alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

WELLNESS • RECOVERY • RESILIENCE

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MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, April 23, 2021 (2:00-4:00pm)

GO TO MEETING TELECONFERENCE: https://global.gotomeeting.com/join/511501621
United States (Toll Free): 1-877-309-2073; Access Code: 511-501-621

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
2. Presentation: UELP Evaluation 2:10
3. Administration
4. General Updates & Announcements 3:50
   - New member applications: 0
5. Wrap-Up/Summary 3:55
6. Meeting Adjournment 4:00

Documents Attached:

- Agenda
- Meeting Minutes from March 2021
- PPT Presentation
- MHSA-SG Calendar v7

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

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

Present Representatives: Margot Dashiell (Family Member/East Bay Supportive Housing Collaborative/African American Family Outreach Project/Alameda County Family Coalition), **Annie** Bailey (City of Fremont-Youth & family Services Division), **Elaine** Peng (MHACC), **Liz** Rebensdorf (Family Member/NAMI East Bay/MHSAAC), **Katy** Polony (Abode/IHOT), **Shawn** Walker-Smith (Family Member/MH Advocate/ African American Support Group & Family Dialogue Group), **Sarah** Marxer (PEERS/Family Member); **Carissa** Samuels (TAY/Ohlone College Mental Health Ambassador); **YuanYua**n Lo (TAY/ Ohlone College Mental Health Ambassador); **L.D**. Louis (MHAB)

Guest Representatives: Carol Jean, Carly Rachocki (MHSA) Daniel Ku (ACBH), Janavi Dhyani standing in for Shawna Sanchagrin (Best NOW), Alison Monroe

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. The group would like to focus on: • Respect for perspectives and where they are • Welcoming Atmosphere • Welcoming questions • Advocate for collaboration	
Presentation: In-Home Outreach Teams Program (IHOT), FY18/19 Evaluation Results	*Please view the full PPT presentation from the 3/26/21 MHSA-SG meeting* **Carly Rachocki,** MHSA Management Analyst and **Daniel Ku, Adult & Older Adult System of Care and Michael Castillo** presented an overview of the FY18/19 IHOT Evaluation. **1. PROGRAM & REFERRAL PROCESS** • Purpose: demystify the mental health system; successful linkage to supports, to avoid unnecessary hospitalizations and reduce interaction with the criminal justice system and link clients to ACCESS • IHOT Consists of 4 teams throughout Alameda County serving between 20-25 participants with a total program census of 80-100 individuals. Has 1 clinician to make referrals, but their job is not to provide treatment, case management, or assessment. Those provisions are provided by ACCESS or the linked services. • Mobile teams provide in home outreach and engagement services to those seeking outpatient services. • Emphasis on supporting family members • Frist step for AOT referrals • IHOT is **not** designed as a homeless outreach team (despite working with unsheltered participants and receiving referrals from emergency services or the police). Distinction – we need to know who we are serving (e.g. name/identity). IHOT Criteria ▪ *Suspected s*erious mental illness ▪ Have Medi-Cal or be Medi-Cal eligible	• **MHSA-SG** will review the Performance Management Initiative section of the Three-Year Plan to review RBA • IHOT Evaluation report is available on the acmhsa.org website and acmhsa.org/wp-content/uploads/2021/02/IHOT-FY-18_19-Evaluation_Report-Final.pdf

ITEM	DISCUSSION	ACTION
	▪ Reluctant or resistant to accepting outpatient mental health services ▪ Cannot work with primary substance use diagnosis IHOT Referrals ▪ Your concern for a person is enough to warrant a referral. A series of screening questions are asked (e.g. identify of this person for system registration) ▪ Most referrals come from family members ▪ Other sources include: PES, law enforcement, jail, psychiatric hospitals, all hospital emergency departments, mental health programs, adult protective services, NAMI and other advocacy agencies. ▪ IHOT is **not** homeless outreach or designed for ID missing persons. IHOT can meet people where they are at, but finding/locating people is not IHOT's specialty. Benefits of IHOT ▪ Getting people into voluntary mental health services ▪ Support for family members through a resource center. ▪ Eligible participants receive outreach for as long ass clinically determined ~ 3-6 months, and participants are welcome to return to IHOT id unsuccessful in treatment **Daniel** closes with information regarding the Safer Ground hotel which has been helpful **Carly** presented evaluation results: **FY18/19 EVALUATION RESULTS (**using Results Based Accountability (RBA) questions) **1.** Methodology: 1:1 interview with clients, partners, family members. Information from interviews were presented to IHOT team. 2. How much did we do? There were 395 duplicated episodes. This can include multiple partners because clients can be re-referred or referred to another IHOT team. **a. Demographics** i. 61% were Adults (26 – 55) followed by TAY (25%) ii. 67% IHOT identified as male, iii. 91% IHOT partners spoke English. Spanish is the next most common language b. **IHOT Partner and ACBH Outpatient race/ethnicity**: served more Asian, Hispanic/Latino, and white partners compared to ACBH outpatient beneficiaries. 3. How well did we do it? a. **IHOT Referral Outcomes** (successes= linkage to AOT) i. 8%: Referred to Assisted Outpatient Treatment (AOT) ii. 7% unable to engage/moved out he county/died iii. 13% declined services iv. 18% Unable to locate v. 54% referred to mental health provider b. **Reasons why 38% clients did not engage (declined services, unable to located etc.)**	

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	i. Did not have positive first impression of IHOT team especially if less involved in the initial referral ii. Severity of mental illness affects potential partners ability to be involved with referral iii. Having a family member with SMI can be isolating, the person with SMI may be isolated without natural supports to connect to IHOT or additional services. **c. Reasons why 62% client engaged in services (linked to AOT or mental health service)** i. Build trust & rapport: 1. Being persistent & consistent 2. Active listening to the partner/client 3. Navigating a complex system to connect partners (and family) to services 4. Facilitating goal setting 5. Becoming like family/support system 6. Demonstrating care for the partner ii. Areas of Concern 1. Time it Takes to link to services 2. More time or more frequent contact 3. Staff Turnover 4. Is anyone Better Off? a. More recovery oriented b. Mental Health c. Community-based services d. Asking For help e. Goal Setting f. Improving hygiene g. Life saving 5. Program Improvement Recommendations a. Improve data quality b. Increase language diversity c. Increase connections with families d. Improve workflow with ACCESS **Carly** closed with the location of the full report on the amchsa.org website. The report will be included in the FY21/22 MHSA Annual Plan Update **Presentation Questions/Comments & Answers:** **L.D** questioned: Since ACBH is also responsible for SUD services, why can't IHOT get individuals served through Centerpoint? • **Daniel** response: They can and do, as contracts are written based on linkage to ACCESS. We do link up with Centerpoint quite a bit. **Annie Bailey** asked to clarify whether those eligible are Medi-Cal beneficiaries? And if they're not either of those, what happens to those individuals, does ACCESS or IHOT refer this person elsewhere? ▪ **Daniel** response: Medi-Cal beneficiaries are eligible. All referrals go through ACCESS first, the first point of contact for initial screening for eligibility. IHOT doesn't have access to confirm insurance- some digging is needed, for example if someone is under their parent's insurance or have private insurance. ACCESS will tell them to return to their HMO/insurance (e.g.	

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	Kaiser, Anthem Blue Cross). These insurers would need to initiate the referrals. **Guest** questioned: I've been doing this, looking for people so someone can contact them...I wonder how much notice you need once a family member has located a client? I have to wonder if IHOT have any batting average in getting people into non-voluntary services? **Liz** questioned**:** What's the average turnover time on an ACCESS referral? Where do Berkeley and Albany fit into this, if they do? ▪ **Daniel** response**:** Turnaround time is unfortunately pretty long due to different complications arising due to COVID-19. We attempt to do this within the same week but delays happen. ACCESS has started collecting referrals and sending them out towards the middle or end of the week. Once receiving this, Daniel has to screen all referrals. IHOT isn't a crisis program, if there is a pending emergency individuals should contact the police or crisis services. IOT is a softer approach aiming to develop a relationship with the individual. ▪ **Daniel** response: Regionally we serve Albany and Berkeley been though Berkeley may not work with ACCESS the same way. The goal is to link them to services (majority of the time it's ACCESS) but it may be Berkeley mental health. Bonita House works with Oakland and North County (Berkeley, Albany), there's a lot of overlap. La Familia serves the middle county area (Oakland, hayward). All IHOT has access to the language line. La Familia specializes in hiring Spanish-speaking employees. STARS work with the TAY population (18-25YO). Sometimes it makes sense to enroll them in the adult system to remove barriers additional steps since most TAY services stop serving clients at age 26. **L.D.** questioned: Does IHOT track how many individuals that refuse IHOT services then go on to end up incarcerated and served by CJMH? What percentage of referrals are from law enforcement officers? ▪ **Daniel** response: Carly will cover the second question, but the data we collect only extends so far. We know people who are not connected but do not track what happens to them post-linkage. We check if they're linked, who they're linked to, the referral source, but not what happens next. ▪ **Daniel** response: In terms of law enforcement, during 2020 calendar year, L.E.O. made **47** referrals to IHOT (out of 316 total referrals) which is 15% of referrals. Our largest referral source is family at 29%. **Margot** questioned: Can every eligible person be served or is there a waiting list? It sounds like you're not at capacity. ▪ **Daniel** response: There is no waiting list. We are at capacity. **L.D.** questioned: How many people are referred but can't contact because they moved on. Feedback from officers at MDST meetings are that they'll make referrals but IHOT takes 1 week to locate person. I'm concerned about the 1-week delay if people are transient. What's the success rate for connecting with transients. IHOT is the only path to link clients to AOT. ▪ **Michael Castilla** response: The total number of referrals include those who are not able to be located. There's an extensive legal filing process that can	

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	make it difficult to locate transients. It's a barrier to find individuals and follow-up 7 days later. ▪ **Carly** response**:** I will discuss this more during FY1819 presentation ▪ **Daniel** response**:** We are not a homeless outreach team. I find if the person is transient there may be some difficulties but we will attempt to locate them at their last known address. What's worked in the past is when the L.E.O can attend the first contact with us (e.g. ride along) this has been successful. Services were initially conceived with families in mind who have someone in their home who needs connection. It was not initially intended for law enforcement to refer homeless individuals to us. **Katy** comments: We get a fair number of referrals from the South County MET team and police. All are concerned with the welfare of mental health. Sometimes in Pleasanton, Dublin, Livermore where police give us folks that are a nuisance, that don't have a serious mental illness. We have to discern eh level of appropriateness of the referral. It's not clear if it's dementia, agitation and homeless, or a serious mental illness. **Carissa**: How do you conduct outreach? ▪ **Daniel**: We used to perform roadshows in the community. We've used partners like NAMI ▪ **Michael**: We're looking to expand our outreach efforts. Daniel has facilitated presentations with the City of Emeryville and Fremont local police. I attended a quality improvement meeting and outreach is definitely something we're strategizing. Carly made a wonderful brochure **L.D** comments: In regards to moving people out of jails into Villa and Gladman: There's not a bed going into John George, Gladman, etc. And our bed and cares are drying up.	
FY21/22 Annual Plan Update: CPPP Innovation Brainstorm	**Mariana** presented an overview of the CPPP. In summary, ACBH has aggressively approached its CPPP process in a manner designed to eliminate as many barriers as possible to promote inclusive outreach and engagement. Our resulting MHSA Annual Plan for fiscal year 2021-22 is reflective of a Departmental recalibration and attempt to regard our valuable stakeholder feedback with a commitment towards Alignment, Communication, and Organizational Structure. Our goals are to create a basis for future efforts that represent a variety of stakeholder and community needs such as culturally-relevant, clinically pragmatic, and community-centered support and care. We are pleased to present our process, plans, and commitment to the future of our county with you at this time. ACBH is currently exploring multiple new INN ideas based on the Community Program Planning Process (CPPP) that took place this past spring. The themes recurring most often include: ▪ Community and Home-base Services ▪ Services for Transition Age Youth (TAY) ▪ Outreach/Education for Stigma Reduction ▪ Housing Supports ▪ School-based Services ▪ Increasing Culturally Responsive Services ▪ Care Coordination/Provider Communication ▪ Telehealth – individual and group ▪ Creativity and recreation-based therapies ▪ Increasing peers in the workforce ▪ Supporting Families	• **MHSA-SG** will review the MHSA 101 Fact Sheet Community Input page of the acmhsa.org website • **MHSA-SG** will review the Three-Year Plan on the. Please see the INN section for more details on current and future INN projects.

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	Based on budget and funding, ACBH will be looking to embark on new INN programs in the next year that will provide opportunities to engage more with consumer and family members, local nonprofit stakeholders and our diverse communities here in Alameda County. At the same time, it is important to acknowledge the effects of the pandemic, the extensive unemployment and current social movements. **Mariana** asked the group to identify outreach strategies for a veteran focus group: ▪ **Carissa** recommended the community college veteran support office ▪ Swords to Plowshares ▪ **L.D.** recommended a veteran's treatment court ▪ **Margot** recommended AAFO ▪ **Shawn** recommended local/regional associations (Oakland VA center) **Mariana** will follow-up with group members who volunteered outreach support for coordinating the veterans focus group and will review the second innovation recommendation at the April 23rd meeting.	
MHSA-SG Administrative Updates/Membership and Announcements (Mariana)	**Mariana** asked the group to review recent legislative updates located in their meeting packet. On February 23, 2021, the Alameda County Board of Supervisors presented a resolution condemning hate crimes against API in Alameda County & reaffirming AC as a welcoming county: Supervisor Chan_President Carson_308263.pdf (acgov.org) MHSA has not received new member applications. A consumer & provider vacancy are posted online. Current membership is at 15.	
Wrap-Up/Summary (Mariana)	Next MHSA-SG meeting will feature a presentation from the UELP Evaluation with Carly Rachocki, MHSA Management Analyst and Cheryl Narvaez, MHSA-PEI Unit. **The group identified future meeting topics**: • May 2021: AB2022 • Future topic: Housing • Support with veteran outreach for a focus group • Circulate 30-day public comment period information when provided in April 2021	• **Mariana** requests membership biographies from new members • **Mariana** requests members to update their information on SurveyMonkey • **Mariana** will send an email to summarize today's meeting and required reading materials for the next MHSA-SG meeting

Next Stakeholder meeting: Friday, April 23, 2021 from 2-4 p.m. LOCATION: Zoom webinar

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MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER GROUP MEETING CALENDAR, 2021 rv7

** This schedule is subject to change. Please view the MHSA website for calendar updates.

DATE	TIME	LOCATION	MEETING THEMES
January 22, 2021 (Friday)	2:00-4:00pm	Go To Meeting	• MHSA Goal Setting/Finding A Common Link • Annual Plan Update • MHSA Community Planning Meetings (CPM) Outreach & Focus Group
February 26, 2021 (Friday)	2:00-4:00pm	Go To Meeting	• Program Spotlight: WET • INN recommendations • Focus Group recruitment • Review Operating Guidelines
March 26, 2021 (Friday)	2:00-4:00pm	GoToMeeting	• Program Spotlight: IHOT Evaluation
April 23, 2021 (Friday)	2:00-4:00pm	Zoom	• Program Spotlight: UELP Evaluation • MHSA Plan Public Comment/Public Hearing
July 23, 2021 (Friday)	2:00-4:00pm	Go To Meeting	• Leg Review: AB2022
September 24, 2021 (Friday)	2:00-4:00pm	Go To Meeting	• Program Spotlight: Annual Plan Review & CPPP Data
November 19, 2021 (Friday)**	2:00-4:00pm	Go To Meeting	• Program Spotlight/Presentation: Housing • MHSA Policy & Legislation Review • End of Year Celebration/Retreat • Interview Qs

Blue: Meetings Facilitated by Tracy