MHSA STAKEHOLDER GROUP (MHSA-SG)
Friday, December 18, 2020 (2:00-4:00pm)

GO TO MEETING TELECONFERENCE: https://global.gotomeeting.com/join/511501621

To participate by phone, dial-in to this number: tel:+18773092073,511501621#

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
    - Review MHSA-SG Meeting Structure

2. Video: COVID-19 Mental Health Series   2:20

3. General Updates/Announcements   2:45
    - Legislative Updates
    - MHSA Three-Year Plan
    - Annual Plan
    - Training/Events
    - MHSA Budget

3. Administration   3:15
    - Interview Questions
    - 2020 At A Glance

4. Wrap-Up/Summary   3:55

5. Meeting Adjournment   4:00

alameda county behavioral health

MENTAL HEALTH & SUBSTANCE USE SERVICES

WELLNESS · RECOVERY · RESILIENCE

2000 Embarcadero Cove, Suite 400
Oakland, California 94606
510-567-8100 / TTY 510-533-5018
Carol F. Burton, MSW, Interim Director

Documents Attached:
- Agenda
- Minutes from November meeting
- PPT Presentation
- SAMPLE Stakeholder Nomination Form
- 2020 Meeting Calendar
- AARS Brochure

Alameda County Mental Health Services Act Stakeholder's Meeting
November 20, 2020 • 2:00 pm – 4:00 pm
TELECONFERENCE REMOTE MEETING

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

Present Representatives: Viveca Bradley (MH Advocate/MHAAC/AA Family Outreach), Annie Bailey, Jeff Caiola (Consumer/Berkeley Bipolar Support Group), Margot Dashiel (NAMI/African American Family Outreach Project/ East Bay Supportive Housing Collaborative), L.D. Louis (MHAB), Elaine Peng (MHACC), Liz Rebensdorf (NAMI East Bay/MHSAAC), Katy Polony (Abode/IHOT), Mark Walker (Swords to Plowshare), Shawn Walker-Smith (MH Advocate), Sarah Marxer (PEERS/Family Member), Terri Kennedy (ACBH), Terri Kennedy (ACBH)
Guests: Carly Rachocki (ACBH), Juliene Schrick (ACBH)

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, and asked the group: **Mariana** stated that the meeting structure would focus on 2 of the MHSA-SG meeting structure elements: • Relationship Building, Leadership & Advocacy • Program Planning & Development • Administration & Operations	
Yellowfin Dashboard & Provider Incentives Presentation (Juliene S. and Carly R.)	**Carly** reviewed the presentation agenda: • FSP Overview – FSP is the highest MHSA beneficiary and serve Alameda County residents with the highest level of needs and typically on Medi-Cal. Their goal is to work on the recovery process. The Adult, Older Adult, and TAY models use the ACT model. FSPs consist of multidisciplinary teams featuring clinicians, peers, nurses, employment specialists, SUD, family advocates, housing specialists, and psychologists. Staff member work with every client and use a team-based approach. The client to staff ratio is 10:1 **Questions/Comments:** • **Liz** – Asked, when you said ratio is 10:1-clarify? **Answer:** Adult teams have 100-150 clients. For every 10 clients there's 1 staff member (except for TAY it's 8:1 ratio). • **Katy** -- Asked, what are expectations of FSPs? **Answer:** Respond really quickly and go out that day or day after to engage them. Clients seen multiple times a week or every day unless they're transitioning to lower level of care. The goal is to promote meaningful life in community and be successful and maintain safety like reducing hospitalizations and jail. • **Jeff --** Asked, around intake- do you have to be in the system already or what happens if it's your first time, criteria? **Answer:** Typically, people are folks who have	

ITEM	*DISCUSSION*	*ACTION*
	been in the system who are usually known and high utilizers.	
	• **Katy** – Asked, Do the FSPs have the capacity to provide these services? I've heard they have to do MediCal billing, is that a state or federal requirement? **Answer:** They clients are usually stabilized towards the end where the FSP intensity of services can be decreased. The ACT model is a specific recipe of tools and there's different methods they use to triage who and how they get services. Every morning begins with staff meetings to identify goals and they check-in with team members throughout the day. MediCal billing is a federal requirement, it's a county decision in terms of how FSPs are funded. MediCal billing is burdensome.	
	• **Viveca**—Asked, who provides outreach in regards to many who have serious SMI on the street and is there an outreach project for them? **Answer:** In the current models FSPs don't do outreach for new clients. County ACCESS assigns clients to FSPS. Other systems support outreach like the crisis services division on top of Mobile crisis programs and familiar faces (which focused on homeless with SMI) and Health Care for the Homeless through office of the Health Care Services Agency Director	
	• **Viveca** -- What's the handoff? Is there a system to hand them off to an FSP?	
	Julienne reviewed the incentive structure and dashboard:	
	• During FY 2017/18, ACBH piloted an incentive program to move towards a "value-based payment system" and not "fee for service" program. This means we focus on how well people are recovering versus time spent with the client. Incentivizing FSPs to improve the type of partners they have and how well the whole program is succeeding as opposed to counting widgets. Depending on metric of success FSPs can be incentivized based off the percent of people and their quality of care. This is on top of the usual budget for the program.	
	• FSPs enter their data into the electronic health records. Additional records are pulled from alternative source such as Anthem Blue Cross exams, Sheriff, etc. This data is pushed into a warehouse and a Data Services firm cleans the data which is then pushed into the Yellowfin system to display.	
	Questions/Comments:	
	• **Liz** – Asked, how much is the incentive and is it substantial on the program? I'm guessing they could hire a new clinician if they hit all 4-performance metrics.	
	• **Sarah** -- Sometimes these incentives will make agencies serve people more likely to succeed. What	

ITEM	*DISCUSSION*	*ACTION*
	are protections against that? **Answer**: It is a long, arduous process of developing this. It took years to formulate. There is a policy workgroup that goes through a major vetting process. • **Liz** -- How does this data collection tie into HMIS, do they talk? **Answer:** We do have HMIS data in our website not reflected in this dashboard but we do cross reference with FSP consumers. They get a report monthly to show who is on the HMIS by name so they can correct if necessary to increase their chance of getting permanent supportive housing • **Sarah** -- What is an episode is this enrollment? **Answer:** An opening to a team. It can be duplicated. You can have a person who is on one FSP & transition to another and have 2 episodes • **Katy** -- Depending on the population the FSP is dealing with would make it more difficult to connect with my them like the homeless population? How is an FSPs success determined? What's the experience of someone going into an FSP? **Answer:** Many of the people are disconnected and lack supports in their life. Many might be homeless similar with CJI FSP. Lots of overlap even though we have specializations. We use housing first model. It's hard to do in Bay Area. After, we help them be safe in community (medical providers, psychiatric prescribers if they choose to-voluntary), wrap supports around them to maintain housing. Once safety foundation is developed they focus on activities that bring them meaning. • **Liz** -- What is the commitment of the FSP when the client is not successful on their recovery? **Answer:** There is no time limit. Every situation is unique. Some have been in since FSPs started (not ideal but that's where they're at). FSPs are committed and usually there is a reason if that ends • **Sarah** -- Who has access? **Answer:** ACBH staff. What you see depends on what your position is because it is PHI. We do allow some CBOs to apply to have access like FSP. That process is in flux and changing. • **Katy** – What is the relation of FSP to subacute. If someone goes into Subacute factory do they save their place? **Answer:** Yes • **Katy** -- What percent of people going into a subacute are an FSP? **Answer:** I don't know we'd have to look. There are many more service teams than FSP. Someone coming out subacute would be connected to a service team or FSP. I don't know about going in. No matter what the FSP stays with them. If they're in for more than 6 months they may close them. • **Liz** -- Did you say they would be presented with a service team or FSPS because I beg to differ. **Answer:** I said often.	

ITEM	DISCUSSION	ACTION
	• **Viveca** – Do you have quality assurance data in the dashboard like complaints? **Answer:** No, we don't get data from QA on this dashboard. They focus on clinical documentation for Medical. Quality Management /QI partners with us on other reports for the FSP level. At our last QI committee, they presented on last quarter report on grievances and appeals. They have their own dashboard. The content is categorized differently but don't share content just categories. If an FSP client makes an appeal and it's appropriate for someone like me who works in operations than I may do that • **Liz** -- Where do you get the name yellowfin? **Answer:** it's a product. They created yellowfin and we bought it. • **Viveca --** is this source of information in two places? **Answer:** Yes, they have the same data because they're entering it. They don't have data from other sources like sheriff office • **Katy** -- Do we have an idea of the number of FSP they service a little under 1,000, what's the need and what's the goal? **Answer:** You summed it up. Given financial situation it won't get broader. • **Margot** -- I'm interested in the employment function. How does this work and do we have data on the outcomes? **Answer:** All teams have the employment specialist and the data is in the second dashboard. An intake form asks if they employed, where, and do they have a goal to be employed. It's updated periodically. For FY19/20 at intake 28% enrolled in an FSP had an employment goal and this percent hasn't changed. At intake less Than 10 were employed. And most employment settings were supportive. They count volunteering as employed. **Carly reviewed ways the** Stakeholders can be involved such as promoting community change. • Due to HIPPA privacy concerns user testing is limited to internal staff and the public cannot access the dashboard due to privileged medical information. **Questions/Comments:** • **What type of data will be visible on the dashboard?** • What actions do you hope to inspire? We will continue using the MHSA plan to update the FSP section. Incentive data is in overall. It's accessible throughout the year to the public. • *How can stakeholder shape the design? User testing?*	
MHSA-SG Administrative	**Mariana** announced 2 new members from Ohlone College for the TAY membership: Carissa Samuel, Co-Chair of the Student	• **Mariana** will conduct a welcome orientation

ITEM	DISCUSSION	ACTION
Updates/Membership and Announcements (Mariana)	Advisory Committee & VP of the Wellness Program and Yona, Student Ambassador for Ohlone Student Health Center, Student Government rep, and Graphic Designer for CovEd. **Mariana** reviewed recent legislative updates. **Liz** mentioned CAMPHRO will spearhead the peer certification trainings and not PEERS or other peer groups.	for the new members on 12/16/20.
Stakeholder Announcements (Open)	**Sarah** provided information for a new resource. The Asian American Recovery Services provides SUD support in South County and are new to the system. **Liz** sways NAMI will continue to have general meetings which are posted on their website. Next meeting will be held in February 2021.	• *Mariana* will forward the Asian American Recovery Services brochure from Sarah to PEI and the Stakeholders.
Wrap-Up/Summary (Mariana)	**Stakeholder members** will be invited to support future planning efforts. **The group identified future meeting topics**: • Need to review MHSA-SG application questions	

Next Stakeholder meeting: Friday, December 18, 2020 from 2-4 p.m. LOCATION: GoToMeeting webinar
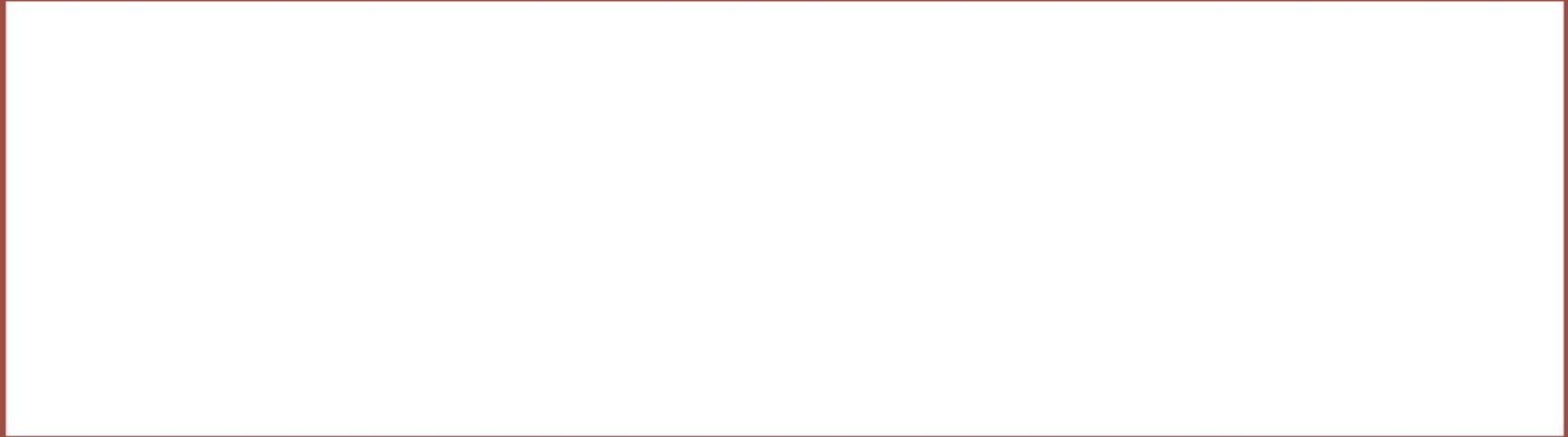
MHSA-SG MEETING

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES, MHSA DIVISION

4TH FRIDAYS EVERY MONTH, 2-4PM

FACILITATOR/COORDINATOR:

MARIANA DAILEY MPH, MCHES

HELLO
MY NAME IS

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

Meeting Objectives

- Welcome & Introductions

- VIDEO: Covid-19 Mental Health Series

- General Updates/Announcements

- Administration: Interview Questions

- 2020 Reflection

Video

Covid-19 Mental Health Series

General Updates/Announcements

MHSA & General Updates

- Legislative Updates

- Three-Year Plan [Update](): 1/2021 BOS Adoption

- Annual Plan : 1/2021- 6/2021

- Training/Events: [Solidarity in Mental Health Summit! Celebrate Black Familiz Resilience! ~ Berkeley City College]()

- MHSA Budget

Mental Health Services Act

Sources	FY 20/21	FY 21/22	FY22/23
Prior Year Carryover Funds	$68.86	$21.18	$13.06
State Allocation	$81.80	$74.30	$55.71
TOTAL Available Funding*	**$150.66**	**$95.48**	**$68.77**
Projected Expenditures	$129.48	$82.42	$59.28
Carryover Funds	$21.18	$13.06	$9.45

*Does not include the Prudent Reserve of $14.5M

FY 21-23 Fiscal Overview
MHSA Funding *Estimates* for CSS, PEI, INN (in millions)

MHSA Plan Submission Process & Next Steps

All Public Comments/Responses are included in final MHSA Three Year Plan and/or Plan Update

◦ The CPPP and Public Comments help shape the priority areas for ACBH for the next three years:

  ◦ African American focused Wellness Hub;

  ◦ Additional PEI Services for Underserved Communities;

  ◦ Increased Housing/Homelessness Services;

  ◦ Expanded Crisis Services (CATT, Amber House), and

  ◦ Early Childhood Certification program at CSUEB.

◦ MHSA fund balance is volatile and sensitive to environmental and economic stressors, i.e. COVID-19

  ◦ Balanced approach to program additions.

◦ Innovation (INN) Planning will be ongoing and driven by current CPPP data.

  ◦ New INN projects will be developed and submitted in the FY 21/22 MHSA Plan Update.

WELLNESS • RECOVERY • RESILIENCE

Administration

2020 Reflection Year-At-A-Glance

MHSA-SG Goals

Goal #1: To create strengthen partnerships and reinforce a cordianted system of care to esnrue clients, consumers, and families can live fulfilling lives.

Goal #2: To introduce and educate healthcare staff and allied health professionals in Alameda County with a family centered approach and efforts that are meaningful, clinically and socially acceptable, culturally sensitive, and dignified to County residents with mental health issues.

Goal #3: To partner with patients and families who want to continually provide support and feedback regarding MHSA program and services.

Goal #4: To create a safe place for ongoing support, debriefings, and education regarding MHSA services

Goal #5: To hold ongoing planning sessions, Continuity of Quality Improvements standards, assess and survey consumers and system partners regarding the MHSA service success and barriers, and educate staff to ensure optimal care is provided.

Goal #6: Create long-term positions to address to growing need of County residents who are in need of wellness and recovery services

THANK YOU

Next Meeting:
January 22, 2021
2:00 pm– 4:00 pm
Location (Virtual)

** Stipends: Follow-up with Mariana Dailey**

MHSA Stakeholder Group Nomination

The Mental Health Services Act (MHSA), or Proposition 63, provides Alameda County with a unique opportunity to fund innovative mental health programs for clients with long standing unmet needs.

The mission of the MHSA Stakeholder Group is to advance the principles of the MHSA 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.

Stakeholders strive to maintain a focus on the people served, while working together with openness and mutual respect.

The functions of the Stakeholder Group include:

1. Reviewing the effectiveness of MHSA strategies
2. Recommending current and future funding priorities
3. Consulting with Behavioral Healthcare Service Agency and the community on promising approaches that have potential for transforming the mental health systems of care
4. Communicates with relevant mental health constituencies

The Stakeholder Group will meet on the fourth Friday of each month from 2-4pm. Members with multiple unexcused absences will be discharged from the group. Stipends are available for family members and consumers who are not otherwise compensated for their time during meetings.

HOW TO NOMINATE A STAKEHOLDER: Please consider the attributes and interests of your colleagues and identify a nominee by filling out the form below (self-nominations will also be accepted):

* Required

Nominating Organization

Contact Person

The person who is nominating

Nominee Name *

Person being nominated to the Stakeholder Group

Nominee Occupation or Title

SAMPLE

Nominee Ethnicity

Nominee Gender/Orientation

What is the primary interest you represent? *
We are only taking nominations for the interests below at this time

"Other"
Specify if you filled "Other" as the primary interest you represent above.

What age group do you serve or represent? *
Check as many as apply

Children & Youth (0-18)
Transition Age Youth (14-25)
Adults (18-59)
Older Adults (60+)

What areas of the County do you provide service to or reside in? *
Check as many as apply

North (Alameda, Albany, Berkeley, Emeryville, Oakland, Piedmont
Central (Hayward, San Leandro, San Lorenzo, Unincorp.
South (Fremont, Newark, Union City)
East (Dublin, Livermore, Pleasanton)

What is the primary ethnicity of the population you serve or represent? *

In what ways have you represented yourself and/or your community in other planning groups? *

Explain how you have used data in your current or previous work? *

Briefly explain any knowledge you have of Prop 63 - The Mental Health Services Act: *

Why do you want to join the Stakeholder Group? *

SAMPLE

It's important that Stakeholder members bring what they learn to their peers and constituents. Which community groups will you be reporting Stakeholder activities to? *

Can you commit to attend regular meetings from 2-4pm on the Fourth Friday each month? *

MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER GROUP MEETING CALENDAR, 2020 rv7

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

DATE	TIME	LOCATION	MEETING THEMES
January 24, 2020 (Friday)	2:00-4:00pm	2000 Embarcadero Cove, 5th Floor, Oakland, CA 94606	• MHSA Overview • Annual Plan Update
February 28, 2020 (Friday)	2:00-4:00pm	2000 Embarcadero Cove, 5th Floor, Oakland, CA 94606	• MHSA Goal Setting/Finding A Common Link • Develop Operating Guidelines
March 27, 2020 (Friday)	2:00-4:00pm	GoToMeeting	• MHSA Audit • MHSA Community Planning Meetings (CPM) Outreach & Evaluation Design • Recruitment
April 24, 2020 (Friday)	2:00-4:00pm	GoToMeeting	• MHSA Community Planning Meetings (CPM) Focus Group
May 27, 2020 (Friday)	2:00-4:00pm	GoToMeeting	• MHSA Community Planning Meetings (CPM) • MHSA-SG Recruitment
June 26, 2020 (Friday)	2:00-4:00pm	Go To Meeting	• Quarterly Program Data Review • Program Spotlight/Presentation: Innovations
July 24, 2020 (Friday)	2:00-4:00pm	Go To Meeting	• Revisit MHSA-SG Plan & Meeting Frequency • Program Spotlight: COVID-19 Transit Shelter Ad • MHSA Plan preview
August 28, 2020 (Friday)	2:00-4:00pm	Go To Meeting	• MHSA Policy & Legislation Review • MHSA 3yr plan 20/23-Public Comment/Public Hearing
September 25, 2020 (Friday)	2:00-4:00pm	Go To Meeting	• Government Funding & Procurement Overview or Program Spotlight: Family Empowerment best practices

MENTAL HEALTH SERVICES ACT (MHSA)
STAKEHOLDER GROUP MEETING CALENDAR, 2020 rv7

			• PCR Report
October 23, 2020 (Friday)	2:00-4:00pm	Go To Meeting	• Program Spotlight/Presentation: PEI virtual site visiting process • MHSA 3-Year Plan Posted • Annual Plan Update
November 20, 2020 (Friday)	2:00-4:00pm	Go To Meeting	• Program Spotlight/Presentation: FSP Yellowfin Dashboard & incentives • Annual Plan Update
December 18, 2020 (Friday)	2:00-4:00pm	Go To Meeting	• End of Year Celebration/Retreat • Operating guidelines and interview Qs • Renewing Commitment

MHSA STAKEHOLDER MEETING CALENDAR
Mariana Dailey, MPH, MCHES
Revision Date: 12/14/2020

Program Hours

Monday, Wednesday, & Friday

9:00 AM—6:00 PM

Tuesday & Thursday

11:00 AM– 8:00 PM

Our Goals

- Enhance client access to SUD treatment and the client experience of care (including quality, cultural responsiveness, engagement and satisfaction)

- Provide high quality of care to improve the overall health and wellness of SUD clients

- Recovery, self-sufficiency and improvement on life

- Develop cognitive and behavioral coping skills to prevent relapse

- Adopt a voluntarily-maintained lifestyle characterized by sobriety, personal health, and personal growth

ASIAN AMERICAN RECOVERY SERVICES
A PROGRAM OF HEALTH**RIGHT** 360

Union City Outpatient Services

For more information please contact us:

Phone: (510) 474-7414
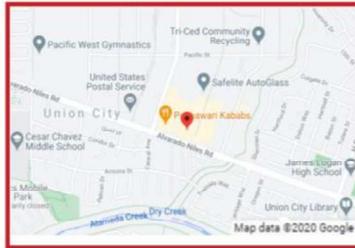
33440 Alvarado Niles Road
Union City, CA 94548
www.healthright360.org

Office is located in Central Plaza

Cross streets:

Alvarado Niles Rd and Central

ASIAN AMERICAN RECOVERY SERVICES
A PROGRAM OF HEALTH**RIGHT** 360

Union City
Outpatient Services

health RIGHT 360
A FAMILY OF PROGRAMS

About Us

AARS/HealthRIGHT 360's Union City Outpatient Program services Adults challenged with a substance use disorder (SUD), with a specialty in working with Transitional Aged Youth (18 – 25 years) and with Asian & Pacific Islander populations. We do this by providing therapeutic services which utilize evidence-based practices, so that the therapeutic environment and the counseling interventions are appropriate and effective for the needs of the people in each program. Services are non-medical and therapy-based, employing both individual and group-based models of care. We offer culturally tailored community-building activities that motivate the populations we serve to be resilient and healthy. Clients receive individualized, client-centered and culturally relevant treatment and case management.

Our Services

- Intake and assessment
- Treatment planning
- Individual therapy and group counseling
- Family therapy
- Education
- Process and psycho-education groups
- Relapse prevention
- Pro social activities
- Care coordination
- Case management
- Crisis intervention
- Discharge planning
- And continuing care/recovery services

Additional Information

This program is made possible with funding from County of Alameda Health Care Services Agency - Department of Behavioral Health Care Services.

Referrals can be made by calling our offices at (510) 474-7414 or calling the Alameda County SUD Helpline at (844) 682-7215.

Eligibility

AARS/HR360 can serve individuals who:

- Are Alameda County residents
- Are 18 years of age or older
- Meet diagnostic criteria for SUD treatment per the Diagnostic and Statistical Manual (DSM) and criteria for ASAM LOC 1.0 or 2.1;1
- Have Alameda County Medi-Cal and/or have no other payor source.