

Alameda County Mental Health Services Act Stakeholder’s Meeting
October 23, 2020 • 2:00 pm – 4:00 pm
TELECONFERENCE REMOTE MEETING

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

Present Representatives: Viveca Bradley (MH Advocate), Annie Bailey, Jeff Caiola (Consumer), Margot Dashiell (NAMI), L.D. Louis (MHAB), Elaine Peng (MHACC), Liz Rebensdorf (NAMI East Bay), Katy Polony (Abode/IHOT), Mark Walker (Swords to Plowshare), Shawn Walker-Smith (MH Advocate), Terri Kennedy (ACBH), Nellie Bagalos (ACBH)
Guests: Cheryl Narvaez (ACBH-PEI Uni), Kelly Robinson (ACBH-PEI Unit), Carly Rachocki (ACBH) , Rosa Warder, Beth Sauerhaft, Tanya McCullom (ACBH-The Office of Family Empowerment)

<i>ITEM</i>	<i>DISCUSSION</i>	<i>ACTION</i>
<p>Welcome and Introductions (Mariana)</p>	<p>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:</p> <p>Mariana stated that the meeting structure would focus on 2 of the MHSA-SG meeting structure elements:</p> <ul style="list-style-type: none"> • Relationship Building, Leadership & Advocacy • Program Planning & Development • Administration & Operations 	
<p>MHSA-SG Administrative Updates/Membership and Announcements (Mariana)</p> <p>MHSA Three-Year Plan Update (Mariana)</p>	<p>Mariana reviewed the new member application: C. Winston.</p> <ul style="list-style-type: none"> • C. Winston had 3 votes to table her application as member of the MHSA Stakeholder Group. <p>Mariana announced 2 new member applications from Ohlone College for the TAY membership: Carissa Samuel, Co-Chair of the Student Advisory Committee & VP of the Wellness Program and Yona, Student Ambassador for Ohlone Student Health Center, Student Government rep, and Graphic Designer for CovEd.</p> <p>Mariana assembled the interview panel: Viveca, Liz and L.D.</p> <p>Mariana reviewed with the MHSA-SG the updates to the Three-Year Plan.</p> <ul style="list-style-type: none"> • Three-Year Plan will be reviewed by the Board of Supervisors on 10/26. • The meeting will be a closed session. • In November, the Alameda County Supervisors will review the Three-Year Plan. They have 30 days to send it to the State for approval. • The MHSA-SG can review the 227 public comments after public comments are tabulated and attached to the appendices to the final Three-Year Plan. The Three-Year Plan will be expected to be finalized by November/December and the final plan will have every public comment and response. 	<ul style="list-style-type: none"> • Mariana will follow-up with the interview panel before the interviews. • Mariana – Will post the final State’s approval of the Three-Year Plan. • Mariana will review the Legislative Updates and WET Launch of new Learning Management System.

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<p>PEI Presentation (Kelly Robinson and Cheryl Narvaez)</p>	<p>Kelly reviewed the presentation agenda:</p> <ul style="list-style-type: none"> • PEI Overview – PEI serves all provider voices that represents the community and provides them with an active voice and services across all systems of care. PEI serves the LBGTO communities, schools, community-based, primary care, un-served and under-served ethnic and language populations, cultural wellness, and faith-based communities. • PEI Virtual Site Visits – providers will receive one visit in the next 2 FYs (20/21 & 21/22). PEI will visit 2 providers every month to follow through with State’s policies and procedures, foster collaboration, and transparency, provide technical assistance needs, and create opportunity to strengthen relationships and demystify Alameda Co. Behavioral Health (ACBH) as a “funder.” It helps for ACBH to step outside of our identity to get to know the providers personally and see what they would like us to know about their program. • It helps the providers to deliver services relevant to them and address their challenges to who they are serving. It helps to use prevention before participants seeking help through the provider services become disabling, so they can access the services without non-stigmatizing, non-discriminatory pressures. • Prevention reduces suicides, incarcerations, school failure or drop out, unemployment, prolong suffering, removal of children from their homes and homelessness. <p>Cheryl reviewed the Virtual Site Visit:</p> <ul style="list-style-type: none"> • There are over 40 providers PEI wants to visit. • PEI wants to be transparent in what they do and what they ask for from the providers. • BEFORE the virtual site visit providers will receive an email from PEI to schedule a visit. PEI will ask the provider to complete “self-check” Checklist, which is due in 3 working days prior to the site visit. • This checklist is given to lessen the paperwork. This checklist is more specific to what PEI needs to request from the providers. • DURING the virtual site visit PEI will provide introductions and ice breaker, review the completed checklist, request the provider for 5 documentation on the selected items to be emailed to PEI within 1 week. The agenda will include closing with “ELA,” asking provider about their experience, learning, or action/awareness of the process. 	

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	<ul style="list-style-type: none"> • Cheryl provided an example: She made a site visit with the Afghan Coalition provider and they expressed their concern that not many men were accessing any of their services. She provided a connection to La Clinical, who was experiencing a high volume of men accessing their services. She was able to connect the two providers so they can share information with each other. • AFTER the virtual site visit the provider staff will compile, name, and submit documents via email. ACBH PEI staff will review submitted documents for compliance. • Katy – Asked, what do the providers do and what do their programs consists of? • Liz – Questioned, for some names of providers. Who are they? Where are they? What do they do? • Cheryl – Provided the website, which has the verbiage that Katy and Liz were asking. • Kelly – Contributed that it was a long list of all the providers and their programs are on the website. The providers were all unique and serves different populations. • Viveca – Asked, some of the providers are innovation projects, or are they coming from general budge MSA budget? • Kelly – Replied, the providers are not part of innovation. • Annie – Questioned, does this design help to find people before they enter the system, or have a psychotic break? • Kelly – Responded, services and programs throughout the system of care, 51% is allocated to serving 0 – 25 years old as a prevention-based program to help before anyone becomes disabling and from getting into a worse condition. • Cheryl – Contributed, Wellness, and cultural workshops provide support groups. The participants who access these programs does not need an eligibility requirement, or insurance-based requirement. They might not be receiving treatment or have no diagnosis. Providers give participants lower-level care not mental health treatment. If they do encounter participant/s in need of more mental health treatment, they would refer as appropriate. • Kelly – Contributed, the providers have programs for family, individual and community levels. • Kelly – Explained, Work Groups use PEI regulations to guide and inform decisions. It is facilitated by Cheryl and Carly. It serves clients from diverse ethnic groups and multiple languages. 	

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	<ul style="list-style-type: none"> • Cheryl – Contributed, they meet every other month to think out of the box and creatively to use methods of collecting feedback. • PEI provider evaluation work group makes recommendations on a set of questions that all PEI funded programs will utilize in their evaluation tool. • UELP evaluation work group has 12 providers that provide community, prevention, and counseling workshops. • For example, a few ethnic groups are pacific islanders, Native Americans, Latinos and Afghans. • These providers use culture and healing to help bring wellness to their communities. • The UELP provides surveys and evaluation reports to participants to collect data back providers. • Cheryl – Shared the PEI Data Report Template as an example on how it provides accurate aggregated data for the PEI funded system, it has the ability to share the data to PEI system of providers, ACBH leadership, and the State, it tracks reports and submission of dates/time in a systematic and organized way, and reduces formatting problems and uniform reports in the MHSA Plan update. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Annie – Asked, do you have any mechanism right now what the impact is for people to be linked to services when they need them? • Cheryl – Replied, contracts include RBA – type of program that provides light touch wellness. More one and one needs are referred to treatment services when appropriate. • Carly – PEI, Management Analyst, tracks those one and one services through the Yellowfin Dashboard. • We track and see their flow in the system. If they go to any UELP program, prevented counseling, or if they transfer to higher level of care. • Annie – Questioned, do you have a way to track these consumers who receive PI service and who their provider is? • Cheryl – Responded, we administer a client satisfaction survey. We are going to have it more uniform for every provider, standardizing it a lot more. • Liz – Asked, If I want to find out what the different services are, or an overview to find resources? • Kelly – Contributed, the PEI staff can give some resources. • Katy – Questioned if these programs are just not for young people? • Kelly – Replied, some programs cross over and some stay in a particular age group. 	

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<p>The Office of Family Empowerment (Rosa Warder, Beth Sauerhaft, and Tanya McCullom)</p>	<ul style="list-style-type: none"> • Katy – Asked, how do you find these people, who referred them? Schools? • Kelly – Responded, through outreach and recruitment in the community. Some are self-referred and others through people who are participating in other organizations. • Cheryl – Contributed, the ages, population served, and languages are on the website under each provider location. • Mariana – Asked, what is the best way we can partner with you? • Kelly – Responded, everyone can help with the future involvement by attending meetings, which is open to the public. PEI meeting schedules is provided on the website, or on the PowerPoint slide. <p>Rosa reviewed The Office of Family Empowerment (OFE) presentation overview:</p> <ul style="list-style-type: none"> • Is funded through MHSA and provides technical assistance, training, coaching and diverse family perspective to ACBH and community-based partner organizations. • OFE staff: Beth is a Coaching/Capacity Building/Certified Professional Coach Tanya is a Program Specialist • OFE is not a billable service. • They are hoping to expand to a 4th member to work with adult and older adult needs. • OFE partners and collaborates with community-based organizations and ACBH. • OFE consists of family members, trainers, coaches, facilitators, and change agents. • Tanya – Provided the context for the Family Movement. • Most family members do not have a sense of their rights, or their loved one’s rights and what is appropriate treatment. • There is no help for families under duress. • Outcomes are better when families are part of their treatment. • All of this is intensified in black, brown families. • Anguish to Action: A Timeline – an explanation of how the movement began to help families and their loved ones with mental illness. • This timeline represents white society. Black and brown families and individuals will be a quite different timeline. 	<ul style="list-style-type: none"> • Mariana – Will provide an update PowerPoint to the MHSA Stakeholder Group.

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	<ul style="list-style-type: none"> • The anti-blackness is focused more now on the mental health system. • Beth – Questioned the MHSA-SG on the OFE Foundational Values PowerPoint slide. Which 2 values from the list calls out to you and what you would like to talk about? • Kelly – Replied, holding systems and institutions accountable. • Beth – Provided that accountability is one of the OFE and ACBH challenges is challenging the system in the inside where families have felt devalued. OFE can feel devalued as well. • Shawn – Contributed, centering the voices knowledge; and lived experience of family members as informed allies and leaders. • Beth – Commented that this has not happened much. We need to decenter whiteness and center on family members offering opportunities at tables where they can be leaders. Example – Parent Cafes (facilitated by Tanya). This builds families with leadership skills and a change to engage in very meaningful dialogue. One of her meetings recently centered around social justice. • Viveca – Questioned, how do we hold institutions accountable through quality assurance? • Rosa – Replied, we talk with family members of all kinds as one way of quality assurance. We explain how IEP works, what their rights are i.e. hospitalizations, incarcerations, who they can contact when things become critical. ACBH offers townhalls, listening sessions, which need more family advocates to be active. • Beth – Provided that OFE works directly with providers and system partners. • We need to shift ACBH pathology to inclusion, resilience, and hope. • The challenges ahead mostly deal with a system that counts on billable hours. • The system is: EPSDT/Medi-Cal/Fail First System <u>vs.</u> Family Driven/Family Focused/Consumer Centered. • Margot – Asked, what agency are we talking about? What is OFE involvement anywhere? • Katy – Questioned, where are these family advocates in the system? • Tanya- Replied, in the children system of care there are providers like SENECA, La Familia, FERC, and Children’s Hospital, who are all embedded in the clinical setting. • When a clinician has a family member, they introduce a family partner very similar to who are receiving services. 	<ul style="list-style-type: none"> • Mariana – Will provide the video link: www.thecolearningproject.com

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	<ul style="list-style-type: none"> • Birth to young adults who need services and need a family partner can contact Tanya. • They must be receiving full scope Medi-Cal. • Tanya – Contributed, OFE cross systems strategies – the kind of work we are doing is across the system. We are trying to work on all systems of care which is unique. Our trainings involve family members. i.e. Parents’ Tools to Thrive and Parent Café, who train families to become facilitators. • Tanya – Contributed that there has been come breakthroughs and progress in the family voice, but with COVID-19 families have had it difficult to participate because of kids being home-schooled and family members working from home. The Parent Café recently was virtual and was held on a Sunday to provide families time to participate about social justice. • Rosa – Contributed, the PEER certification that just passed which included youth advocates and family advocates. Tanya has been attending the meetings and is inviting other family partners to participate so our voices are front and center for the further design of the certification. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Katy – Questioned, how can we respond and how does addressing racism or systemic equality affect mental health? Can family advocates be a model within case management teams? I do not know if this is happening now. • Tanya – Replied, Children’s system Wraparound Groups is like a case management team which includes family partners. • Rosa – Contributed, family advocates are the eyes and voices that is the only way we can get a level of voice to have everyone and everywhere. • Margot – Commented, we struggled for a long time to give input. When we last met you said that there would be a consultant working with you on planning. We asked to be involved, fingers across the County, to know what this work does. It is not visible to me. We need more visibility from OFE. 	<ul style="list-style-type: none"> • Mariana – Will compile more questions from MHSA-SG for the OFE group.

ITEM	DISCUSSION	ACTION
<p>Wrap-Up/Summary (Mariana)</p>	<p>Stakeholder members will be invited to support future planning efforts.</p> <p>The group identified future meeting topics:</p> <ul style="list-style-type: none"> • ACBH Yellowfin Dashboard presentation – November 23, 2020 <ul style="list-style-type: none"> ➤ Carly Rachocki & Juliene Schrick ➤ Jen Mullane ➤ <i>What information has (or will) the dashboard made visible that was not well understood before?</i> ➤ <i>What actions do you hope the information in the dashboard will inspire?</i> ➤ <i>How can community stakeholders -- including consumers, family members, and providers -- be involved in shaping the questions the dashboard is designed to answer?</i> • Need to review MHSA-SG application questions 	

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Next Stakeholder meeting: Friday, November 20, 2020 from 2-4 p.m. LOCATION: GoToMeeting webinar