



WELLNESS • RECOVERY • RESILIENCE

MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, September 17, 2021 (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 |
| Icebreaker Question: What is one of the last things you googled on your phone/computer/tablet? | |
| 2. Presentation: MHSA Community Planning Presentation | 1:20 |
| 3. Discussion on Community Planning Listening Sessions | 2:00 |
| 4. ACBH Administration Updates | 2:20 |
| 5. Presentation Requests | 2:30 |
| 6. General Updates & Announcements | 2:45 |
| 7. Wrap-Up/Summary | 2:55 |
| 8. Meeting Adjournment | 3:00 |

Documents Attached:

- Agenda
- Community Planning Presentation (PDF)
- Office of Peer Support Services Name Change
- New Hire Announcement: ACBH Public Information Specialist
- Suicide Prevention Resource document



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Mental Health Services Act Community Education & Input

MHSA Plan Update FY 22/23

Presented by: Tracy Hazelton, MPH
MHSA Division Director, Alameda County Behavioral Health

**Alameda County MHSA Stakeholder Group
September 17, 2021**

Mental Health Services Act

The Mental Health Services Act (MHSA) emphasizes Transformation of the Mental Health System and Improving the Quality Of Life for people living with mental illness and those at-risk for mental illness and/or mental health challenges.

- In 2004, California voters passed Proposition 63, know as the Mental Health Services Act.
- Funded by 1% tax on individual incomes over \$1 million.
- Services must be voluntary.
- Non-supplantation: MHSA may not replace existing program funding or be used for non-mental health programs.



MHSA 101: 5 MHSA Components

#	Component	Abbreviation	% of Funding	Sub-component
1.	Community Services and Supports	CSS	76%	Full Service Partnership Outreach & Engagement, Systems Development (OESD)
2.	Prevention and Early Intervention	PEI	19%	Prevention, Early Intervention, Recognition of Signs of Mental Illness, Access and Linkage to Treatment, Stigma and Discrimination Reduction, Suicide Prevention & Promotion
3.	Innovation	INN	5%	None
4.	Workforce, Education and Training	WET	Funding from CSS	None
5.	Capital Facilities and Technological Needs	CFTN	Funding from CSS	None

MHSA CORE PRINCIPLES

**Community
Collaboration**

**Cultural
Competence**

**Wellness Focus:
Recovery and
Resilience**

**Client and Family
Driven Mental
Health Services**

**Integrated
Service
Experience**



MHSA 101: 5 MHSA Components

1. *Community Services and Supports (CSS):*

Provides direct treatment and recovery services to individuals of all ages living with serious mental illness (SMI) or serious emotional disturbance (SED):

- **Full Service Partnership (FSP)** plans for and provides the full spectrum of services, mental health and non-mental health services and supports to advance client's goals and support their recovery, wellness and resilience using a “**What ever it takes**” approach.
- **General Systems Development (GSD)** improves the mental health service delivery system.
- **Outreach and Engagement (O&E)** is to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities.

Source: www.steinberginstitute.org/wp-content/uploads/2017/10/MHSA-101-1



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MHSA 101: 5 MHSA Components

2. *Prevention and Early Intervention (PEI):*

Funds may be used for programs that **identify early mental illness**, **improve *timely* access** to services for **underserved** populations, and **reduce negative outcomes** from untreated mental illness including:

1. Suicide
2. Incarcerations
3. School failure or dropout
4. Unemployment
5. Prolonged suffering
6. Homelessness
7. Removal of children from their homes



MHSA 101: 5 MHSA Components

3. *Innovation (INN):*

5% of funds received for CSS and PEI may be used for innovative programs that develop, **test** and **implement promising practices** that have not yet demonstrated their effectiveness. Needs approval from Mental Health Services Oversight & Accountability Commission.

Current ACBH Innovation projects include the:

- Community Assessment and Treatment Team (CATT)
- Land Trust
- MH Applications

- **Two INN projects in development** focusing on justice involved individuals who have a severe mental illness (SMI).



MHSA 101: 5 MHSA Components

4. *Workforce Education and Training (WET):*

This component aims to **train** more people to **remedy the shortage** of qualified **individuals who provide services** to address severe mental illness. Counties may use funds to **promote employment** of mental health **clients** and their **family members in the mental health system** and **increase the cultural competency** of staff and workforce development programs. Funding source is CSS.

5. *Capital Facilities and Technological Needs (CFTN)*

This component finances capital and infrastructure to support implementation of other MHSA programs. It includes **funding to improve or replace technology** systems and other **capital projects**. Funding source is CSS.

****Counties may transfer up to 20% of their previous CSS 5-year allocation average to CFTN, WET or the Prudent Reserve:**



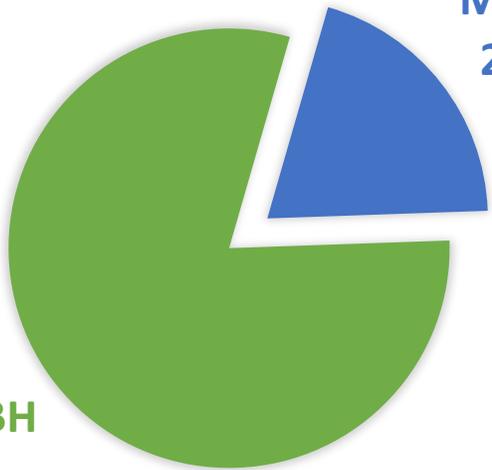
MHSA: What is the Current Budget?

ACBH FY 21/22 Total Approved Budget of \$569.7M

- 706 County Civil Service positions
- 3,000+ positions with community-based providers

MHSA Annual Budget is \$140.6.1M (approximately 24% of the overall ACBH Budget)

MHSA
24%



ACBH

- 172 County Civil Service positions (25%)
- 16,000+ individuals served in MHSA funded treatment programs
- 9,000+ individuals served in MHSA PEI funded programs



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MHSA: Five Plan Components

FY 21/22 budget estimates in millions

Community Services & Supports	Prevention & Early Intervention	Workforce, Education & Training	Capital Facilities & Technological Needs	Innovative Programs
43 ongoing work plans	24 ongoing workplans	10 programs and strategies	8 projects	4 approved projects 2 pending project
\$99.71M annually	\$16.21M annually	\$3.42 M annually	\$12.26 M	\$8.99M
13%+	7%+	3.6%+	9.8%-	42.6%+



MHSA Financial Terms

- ***Reversion Period:*** Counties must expend the revenue received for each core component within a specific timeframe, starting with the year the revenue is received, or must return it to the State Mental Health Fund.
 - *CSS and PEI funds have a 3 year reversion period.*
 - *INN has up to 5 years and must be connected to an approved INN project.*
 - *WET and CFTN have a 10 year reversion period.*
- ***Prudent Reserve (PR):*** Counties are required to establish and maintain a PR for revenue decreases.
 - *Counties may fund to a level determined appropriate and that does not exceed 33% of the counties' largest annual distribution (Info Notice 18-033)*
 - *The restricted account that MHSA monies can be placed in that is not subject to reversion to the State and can be used in times of reduced MHSA funding associated with an economic decline.*
 - *Requires approval from the Department of Health Care Services before it can be utilized at the local level.*
 - *If utilized, the year it's utilized, MHSA funds cannot be transferred to WET or CFTN.*



MHSA Financial Terms, cont.

• **Annual Adjustment:** A lump sum, usually positive, that is known two fiscal years after the revenue was earned.

Annual Adjustments are incredibly volatile:

- Two-year lag
- Known by March 15th
- Deposited on July 1st
- Called the “True Up”

	FY 17/18	FY 18/19	FY 19/20	FY 20/21
Actual Allocation (SCO Funding)	71,629,573	72,099,545	65,694,634	96,158,248
Estimated Allocation	68,856,043	68,334,729	80,415,461	79,688,108
Over/(under)	2,773,530	3,764,816	(14,720,828)	16,470,140*

* Includes deferred revenue from FY 19/20



Community Program Planning Process (CPPP): Title 9 CCR Section 3300

- The County shall provide for a CPPP as the basis for developing the Three-Year Program and Expenditure Plans and Annual Updates.
 - To ensure that the CPPP is adequately staffed, the County shall designate positions and/or units responsible for:
 - The overall CPPP, ensuring that stakeholders have the opportunity to participate in the CPPP and training stakeholders
- Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations.



The stakeholder groups that are to be included in the Community Program Planning Process are to reflect the diversity of the demographics of the county, including, but not limited to, geographic location, age, gender, and race/ethnicity and

- Clients and Peers
- Families of children, adults and seniors clients/consumers
- Providers of social services
- Providers of mental health and substance use treatment services
- Education field
- Persons with disabilities, including providers
- Health care
- Veterans and/or representatives from veterans organizations
- Law enforcement
- Other interests (faith-based, aging and adult services, youth advocates, etc.)
- College-age youth
- Individuals from diverse cultural and ethnic groups



Oversight of Counties

- To ensure that counties are implementing the MHSA correctly, there are two state entities that provide guidance, support, monitoring and oversight:

- DHCS:** Department of Health Care Services

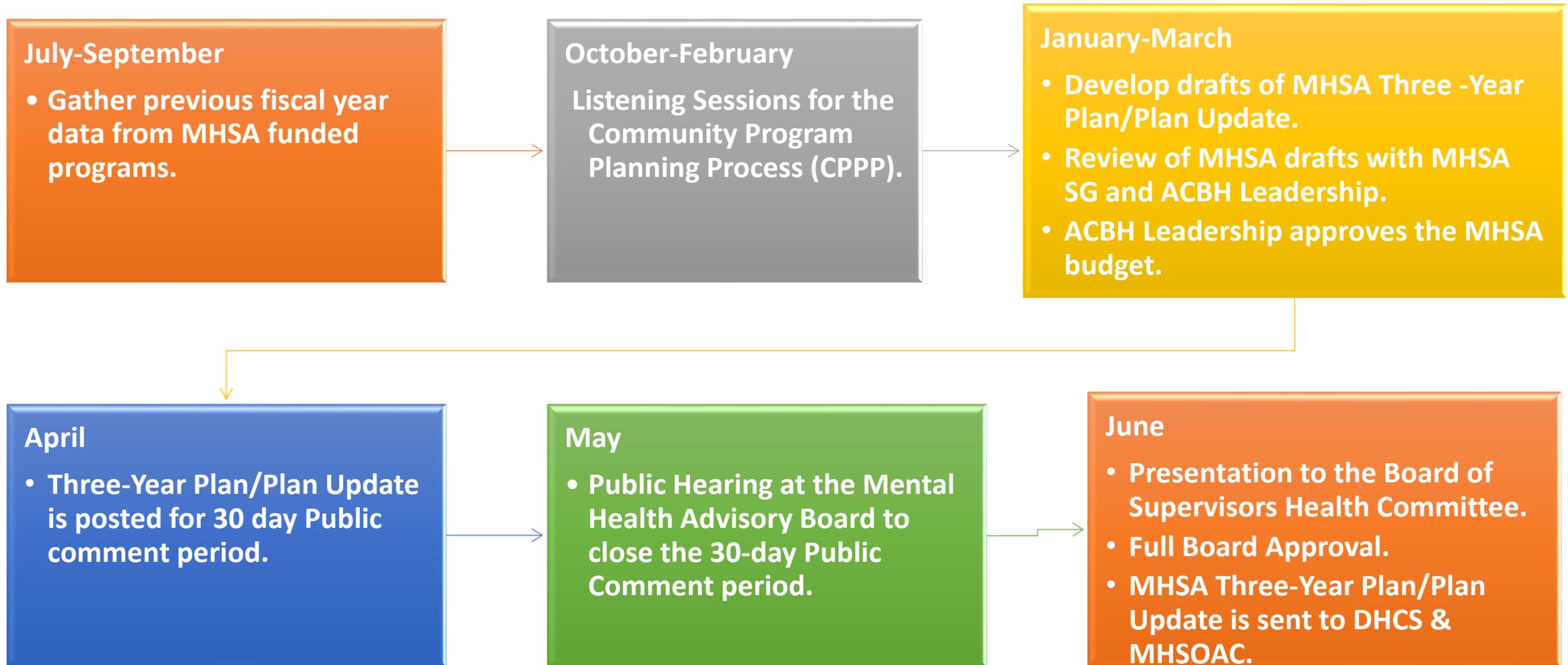
- Monitors the performance contract between the state and the county
- Provides Information Notices that clarify regulations
- Conducts program reviews
- Provides technical assistance

- MHSOAC: Mental Health Services Oversight & Accountability Commission**

- Oversees and approves Innovation Projects
- Develops multi-county Innovation Projects
- Research and Evaluation



MHSA Three-Year Plan/Plan Update Cycle



Thank You



For more information email us at

MHSA@acgov.org or visit us at

www.ACMHSA.org



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ACBH DEPARTMENTAL INFORMATION NOTICE:

DATE: August 11, 2021

TO: All ACBH Staff and Partners

FROM: Khatera Aslami Tamplen, Manager of Peer Support Services
Karyn L. Tribble, PsyD, LCSW, ACBH Director

SUBJECT: NEWLY NAMED – “OFFICE OF PEER SUPPORT SERVICES”

Alameda County Behavioral Health Care Services is pleased to share with you that the name of the Office of Consumer Empowerment has been formally changed to the ***Office of Peer Support Services***.

As you may know, *Peers Organizing Community Change (POCC)*, formerly known as the Pool of Consumer Champions, recently announced last month a new name after a long and robust process of community feedback. Alongside this process, the Office of Consumer Empowerment received feedback about the use of the term “consumer” and engaged key stakeholders within the county and community on its new name, *Office of Peer Support Services*.

We thank all who have been involved in this process, especially the staff of the *Office of Peer Support Services* and the POCC Steering Committee members. Many have shared through this process that “consumer” is an antiquated term. For that reason and as we took a closer look at our language from a perspective of diversity, equity and inclusion, we have decided to sunset the term “consumer.”

The new name, *Office of Peer Support Services*, uplifts the Office’s commitment and mission to transforming the behavioral health system by engaging, supporting and empowering peers receiving services, Peer Support Specialists, and peer-run organizations and programs. Furthermore, the new name solidifies the Office’s role in supporting the implementation and continuous oversight of ***California Senate Bill (SB) 803 (Beall) Peer Support Specialist Certification Program Act of 2020***, which was signed into statute in September 2020.

The team at the *Office of Peer Support Services* is excited to collaborate with you and our community to support Alameda County in becoming a leader in certifying Peer Support Specialists and ensuring that peer support services and trainings are available and accessible to everyone with mental health and co-occurring needs on their wellness and recovery journey. We are further committed to the ongoing work across our community that will help guide system-wide change for the better.

Please join us in recognizing this important transition. For additional questions regarding this name change or to learn more about SB 803, please feel free to contact Khatera Aslami Tamplen, Manager of Peer Support Services, at Khatera.Aslami@acgov.org.

Thank you

Welcome Janice Adam

New Public Information Specialist

We are pleased to announce the appointment of **Ms. Janice Adam**, as the **Public Information Manager** for our Department. **Ms. Adam** will join us on **Monday, September 20, 2021**, as a member of our Executive Leadership Team, providing communications strategy and management. She will report to Jerri Randrup, Communications Director, as a member of the HCSA Communications team, and coordinate on a day to day basis with ACBH Departmental leaders. **Ms. Adam** will be responsible for internal, external, and digital communications including our intranet, internet, newsletter, and social media; media relations including press releases, media inquiries, and crisis communications; and community relations including public facing events.

Ms. Adam has over 15 years of experience in communications and public affairs, helping direct and lead projects for businesses, government agencies, and community-based organizations. In her previous role as Co-Facilitator for the Howard Terminal Stadium CBA Project under *Envirocom Communications Strategies, LLC*, **Ms. Adam** facilitated a Community Benefits Agreement (CBA) between the West Oakland community, the Port of Oakland, the City of Oakland and the *Oakland A's* baseball team. In addition, **Ms. Adam** brings her experience as a Lead Community Relations Liaison for *Bay Area Rapid Transit (BART)* where she led the design and implementation of outreach plans to educate stakeholders on large construction projects.

Ms. Adam brings experience, knowledge, and expertise to uplift and highlight the many ways our Department is serving the behavior health needs of our community. Please join us in sending a warm virtual welcome to **Janice Adam**!



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SUICIDE PREVENTION MONTH IDEAS FOR ACTION

1. LEARN ABOUT EFFECTIVE SUICIDE PREVENTION

by watching and sharing a brief video overview of SPRC's Effective Suicide Prevention Model:

<http://www.sprc.org/micro-learning/effective-suicide-prevention>

2. ENGAGE

people with lived experience in your prevention efforts using these resources:

A brief video explaining lived experience

<http://www.sprc.org/micro-learning/leah-harris-lived-experience-what-it-how-include-it>

A toolkit to involve people with lived experience in prevention efforts

<http://www.sprc.org/livedexperientcetoolkit/about>

A lived experience story about what makes a difference

<http://www.sprc.org/micro-learning/lived-experience-story-about-what-makes-difference-0>

3. CREATE SAFE AND EFFECTIVE MESSAGES

for the public that promote hope, recovery, and resilience using the *Framework for Successful Messaging*:

<http://suicidepreventionmessaging.org>

4. INFORM THE MEDIA

that they play an important role in suicide prevention by sharing the Recommendations for Reporting on Suicide with print, online, radio, and television media contacts:

<http://reportingonsuicide.org>

5. JOIN

the National Action Alliance for Suicide Prevention's ([Action Alliance](#)) collective #BeThere messaging effort:

Use #BeThere and #SPM21 on Twitter to educate the public about the many ways to support those who are struggling

<https://twitter.com/search?vertical=default&q=%23BeThere>

Visit the Action Alliance's #BeThere webpage to learn more

<https://theactionalliance.org/bethere>

Sign up to receive updates from the Action Alliance

<https://theactionalliance.org/join-our-mailing-list?email=>

6. EMPOWER EVERYONE

to help prevent suicide by promoting:

Resources to support mental health and coping with the COVID-19 pandemic

<https://sprc.org/COVID19>

Tools to help states and communities build a strong state suicide prevention infrastructure

<https://sprc.org/state-infrastructure>

7. ENCOURAGE HELP-SEEKING

by spreading the word about these crisis services:

The National Suicide Prevention Lifeline provides free, confidential, 24/7 support by phone [1-800-273-TALK (8255)] or online chat <http://www.suicidepreventionlifeline.org>

Crisis Text Line provides free, confidential, 24/7 support by text [text HOME to 741741 from anywhere in the U.S.] <https://www.crisistextline.org>

8. SUPPORT

the National Suicide Prevention Lifeline's ([Lifeline](#)) **#BeThe1To** movement by learning the five steps that can save a life and sharing them with others:

- (1) ask
- (2) keep them safe
- (3) be there
- (4) help them connect
- (5) follow up

<http://www.bethe1to.com/join>

9. ON SEPTEMBER 10, GET INVOLVED IN

World Suicide Prevention Day using ideas from the International Association for Suicide Prevention ([IASP](#)): <https://www.iasp.info/wspd2021>

National American Indian/Alaska Native Hope for Life Day using the Action Alliance toolkit:

<https://theactionalliance.org/communities/american-indian-alaska-native/hope-life-day>

10. PARTICIPATE

in a Facebook live event hosted by the American Foundation for Suicide Prevention ([AFSP](#)): <https://www.addevent.com/event/MS7628242>

11. PROMOTE

Suicide Prevention Awareness Month using materials from the National Alliance on Mental Illness ([NAMI](#)), such as crisis and information resources and social media content <http://www.nami.org/Get-Involved/Awareness-Events/Suicide-Prevention-Awareness-Month>

12. EXPLORE WAYS

to **#BeThere** for a veteran or service member—whether you have one minute, one hour, or more—with resources from the [Veterans Crisis Line](#) <https://www.veteranscrisisline.net/BeThereSupport.aspx>

13. SHARE RESOURCES

that promote healing:

A Journey Toward Health & Hope Handbook for Recovery after a Suicide Attempt

<https://store.samhsa.gov/product/A-Journey-Toward-Health-And-Hope-Your-Handbook-For-Recovery-After-a-Suicide-Attempt/SMA15-4419>

Resources related to survivors of suicide loss

<http://www.sprc.org/populations/suicide-loss>

<http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>

14. TAKE FIVE MINUTES

to complete five action items developed by the National Council for Suicide Prevention ([NCSP](#)) for their **Take 5 to Save Lives** campaign:

- (1) learn the signs
- (2) do your part
- (3) practice self-care
- (4) reach out
- (5) spread the word

<https://www.take5tosavelives.org/take-5-steps>



Suicide Prevention Resource Center
www.sprc.org

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