materials and training for mental health providers to build their capacity to support consumers they're working with to comply with the terms and conditions of their release and build the skills and knowledge to help consumers negotiate with their parole or probation officers on how to come into compliance with the terms and conditions of their release without being reincarcerated.
- These programs represent a change to existing mental health practice and apply a non-mental health approach to the mental health system.

Peer Led Continuum of Forensic and Reentry Mental Health Services

- **Reentry Coaches.** This project aims to employ forensic peer specialists who can serve as reentry coaches for individuals with serious mental illness to help them transition back into the community. Their role is to help the person with whatever they need, including tangible resources such as linkages for food and shelter or transportation to appointments, as well as encouragement and consciousness raising to actively participate in their own recovery and reentry journey.
- **WRAP for Reentry.** Existing WRAP facilitators as well as identified Forensic Peer Specialists will receive training in WRAP for Reentry. The WRAP for Reentry groups will be available at existing peer led programs as well as offered at the peer respite, Forensic CRT (included as a part of the Alternatives to Confinement continuum of services), and potentially at Santa Rita, if permitted.
- **Forensic Peer Respite.** The Forensic Peer Respite will be available to adult mental health consumers who are justice involved who would benefit from a brief moment of pause to reflect on their recovery and reentry journey, address whatever issues are coming up for them, and receive peer support to connect them with whatever services may be most helpful to support their continued recovery and reentry.
- **Family Navigation and Support.** The family navigation and support service would develop and disseminate informational materials about the forensic mental health process, collaborate and train existing warmlines, staffed by family partners, to educate and coach families on how to best advocate for their loved ones, and provide individual and group consultation to families in order to increase knowledge on how to advocate on behalf of a loved one who has become involved with the criminal justice system.
- These programs represent a change to existing mental health practice.

Project Staffing

Alternatives to Confinement	Peer Led Continuum
<p>Forensic CRT</p> <ul style="list-style-type: none">• Program Director/Clinical Supervisor (1)• Program Manager (1)• Therapist (2)• Case Manager• Forensic Peer Specialists (2)• Mental Health Rehab Specialists (15)• Psychiatry <p>Arrest/Diversion Center</p> <ul style="list-style-type: none">• Program Director/Clinical Supervisor (1)• Program Manager (1)• Therapist (5)• Case Manager (5)• Nursing (5) <p>Reducing Parole and Probation Violations</p> <ul style="list-style-type: none">• Contracted Positions	<p>Forensic Peer Respite</p> <ul style="list-style-type: none">• Program Director (1)• Forensic Peer Specialists (10) <p>Family Support and Navigation</p> <ul style="list-style-type: none">• Navigators (3) <p>WRAP for Reentry</p> <ul style="list-style-type: none">• WRAP Facilitators (3) <p>Reentry Coaches</p> <ul style="list-style-type: none">• Reentry Coaches (5)

Learning Goals

Learning Goals

- Do these programs, individually and collectively,
 - Increase access to and participation in mental health services?
 - Improve outcomes by reducing incarceration, including episodes of incarceration and bed days?
 - Promote interagency collaboration

**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

alameda county



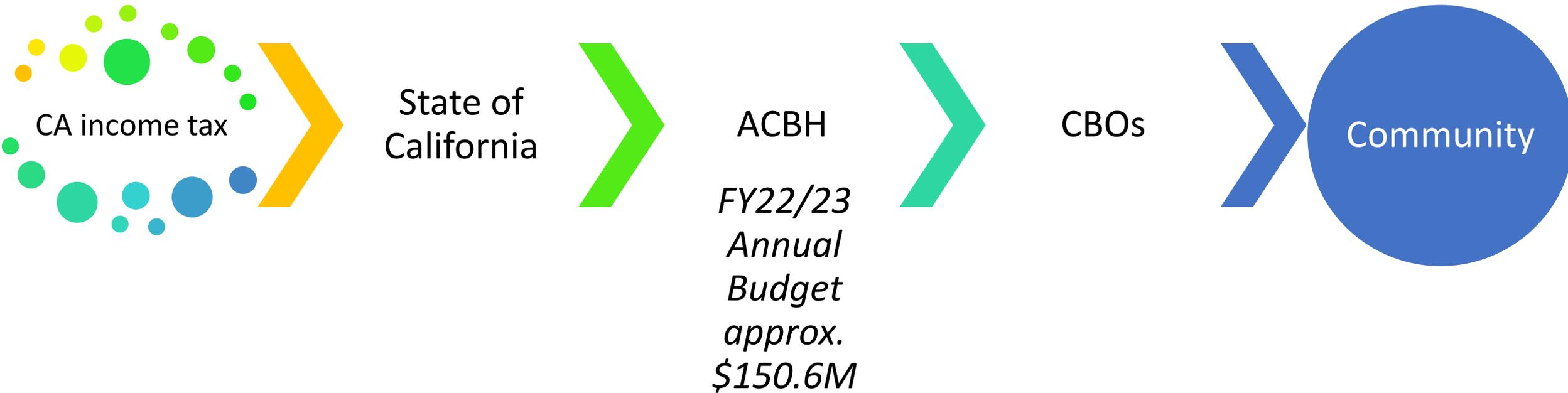
MHSA ANNUAL PLAN UPDATE (DRAFT)

FISCAL YEAR 2022-2023

MHSA Plan Update Cycle



Section 1: Funding Overview



Section 1: How to Read the Funding Summary

FY 2022/23 Mental Health Services Act Annual Update Funding Summary

County: Alameda

Date:

Date: 3/23/22

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	68,200,047	3,407,176	14,209,262	275,819	3,519,226	
2. Estimated New FY 2022/23 Funding	84,964,960	21,241,240	5,589,800			
3. Transfer in FY 2022/23 ^{4/}	(12,000,000)			4,500,000	7,500,000	
4. Access Local Prudent Reserve in FY 2022/23						
5. Estimated Available Funding for FY 2022/23	141,165,007	24,648,416	19,799,062	4,775,819	11,019,226	
B. Estimated FY 2022/23 MHSA Expenditures	105,357,034	18,675,518	11,242,069	4,607,925	10,761,713	
G. Estimated FY 2022/23 Unspent Fund Balance	35,807,973	5,972,898	8,556,993	167,894	257,513	

MHSA funding is based on fiscal year cycle which begins July 1 through June 30 of the next year. The **Funding Summary** is a high-level overview of the MHSA budget:

✓ **A.1 Unspent funds** is rollover money from previous year. MHSA has up to 3 years to spend.

✓ **B. line-item** is how we estimate what is available to fund existing and new programs. This is reflected in the Executive Summary, page 1.

\$150,644,250



Section 1: Plan Update/Summary of Changes

- What's new from the previous fiscal year
- Current MHSA priority area also summarized in the Executive Summary

This is where you go to see how community input from previous years (Three-Year Plan) has impacted current and planned services!



FY 22/23 Changes

- Transform community-based Service Team and Case Management programs to Full-Service Partnership (FSP) model (non ACT model, for higher case loads)
- Assigning additional resources to multiple PEI programs that have been historically underfunded, transitioning from the Innovation (INN) plan element to Prevention & Early Intervention (PEI), address health equity, and/or address themes identified in recent CPPP
- Three new INN proposals
- Expansion of the Alameda County Loan Repayment & Graduate Intern Stipend Programs
- Staffing expansions:
 - *Workforce Education and Training staffing*
 - *Early Childhood Coordinator*
 - *Primary Care Integration staffing*
- Funding to support the development of a new billing system, which will be linked with ACBH's future electronic health record
- MHSA COLA



Section 1: Community Input

Counties conduct a Community Program Planning Process (CPPP) every 3 years. Alameda County chooses to gather additional data each Annual Update period through forums.

How does this impact you?

- Helps ACBH prioritize needs if additional \$\$ is available (i.e. New programs, expanding existing programs with positive feedback)
- Please see the Appendices for CPPP results



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

HHREC MIISA PODCAST | alameda county behavioral health | MENTAL HEALTH SERVICES ACT CALIFORNIA PROPOSITION 63 | HHREC HEALTH & HUMAN RESOURCE EDUCATION CENTER

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



GENERAL
UPDATES &
ANNOUNCEMENTS

ACMHSA Website Updates

What's Happening Now

Current INN Projects

Community Assessment Treatment Teams (CATT)

The CATT program is using a mobile crisis transport staffing model of a licensed mental health clinician teaming up with an Emergency Medical Technician in an unmarked vehicle specially designed for the CATT teams. These teams access technological support, ReddiNet, to enable the CATT teams to connect clients to a wider and more appropriate array of services.

A detailed year one report from the project's evaluation team can be located in the MHSAs Annual Update FY22-23.

This is a project about collaboration between stakeholders:

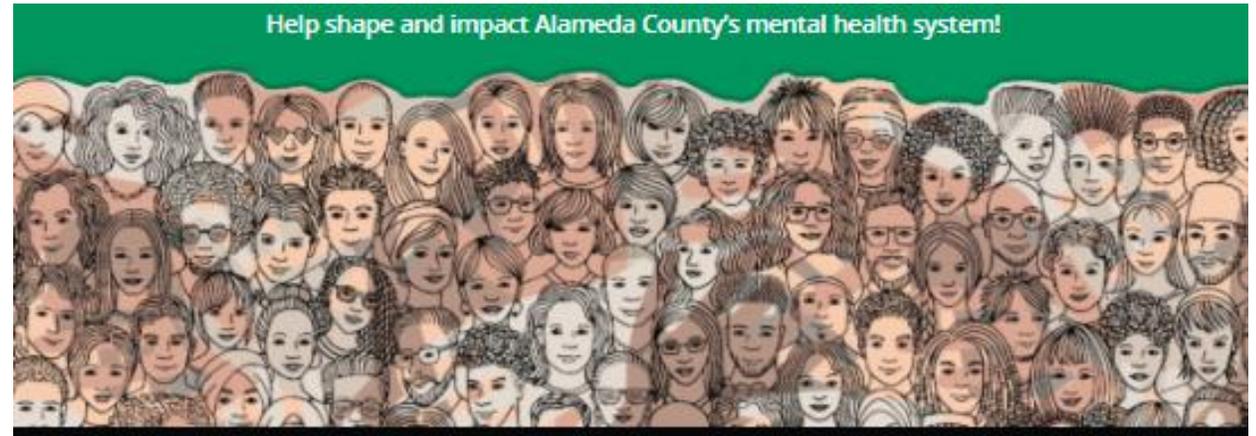
- Alameda County Behavioral Health
- Alameda County Emergency Medical Services
- 911 services
- Local law enforcement agencies and
- Bonita House providing licensed mental health clinicians

★ You can read more about the progress of the CATT program in the MHSAs Annual Update FY22-23.



"CATT knew what to do and what to say...they were more professional than what I experienced in the past; everyone should act like that!"

CATT PROGRAM CLIENT AND FAMILY FOCUS GROUP PARTICIPANT



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

More Information on Listening Sessions and Podcast Dates to Come

Outreach & Media Toolkit

- MHSA Community Input FLYER
- Share your Innovative Ideas HERE!
- Press Release
- Sample Public Service Announcements (PSAs)
- Sample Social Media Messages

MHSA Overview

- Want to know more about MHSA? Watch this video.
- MHSA 101 PowerPoint (PDF)
- MHSA 101: Fact Sheet (Spanish)
- Profile Sheet: MHSA Community Services & Supports
- Profile Sheet: MHSA Prevention & Early Intervention
- Profile Sheet: MHSA How Well Did We Do?
- Profile Sheet: MHSA Service Team Report (CSS)

MHSA Listening Session Workbook
MHSA Focus Group Consent (Spanish)

Watch MHSA 101 webinar: How to Read The MHSA Plan



FY 22/23 MHSA Annual Plan Update Draft

- Read the Plan
- Watch This Webinar (PowerPoint presentation)
- How to Read the MHSA Plan Infographic
- Share Your Comments

Legislative Update (revised 4/22/22)

[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.

AB 563 Berman: Would establish an Office of School-based health programs to administer current health-related programs under the State Dept of Education's purview; would advise it on issues related to delivery of school-based Medi-Cal services in the state. **SIA, CHSC reviewing**

AB 586 O'Donnell: Pupil Health : establishes school Health Demonstration Projected to provide intensive tech assistance to selected local educational agencies (LEAs) to enable long-term sustainable provision of health & mental health services to pupils. **SIA**

Other Bills related to Behavioral Health: AB 552 (Quirk-Silva- D); AB 738 (Nguyen-R); AB 1635 (Nguyen-R); AB 1668 (Patterson-R); AB 1859 (Levine-D); AB 2666 (Salas-D); SB 387 (Portantino-D); SB 929 (Eggamn-D); SB 964 (Wiener-D); SB 1207 (Portantino-D)

Meeting Wrap-Up

Future Presentations:

- *CPPP/MHSA Funding & Program Selection*
- *LPS/Conservatorship*
- *OESD33: Deaf/blind community services*
- *Peer Support Services – peer certification training*
- *Supportive Housing – Margot/EBSH*

Submit agenda item requests on the website

Celebrate your accomplishments!





**Alameda County Behavioral Health
Care Services**



WELLNESS • RECOVERY • RESILIENCE

thank you.

Please visit us at [acmhsa.org](https://www.acmhsa.org)



HOW TO READ THE MHSA PLAN



01

START WITH THE TABLE OF CONTENTS

The *TOC* is interactive and will guide you to where you need to go in the plan. Use as a resource.

02

FOR TIME-LIMITED FOLKS

Read the *Executive Summary* to preview the entire plan in under 5 pages.



03

FOR NEW INFORMATION

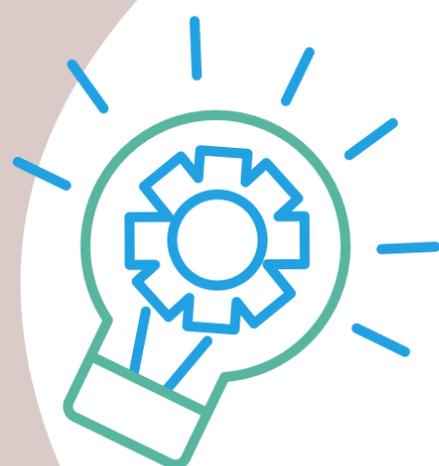
- Start with the *Plan Update*
- For new programs, and
- Cutting edge funding initiatives



04

FOR THE DATA SAVVY

The *Alameda County Profile* is perfect for the data lovers, grant writers, & curiosity-seekers. This describes residents, and health information



05

FOR THE COMMUNITY

View the *Community Input & Public Comments* sections to see how the community ranks their needs



06

FOR OVERALL PERFORMANCE

Read program summaries to learn about local mental health services, how clients benefit, and outcomes.

