



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
 MANUEL JIMENEZ
 DIRECTOR

(510-



WELLNESS • RECOVERY • RESILIENCE

2000 Embarcadero Cove, Suite 400
 Oakland, California 94606
) 567-8100 / TTY (510) 533-5018

MHSA STAKEHOLDER GROUP

Friday February 24, 2017

2:00-4:00pm

2000 Embarcadero Cove, Oakland

Alvarado Niles Conference Room – 5th Floor

To participate by phone, dial-in to this number: (641) 715-3580

Participant access code: 346-748

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 BHCS and the community on promising approaches that have potential for transforming the mental health systems of care • <i>Communicates</i> with BHCS and relevant mental health constituencies

- I. 2:00pm - **Staff Reports** [Carl Pascual]
 - a. Membership Recruitment: Consumer, Family Member
 - <http://www.acmhsa.org/stakeholders/default.htm>
 - b. Updated Leadership transitions and news
- II. 2:30pm - **Plan Update FY16-17**
 - a. Updates and Stakeholder Comments and Feedback
 - i. Full-Service Partnerships, Housing
 - ii. Individual Placement Services (IPS)
Underserved Ethnic & Language Programs (UELP)
 - iii. African American Community-Based Strategies
 - b. Planning Timeline:
 - i. Today - Stakeholder Comment on **Plan Update (First Draft)**
 - ii. March 3 – **Plan Update (Public Draft)** released for public comment
 - iii. April 10 – Public Hearing hosted by MHB
 - iv. End of April – BOS Health Committee presentation

MHSA Stakeholder Group ROSTER (Non-Staff Only)

	First Name	Last Name	Agency/Affiliation	Gender/Orientation	Consumer?	Family Member?	Provider/Other?	MH Board?	Age Group serving? CY-TAY-A-OA	Area of County serving? CY-TAY-A-OA	Ethnicities serving? NC-S-E
1	Alane	Friedrich	Mental Health Board	Female				1	All	N	All
2	Viveca	Bradley	Pool of Consumer Champions	Female	1				OA	N	All
3	James	Scott	Reaching Across	Male	1				TAY, A, OA	C,S,E	All
4	Cecilia	Wynn	Pool of Consumer Champions	Female	1				A	C	AfAm
5	Margot	Dashiell	Alameda County Family Coalition	Female		1			A	N	AfAm
6	Yvonne	Rutherford	African American Family Support Group	Female		1			All	N	AfAm
7	Liz	Rebensdorf	NAMI	Female		1			All	N	All
8	Penny	Bernhisel	Telecare	Female			1		All	All	All
9	Karen	Grimsich	City of Fremont	Female			1		OA	S,C	All
10	Janet	King	Native American Health Center	Female			1		All	N	NA
11	Tracy	Murray	Area Agency on Aging	Female			1		A, OA	All	All
12	Gwen	Wilson	G.O.A.L.S. For Women	Female/Lesbian			1		A	N	AfAm
				TOTALS	3	3	5	1			



INNOVATIONS IN REENTRY

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

INNOVATIONS IN REENTRY LEARNING CONFERENCE REGISTER HERE!

http://bit.ly/Innovations_reentry

MARCH 3, 2017

8:00am to 4:30pm

@ Allen Temple Family Life Center
8501 International Blvd. Oakland, CA 94612

Alameda County Behavioral Health Care Services Invites You to Discover:
Innovative Reentry Projects funded by AB 109 and Mental Health Services Act
Project Presentations and Workshops | Program Exhibit Tables
Lived Experience and Expert Speakers
Networking Reception

More information about workshops [here](#)

Free & Open Registration
Breakfast, Lunch, and Afternoon Reception Included

For conference information, please contact the Health and Human
Resource Education Center (HHREC)

510.834.5990 | nmpenda@hhrec.org



**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR INTEREST (RFI) 17-03
SPECIFICATIONS, TERMS & CONDITIONS
For
Full Service Partnership Program**

INFORMATIONAL MEETING

Date	Time	Location
Monday March 13, 2017 (Child & Youth)	10:00 am - 12:00 pm	Behavioral Health Care Services 1900 Embarcadero Cove, 1st floor Oakland, CA 94606 (Brooklyn Basin Rm)
Monday March 13, 2017 (TAY, Adult, Older Adult, First Episode Psychosis, Forensic & Chronically Homeless)	1:00 pm - 4:00 pm	Behavioral Health Care Services 1900 Embarcadero Cove, 1st floor Oakland, CA 94606 (Brooklyn Basin Rm)

Any Request for Proposal (RFP) issued as a result of this RFI will be issued electronically via e-mail. Please immediately update the County Contact noted below of any e-mail address changes. This RFI and any RFP issued as a result of this RFI will be posted on the General Services Agency Current Contracting Opportunities website and at the BHCS website located at:

http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp
<http://www.acbhcs.org/Docs/docs.htm#RFP>.

Please visit either websites for further information regarding this project, or contact the person listed below.

To vendors registered or certified in the Small Local Emerging Business vendor database: Please maintain correct and accurate e-mail address information to ensure receipt of future RFIs.

**RFI RESPONSE DUE
by 2:00 pm
on Friday, March 17, 2017
to
RFI 17-03 c/o Edilyn Dumapias
1900 Embarcadero Cove Suite 205
Oakland, CA 94606
Contact: Edilyn Dumapias
Email: Edilyn.Dumapias@acgov.org Phone: 510.383.2873**

I. STATEMENT OF WORK

A. INTENT

The intent of this Request for Interest (RFI) is to identify qualified Bidders interested in participating in the Request for Proposal (RFP) for Full Service Partnership (FSP) services for children/youth, Transition Age Youth (TAY) including those experiencing First Episode Psychosis (FEP), adults, older adults, and the chronically homeless, in Alameda County. BHCS will also use this RFI to solicit feedback from the provider community on changes to the program model, cost reimbursement and performance measures.

Alameda County Behavioral Health Care Services (hereafter BHCS or County) subsequently intends to release an RFP and award a one-year contract (with option to renew) to the Bidders selected as the most responsible bidders whose response conforms to the RFP and meets the County's requirements.

The County of Alameda does not guarantee that a subsequent RFP will be issued. Should an RFP be issued, the terms and conditions described in this RFI are not guaranteed to remain exactly the same.

BHCS intends to enter into a contract for FSP services for one program per Contractor with the following allocation:

Population ¹	Number of Teams per Program ²	Number of Programs	Total Allocation
Child/Youth	2	1	\$2,235,000.00
TAY	3	1	\$3,489,110.00
FEP	1	1	\$1,163,037.00
Adult	2	2	\$4,652,146.00
Forensic	2	2	\$4,652,146.00
Older Adult	2	1	\$2,326,073.00
Chronically Homeless	2	2	\$4,652,146.00
TOTAL		10	\$23,169,658.00

B. SCOPE

Proposition 63, also known as the Mental Health Services Act (MHSA) was passed by the California voters in November 2004. The MHSA provides funding to counties to expand mental health services to those who are unserved or underserved. The County engaged multiple stakeholder groups to participate in a variety of planning processes to develop programs that address unmet needs of adults with Severe Mental Illness (SMI) and children and youth with Serious Emotional Disturbance (SED) that were funded through the Community Service and Supports (CSS) funding stream. There is a requirement that at least 51 percent of the CSS funds support FSP programs which led to the creation of FSPs

¹ See Appendix A for definition of each priority population.

² Most program will run two FSP teams with no more than 50 clients served per team at any given time except for the Child/Youth, TAY and FEP FSP.

TAY, adult, older adult, forensic population and the chronically homeless. Though no FSP for children and youth was formally established, BHCS contracted with a provider at that time to provide wraparound program for children who are child welfare dependents.

Since the inception of FSP services in Alameda County a decade ago, the needs of the community have shifted as well as the health care landscape. BHCS decided to look at how its most intensive level of outpatient programs – the FSPs and the Assertive Community Treatment (ACT) services, reflect those changes and make the most of its available resources based on projected utilization while making sure that the services remain outcome-driven with enhanced reporting capability of those performance outcomes to the State.

After a year of internal planning and discussions, BHCS is pleased to inform and engage its community stakeholders on the following proposed changes to the FSP programs that will be awarded as a result of a Request for Proposal which will be issued shortly after this RFI. It is the goal of these changes to have standardized metrics by which each program can be measured while remaining cognizant of the unique needs of each priority population.

1. New FSP for child/youth

A new Child/Youth (C/Y) FSP program will be awarded with two teams, one serving children birth to eight and one serving ages eight through 18.

2. Program Model

- a. Definition of the priority population in each group is included in the Appendix A.
- b. All referrals will come through BHCS' ACCESS Unit in order to manage the availability of the resources and ensure that each program is fully utilized based on acuity of clients who need this high intensity service.
- c. Utilization and implementation of the following evidence-based practices (EBP) while maintaining at least 80 percent fidelity to the EBPs:

Child/Youth FSP

- Wraparound – high fidelity using Wraparound Fidelity Index, Short Version (WFI-EZ) and
- Housing First – good fidelity (minimum rating of 3 on each criterion).

All other FSPs

- ACT – high fidelity (3.8 overall rating);
- Individual Placement and Support (IPS)³ – good fidelity (score of 100-114); and
- Housing First – good fidelity (minimum rating of 3 on each criterion).

BHCS will conduct fidelity reviews for each FSP program twice each year.

³ Not required for Older Adult FSP; substitute with Meaningful Activities which includes, but not limited to, employment and education or other volunteer and recreational activities that help the older adult build skills and supports.

3. Cap on Non-reimbursable Goods and Services

Upon review of the FSP contracted providers' client supports expenditures within the last two fiscal years, BHCS is recommending the following limits to non-reimbursable goods and services for contracts to be awarded from the RFP:

- Clothing, food, hygiene, travel & transportation - \$500 per client per year
- Emergency housing - \$2,760 per client per year
- Non Medi-Cal billable services – no more than 20% of total billable services

4. Centralized Housing

All real estate functions such as securing units, conducting inspections, executing rental and subsidy agreements, managing rent collection and payments and some aspects of property management will be centralized through Health Care Services Agency (HCSA) and will be awarded separately through a different competitive bidding process. Every FSP program will have equal access to long-term housing subsidies and Section 8 vouchers as they become available.

5. Cost Reimbursement

Contracts that will result from the RFP process will be reimbursed fee-for-service to maximize revenue generation and improve beneficiary access to care and the quality of service.

The maximum contract allocation takes into account the following anticipated Medi-Cal Expansion population:

- Child/Youth – 0%
- TAY/FEP - 30%
- Adult - 8%
- Forensic – 29%
- Older Adult – 0%
- Chronically Homeless - 20%

6. Results Based Accountability Performance Measures

Appendix B outlines the performance measures using the Results-Based Accountability (RBA) framework to strengthen and increase data collection efforts and improve the contract performance. The RBA framework will allow BHCS to track the positive impact and benefits of services for the priority population by focusing on three critical questions: 1) How much work was done? 2) How well was it done? and 3) Is anyone better off?

7. Whole Person Care Pilot (WPCP) Program

Through a competitive grant application to the State, Alameda County HCSA was awarded \$140 million to pilot the Whole Person Care Program which will be called Alameda County Care Connect (AC Care Connect). Through AC Care Connect, HCSA will be engaging in a change process that will move toward becoming a coordinated system of care across multiple systems. Outcomes of the project will include creation of a community health record and care management system that can be used by each

enrolled client's full care team, with appropriate consents to share key pieces of information to enhance their care and health outcomes. In addition, we will be moving toward real-time data exchange with certain providers, and there may be new data reporting requirements. HCSA/BHCS will advertise contracting opportunities through this grant as they become available in the future.

Grantees of related HCSA/BHCS programs may be asked to participate in design input sessions, trainings, and process improvement projects. Grantees will be asked to work together with HCSA and other community providers to identify barriers and contribute to the creation of new policies and procedures that facilitate clients/patients' navigation through the system. BHCS anticipates that FSP awarded contractors will be critical partners in this project.

Further information regarding the County's Whole Person Care Pilot can be referenced [here](#).

BHCS will solicit feedback from potential Bidders on the above changes through the submission of their interest to this RFI. In addition, informational meetings will be held to go over the scope of work and requirements in this request and conduct question and answer sessions. A summary of the information collected from both the RFI response and the informational meetings will be shared with the internal BHCS planning work group before finalizing the specifications of the FSP RFP.

C. BIDDER QUALIFICATION CRITERIA

Bidder minimum qualification criteria include, but are not limited, to the following:

1. Have at least two years of organizational experience providing services to the priority population(s) within the last five years;
2. Have at least two years of experience billing Medi-Cal for Specialty Mental Health services through a County within the last three years;
3. Have no current open Quality Assurance (QA) Plan of Correction with BHCS, if Bidder is an existing BHCS-contracted service provider.

D. COUNTY PROVISIONS

1. [Small Local Emerging Business Program](#): The County is vitally interested in promoting the growth of small and emerging local businesses by means of increasing the participation of these businesses in the County's purchase of goods and services.

As a result of the County's commitment to advance the economic opportunities of these businesses, Bidders must meet the County's SLEB requirements in order to be considered for the contract award. These requirements can be found online at:

<http://acgov.org/auditor/sleb/overview.htm>

For purposes of this proposal, applicable industries include, but are not limited to, the following North American Industry Classification System (NAICS) Code: 624110 and 624120.

A small business is defined by the [United States Small Business Administration](#) (SBA) as having no more than the number of employees or average annual gross receipts over the last three (3) years required per SBA standards based on the small business's appropriate NAICS code.

An emerging business is defined by the County as having either annual gross receipts of less than one-half (1/2) that of a small business OR having less than one-half (1/2) the number of employees AND that has been in business less than five (5) years.

2. [First Source Program](#): Information regarding the County's First Source Program can be found online at:

<http://acgov.org/auditor/sleb/sourceprogram.htm>.

E. COUNTY CONTACTS

Questions regarding this RFI must be submitted in writing, preferably via email, to:

Edilyn Dumapias
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: Edilyn.Dumapias@acgov.org

F. ESTIMATED CALENDAR OF EVENTS

Event	Date/Location	
Request for Interest (RFI) Issued	Wednesday, February 22, 2017	
Informational Meeting (Child & Youth)	Monday March 13, 2017 10:00 am – 12:00 pm	Behavioral Health Care Services 1900 Embarcadero Cove, 1 st floor Oakland, CA 94606 (Brooklyn Basin Rm)
Informational Meeting (TAY, Adult, Older Adult, First Episode Psychosis, Forensic & Chronically Homeless)	Monday March 13, 2017 1:00 pm - 4:00 pm	Behavioral Health Care Services 1900 Embarcadero Cove, 1 st floor Oakland, CA 94606 (Brooklyn Basin Rm)
RFI Response Due	Friday, March 17, 2017 by 2:00 PM	
Request for Proposal (RFP) Issued	July 2017	
RFP Response Due	September, 2017	
Award Date	January 2018	
Contract Start Date	January 1, 2018	

Note: Dates indicated are approximate.


G. REQUEST FOR INTEREST RESPONSE FORMAT

Alameda County BHCS intends to issue an RFP in order to establish a contract for the above-referenced service in the near future.

1. Bidders that meet the Qualification Criteria and are interested in being included on the Bidder list to receive any subsequent bid documents (if issued), should send an RFI Response via email using the Fillable Forms Template by **2:00 p.m. on, Friday, March 17, 2017.**

Using the Fillable Forms Template, submit in writing your feedback on the following:

- a. Program Changes
 - i. Program Model
 - ii. Flexible Funds
 - iii. Centralized Housing
 - iv. Cost Reimbursement
 - v. Results Based Accountability Performance Measures
 - b. Length of Stay Limits
 - c. Criteria for discharging clients or stepping down to lower levels of care and any barriers to facilitate transition
2. In addition, the County encourages any new bidders that are local to Alameda County to register and be added to the County SLEB database. More information on how to register can be found on the County's website at: <http://acgov.org/auditor/sleb/newvendor.htm>.

3. Both local and non-local can subscribe to any or all Contracting Opportunities Categories and/or Calendar of Events for automatic updates. Subscribers will receive an e-mail announcing when the latest information has been updated on our website. More information on how to  [Subscribe](#) can be found on the County's website at: <http://acgov.org/gsa/purchasing/esubscribe.htm>.

II. APPENDIX

A. DEFINITION OF PRIORITY POPULATION

FSP Population	AGE RANGE	CRITERIA	ADDITIONAL CRITERIA
Child/Youth	Birth to 18	<p>Children/Youth who fall under <i>one</i> of the following categories:</p> <p><u>Birth-8:</u></p> <ul style="list-style-type: none"> • Expulsion from preschool. • Two suspensions from preschool in one month. • Lack of sufficient progress in consistent outpatient treatment after six months of treatment as measured by CANS, provider and parent report. <p><u>Ages 8-18:</u></p> <ul style="list-style-type: none"> • Repeated hospitalizations either: <ul style="list-style-type: none"> ○ 3x in 6 months ○ 2x in 1 month ○ 3 visits to Crisis Stabilization Unit in a month • Other Category (2 or more in this sub-category) <ul style="list-style-type: none"> ○ Failed multiple appointments ○ School Absenteeism ○ Risk of Homelessness ○ High Score for Trauma on CANS • Lack of sufficient progress in consistent Therapeutic Behavioral Services (TBS) services after 6 months of treatment, as per TBS provider and parent reports. 	
TAY	18-25 years old	<ul style="list-style-type: none"> • Fall into at least one the following priority populations: <ul style="list-style-type: none"> ○ TAY struggling with co-occurring substance abuse disorders ○ TAY who are homeless or at-risk of homelessness ○ TAY aging out of the children's mental health, child welfare, or juvenile justice systems with substantial impairments or symptoms ○ TAY leaving long-term institutional care (i.e. short term residential therapeutic programs, IMD, state hospitals) 	

FSP Population	AGE RANGE	CRITERIA	ADDITIONAL CRITERIA
		<ul style="list-style-type: none"> ○ TAY experiencing their first episode of major mental illness ● As a result of the mental condition, the youth/young adult has substantial impairment or symptoms, or they have a psychiatric history that shows that, without treatment there is an imminent risk of decompensation with substantial impairments or symptoms. ● For TAY, serious mental illness may include significant functional impairment in one or more major areas of functioning, (e.g., interpersonal relations, emotional, vocational, educational or self-care) for at least six (6) months due to a major mental illness. The individual's functioning is clearly below that which had been achieved before the onset of symptoms. If the disturbance begins in childhood or adolescence, however, there may be a failure to achieve the level of functioning that would have been expected for the individual rather than deterioration in functioning. 	
First Episode Psychosis (FEP)	16-25 years old	<ul style="list-style-type: none"> ● Within the previous two years, have experienced their first major psychotic episode. ● Assessment by the FEP program must result in a diagnosis of schizophrenia, schizoaffective or schizophreniform disorder. 	
Adult	26-59 years old	<p>To be considered for admission to this FSP, individuals would meet the following criteria:</p> <ul style="list-style-type: none"> ● Individual has a mental condition that results in substantial functional impairments or symptoms, or has a psychiatric history that shows that, without treatment there is an imminent risk of decompensation with substantial impairments or symptoms. ● Due to mental functional impairment and circumstances, the individual is likely to become so disabled as to require public assistance, services or entitlements. 	<p>AND they are in one of the following situations:</p> <ul style="list-style-type: none"> ● Are unserved and one of the following: <ul style="list-style-type: none"> ○ Homeless or at risk of becoming homeless ○ Involved in the criminal justice system ○ Frequent users of hospital or emergency room services as the primary source for mental health treatment ● Are underserved and at risk of one of the following: <ul style="list-style-type: none"> ○ Homelessness ○ Involvement in the criminal justice system ○ Institutionalization

FSP Population	AGE RANGE	CRITERIA	ADDITIONAL CRITERIA
Forensic	18-59 years old	<ul style="list-style-type: none"> • Same as adult criteria above 	<p>AND the following:</p> <p>FACT</p> <ul style="list-style-type: none"> ○ Meet medical and service necessity criteria for Medical specialty mental health services and for FSP level of care; ○ Are eligible for payment of services through the County Mental Health Plan; and ○ Have been authorized by BHCS ACCESS <p><i>Note: Nine FACT slots are reserved for the BHCS Adult Forensic Behavioral Health program.</i></p> <p>TrACT</p> <ul style="list-style-type: none"> ○ Have been approved by the Behavioral Health Court Team; and ○ May be in the community or in legal custody at the time of consideration.
Older Adult	60 years old and up	<ul style="list-style-type: none"> • The individual's mental condition results in substantial functional impairments or symptoms, or has a psychiatric history that shows that, without treatment there is an imminent risk of decompensation with substantial impairments or symptoms. • Due to mental functional impairment and circumstances, the individual is likely to become so disabled as to require public assistance, services, or entitlements. 	<p>AND they are in one of the following situations:</p> <ul style="list-style-type: none"> • Are unserved and one of the following: <ul style="list-style-type: none"> ○ Experiencing a reductions in personal and/or community functioning ○ Homeless ○ At risk of becoming homeless ○ At risk of becoming institutionalized ○ At risk of out of home care ○ At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment • Are underserved and at risk of one of the following: <ul style="list-style-type: none"> ○ Homelessness ○ Institutionalization ○ Nursing home or out-of-home care ○ Frequently using hospital and/or emergency room services as their primary source for mental health treatment ○ Involvement in the criminal justice system

FSP Population	AGE RANGE	CRITERIA	ADDITIONAL CRITERIA
Chronically Homeless	18 years old and up	<p>Must meet the following criteria at the time of referral:</p> <ul style="list-style-type: none"> • The individual (or head of household) is living on the streets, in abandoned buildings, parks, a vehicle, or other outside place not meant for people to live, in an emergency shelter or emergency housing program, or a transitional housing program for homeless individuals OR is in an institutional care facility for fewer than 90 days and was in one of the previously listed living situations prior to entering the institution; AND • The individual (or head of household) has a disabling health condition(s), such as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, that is expected to be of long-continued and indefinite duration and substantially impedes the persons' ability to live independently. 	<p>Individuals that meet one or both of the criteria <i>below</i> receive prioritized access to resources. <u>Highest priority is given to individuals that meet both of the following criteria:</u></p> <ul style="list-style-type: none"> ○ The individual (or head of household) has been staying in a place not meant for human habitation or a shelter for more than one year continuously or four or more times over the past three years with more than 12 months of cumulative time living on the streets or in shelters; AND ○ The individual (or head of household) has high priority needs as demonstrated by <i>at least</i> one of the following (<i>see Home Stretch High Services Need Verification Form for details</i>): <ul style="list-style-type: none"> ✓ Frequent verified contact with health or law enforcement agencies over the last 12 months ✓ High health risks with verified medical diagnoses ✓ A VI-SPDAT screening score of 8 or more

B. PERFORMANCE MEASURES

Alameda County Full Service Partnership (FSP) - Results Based Accountability (RBA) Proposed Performance Measures

<i>How much did we do?</i>	<i>How well did we do it?</i>	<i>Is anyone better off?</i>
<ol style="list-style-type: none"> 1. # of new clients enrolled (quarterly, annually) {INSYST} 2. # of clients open to program point-in-time (quarterly, annually) {INSYST} 3. # of clients closed and reason for closure (quarterly, annually) {INSYST} 4. # of hours provided by service modality (quarterly, annually) {INSYST} 5. # of clients with no SSI/SSDI linked to advocacy programs (quarterly, annually) {INSYST and advocacy database} – Not applicable to C/Y FSP 6. # of services provided field-based (quarterly, annually) {INSYST} 7. # of peer staff employed by the program (quarterly, annually) {INSYST} – Not applicable to C/Y FSP 8. # of CFT meetings/FTM per month (quarterly, annually) {provider report, WFI-EZ} – C/Y FSP only 	<ol style="list-style-type: none"> 1. Minimum 80% fidelity, or a score equivalent to “good,” to Evidence-Based Practice currently ACT, IPS, Housing First and Wraparound(2x/year) {internal BHCS review} highlighting: <u>For all FSPs except C/Y:</u> <ol style="list-style-type: none"> a) % of clients who received a minimum of 50 minutes of service per week (quarterly, annually) {INSYST} b) % of clients open to program less than 20 per team member point-in-time (quarterly, annually) {INSYST} c) % of Program Staff turnover in last 2 years (quarterly) {INSYST} <u>For C/Y FSP:</u> <ol style="list-style-type: none"> a) % of individualized safety plan developed for each client within 30 days from the episode opening date (quarterly, annually) {provider report, WFI-EZ} b) % of initial Child and Family Team/Family Team Meeting completed within 50 days of each episode opening date (quarterly, annually) {provider report, , WFI-EZ} c) % of Individual Service Plan developed for each client at the initial CFT meeting/FTM (quarterly, annually) {provider report, WFI-EZ} 2. % of clients reporting satisfaction with services received (twice per year) {Consumer satisfaction survey – MHSIP/Tool TBD for C/Y FSP} 	<ol style="list-style-type: none"> 1. Improved functioning <ol style="list-style-type: none"> a) % of clients with improvement in at least one CANS/ANSA domain from last assessment to most recent {Objective Arts CANS 0-5, CANS 6-17, ANSA-T, ANSA 25+ data} 2. Improved living situation <ol style="list-style-type: none"> a) % of clients who were living in restrictive, unstable environment at intake that showed an improved living situation at the most recent update {FSP forms} 3. Reductions in psychiatric emergency, inpatient, crisis stabilization utilization aggregated for enrollees <ol style="list-style-type: none"> a) % of clients who were admitted in PES/inpatient/CSU from 12 months prior to current {INSYST} b) # of days clients stayed in PES/inpatient/CSU from 12 months prior to current {INSYST} 4. Education status* – Not applicable to C/Y FSP <ol style="list-style-type: none"> a) % of clients who were not attending school at initial assessment that showed an improvement in status (i.e., enrolled in a vocational program/internship, enrolled in school at least part-time) at the time of most recent assessment {FSP data} 5. Employment status* – Not applicable to C/Y FSP <ol style="list-style-type: none"> a) % of clients who were unemployed at initial assessment that showed an improvement in their status (i.e., enrolled in a vocational program/internship, found employment, etc.) at the time of most recent assessment {FSP data} <p>NOTE: For Older Adults, replace with meaningful activities* - % of clients with improved involvement in meaningful activities from last assessment to most recent assessment {Objective Arts ANSA 25+}</p>

Key: { } denotes data source () denotes frequency

*Meaningful activities – measured in ANSA 25+ under the following domains: **Life Functioning** - 14) Employment and **Individual Strengths** - 31) Interpersonal/Social Connectedness, 32) Optimism (Hopefulness), 33) Talents and Interests and 35) Volunteering

OESD 21. Housing Services Office

Program Description: MHSA funds were used to create the Housing Services Office with the following goals in mind for the entire mental health services network and the people it serves:

1. Increase the availability of a range of affordable housing options with appropriate supportive services so that individuals can “choose”, “get”, and “keep” their preferred type of housing arrangement;
2. Minimize the time individuals spend living in institutional settings by increasing and improving working relationships among housing and service providers, family members, and consumers;
3. Track and monitor the type, quantity, and quality of housing utilized by and available to BHCS target populations;
4. Provide centralized information and resources related to housing for BHCS consumers, family members, and providers;
5. Coordinate educational and training programs around housing and related services issues for consumers, family members, and providers;
6. Work toward the prevention and elimination of homelessness in Alameda County through active participation in the [EveryOne Home](#) plan implementation.

Program Name	FY 15-16	FY 16-17	FY 17-18
County	<p>The Housing Services Office includes 7.0 FTE of BHCS county staff – 1.0 FTE Housing Services Administrator, 1.0 FTE Behavioral Health Clinical Supervisor, 2.0 FTE Rehabilitation Counselor, 1.0 FTE Administrative Specialist. Staff are located at Eastmont Mall and 1404 Franklin St. in Oakland. This funding also covers funding provided to Alameda County Housing and Community Development (HCD) and EveryOne Home to support their efforts to increase housing resources for individuals with serious mental illness. Some of this funding supports a housing search website – www.achousingchoices.org. The Housing Services Offices is responsible for the activities outlined in this document and has broad goals outlined at: http://www.acbhcs.org/Housing/housing_default.htm</p>	<p>Staff from the Housing Services Office (HSO) will become members of the Alameda County Care Connect (AC3) Whole Person Care implementation team. Additional staff focused on housing as a health care issue will occur under AC3. BHCS staff currently have two vacant positions – Clinical Supervisor and Behavioral Health Clinician II that are responsible for providing oversight of the MHSA housing units and Housing Support Program licensed board and care beds.</p>	<p>Refill vacant positions. Work in partnership with AC3 effort to expand housing-related resources for Alameda County Medi-Cal beneficiaries.</p>
BACS – North County Housing Connect	<p>Provides outreach, engagement, housing navigation, and specialty mental health services to chronically homeless individuals with serious mental illness in Northern Alameda County. The program serves up to 40 people per year with a focus on helping individuals obtain permanent housing, increased income, and ongoing supports to enable them to maintain their housing.</p>	<p>Proposed change for this fiscal year is that open program slots will be filled via referrals from Home Stretch – a countywide registry of homeless individuals with disabilities. More info can be found at: http://everyonehome.org/our-work/home-stretch/</p>	<p>Possible expansion of programs similar to this program through the addition of Whole Person Care funding.</p>

BOSS – Casa Maria	25-bed interim housing program for homeless individuals with serious mental illness currently receiving services from BHCS-contracted field-based services program. 100 people entered program during this fiscal year and 76 exited. Thirty-three percent (33%) obtained permanent housing at time of exit from the program.	No changes planned for this fiscal year other than working to improve housing outcomes from prior year.	Referral process into program likely to change as a result of the creation of a coordinated entry system for addressing homelessness scheduled for implementation in FY 17-18.
BOSS – Service Team	Additional funding provided to the BOSS service team as a result of their displacement from a county-owned property in Downtown Oakland. This additional funding allows BOSS to retain a presence in downtown Oakland.	No planned changes.	No planned changes.
BOSS – Housing Services Team	Provides supportive services to residents living in permanent supportive housing sites and programs affiliated with BOSS. Designed to support 25 clients at a given point in time.	Program to shift focus to providing supportive services to residents at three BOSS permanent supportive housing sites – Pacheco Court, Meekland, and Rosa Parks. The team will be split into two teams with one focused on serving transition age youth living at Meekland. All three properties will have converted from transitional housing to permanent supportive housing by December 31, 2016.	Continuation of services planned for FY 16-17. Possible expansion of this type of service using Whole Person Care funding.
BOSS – South County Residential	Provides emergency shelter to homeless individuals with serious mental illness. Referrals are coordinated by BHCS Housing Services Office staff. The program served 71 people during the fiscal year and 69 exited. Forty-nine percent (49%) obtained permanent housing at the time of exit.	Focus on continuing to improve housing outcomes. Plan to seek additional funding to make improvements to the shelter property.	Referral process into program likely to change as a result of the creation of a coordinated entry system for addressing homelessness scheduled for implementation in FY 17-18.
Abode - OPRI	Small amount of funding to serve as matching dollars for a HUD grant focused on helping homeless people with serious mental illness to obtain permanent housing. Funding helps support 25 permanent supportive housing slots for this population.	Proposed change for this fiscal year is that open program slots will be filled via referrals from Home Stretch – a countywide registry of homeless individuals with	Planned expansion of this type of program model to securing permanent housing slots in the private market

		disabilities. More info can be found at: http://everyonehome.org/our-work/home-stretch/	using third-party landlord finding service. Expansion will come from the consolidation of MHSA FSP housing funds and Whole Person Care funding.
Abode – Housing Services	Housing subsidy and landlord finding service associated with the Fred Finch Youth Center STAY program. Helps provide housing slots for 25 youth at any point-in-time and 30 youth over the course of the year.	Plan to transition youth in this program to other centralized housing subsidies over the course of the year. Funding for this service will become part of a centralized pool of housing resources that will support BHCS clients in FY 16-17.	Planned transitional year of funding for this effort to close out this program. The program will be replaced with a centralized housing subsidy and landlord finding service that involves MHSA and Whole Person Care funding.
LifeLong - OPRI	Provides intensive, field-based services to help 25 formerly homeless individuals with serious mental illness to obtain and maintain permanent supportive housing subsidized by HUD funding in the private market. Program operates in partnership with Abode Services, Operation Dignity, the City of Oakland, and the Oakland Housing Authority.	Proposed expansion of this program to include 15 additional clients contingent upon receiving an equivalent number of housing subsidy slots. Proposed change for this fiscal year is that open program slots will be filled via referrals from Home Stretch – a countywide registry of homeless individuals with disabilities. More info can be found at: http://everyonehome.org/our-work/home-stretch/	Possible expansion of programs similar to this program through the addition of Whole Person Care funding.
GA Housing Subsidies	Revolving fund to provide additional dollars (\$298/month) for disabled General Assistance recipients working toward obtaining Social Security disability payments. The additional funding was designed to reduce the likelihood of homelessness among this population. Only individuals actively working on a Social Security application with a contracted SSI advocate are eligible for this funding. Funding is managed in collaboration with the Alameda County Social	Continue to track use of this fund and results from this funding. Initial data indicates that additional funding correlates with reductions in crisis and inpatient mental health service utilization among this population. The state of California plans to promote this model among other counties by making revolving fund dollars available.	Potential expansion of this program depending on need, outcomes, and availability of other funding.

	Services Agency. Program has helped 588 people to date and 530 are currently receiving this additional funding.	Alameda County may apply when funds become available. An increase in the number of county funded SSI advocacy slots will take place this fiscal year through the Social Services Agency.	
Community Living Support (formerly SRP) – Housing Support Program (HSP)	Provides an additional housing subsidy to licensed board and care operators that accept direct referrals from BHCS. Most referrals come from Villa Fairmont and other subacute facilities. BHCS currently subsidized 250 out of 275 available beds at 17 facilities (6 Residential Care for the Elderly and 11 Adult Residential).	Propose increasing the number of subsidized beds by 20 and providing some financial support to licensed board and care operators to meet increased reporting requirements.	Continue to explore methods for enhance the quality of operations at licensed board and cares through partnerships with existing clinical programs. Monitor the impact of this program on BHCS cost of services and client outcomes.

November 17, 2016

To: Mental Health Services Act (MHSA) Stakeholder Group

Fr: Robert Ratner, BHCS Housing Services Director

RE: Proposal for using MHSA funding for housing-related activities –5-year Housing Plan

Dear MHSA Stakeholder Group:

This memo outlines a proposed increase and strategic adjustment to BHCS investments in housing to address the growing housing affordability crisis in Alameda County and its impact on BHCS consumers. Between FY 14-15 and 15-16, the BHCS system has seen a 36% increase in the number of consumers discharged from a BHCS program as “homeless” or with an “unknown/other” living situation reported. Early FY 16-17 data shows a significant rise in the number of consumers discharged to unknown/other living situations. These two housing categories historically represent the number of BHCS consumers experiencing significant housing instability and homelessness. The unknown/other category also reflects incomplete data submission by some providers.

Housing Status at Discharge	FY 14-15 (# of consumers)	FY 15-16 (# of consumers)	FY 16-17 (# of consumers) – <i>partial year data</i>
Homeless	1,386	1,972	650
Unknown/Other (many homeless)	7,408	10,020	9,153
Totals	8,794	11,992	9,803

Over the past 12 months, BHCS served 165 unique consumers that experienced 4 or more BHCS program admissions where the consumer was admitted as homeless. The number of calls to the BHCS Housing Services Office related to evictions, facility closures, and displacement of consumers from current housing has significantly increased over the past two years.

To date, BHCS has invested the following resources into long-term housing slots for its consumers:

- Nearly \$20 million of state and local MHSA dollars in 23 affordable housing projects with 1,146 affordable housing units with 151 of these units set-aside units for homeless individuals with serious mental illness
- A licensed board and care subsidy program, known as the Housing Support Program (HSP), that subsidizes 250 licensed board and care beds at 6 Residential Care Facilities for the Elderly (RCFEs) and 11 Adult Residential Facilities (ARFs) for referrals from BHCS
- Long-term housing subsidies from MHSA and HUD funds for Full Service Partnership (FSP) participants that support up to 400 households per year on average

Current FSP-linked housing subsidies are managed in a decentralized fashion by individual FSP provider agencies. The current situation links continuation of housing subsidies with ongoing FSP enrollment even as consumer needs decline over time. BHCS has committed to shifting

from a decentralized to a centralized housing subsidy management approach in order to address several issues including this barrier to positive exits from FSP programs. A centralized approach will also enable BHCS to increase its leveraging of HUD subsidy resources for our consumers including Section 8 and Shelter Plus Care.

This month, Governor Brown signed “No Place Like Home” legislation that creates a \$2 billion MHSA housing development fund using state bond financing. Future county MHSA revenue will be used to cover the cost of the bond. Over the next 30 years, Alameda County will have an estimated \$2-\$3M/year of its MHSA funds kept at the state level to pay off the bond debt. Access to these funds will occur primarily through a competitive statewide process.

Alameda County recently passed a \$580 million affordable housing bond, Measure A1, on the November 2016 ballot. Twenty percent of the rental development funds from this proposed bond will go to housing projects for those living at or below the federal poverty level. These affordable housing bond-financing opportunities have the potential to help BHCS consumers, particularly if BHCS also contributes funding to specific housing projects.

The BHCS Housing Services Office proposes the following long-term housing opportunity plans to help address the housing crisis experienced by our consumers:

Fiscal Year 2016-2017 Recommendations

- A) Add \$220,000 ongoing to the Housing Support Program (HSP) to add additional licensed board and care beds for participants in the Assisted Outpatient Treatment and Community Conservatorship pilot programs. This funding will also be used to help small providers meet county auditing requirements. This would be an ongoing increase in MHSA expenditures dedicated to expanding the number of subsidized licensed board and care beds for BHCS-referred consumers. **(Target adding 15-20 licensed board and care beds with some increased capacity for non-ambulatory consumers).**

- B) Budget FY 17-18 funds to help with the process of transitioning to centralized housing subsidy and landlord partnership management. One or two nonprofit agencies will be selected via a Request for Proposal (RFP) process to manage housing subsidies and landlord relationships in partnership with the City of Berkeley, Oakland Housing Authority, and the Housing Authority of the County of Alameda. This RFP will be released this fiscal year in collaboration with Health Care Services Agency Administration and will include a mix of Whole Person Care and MHSA funding. Funds for this effort will come out of existing MHSA funding dedicated to housing within the existing FSP programs. An estimated 1,300 tenant-based permanent supportive housing slots scattered throughout Alameda County will be supported by the organization(s) selected through this RFP.

Currently, BHCS spends \$1.6 million per year on long-term MHSA housing subsidy funds and \$850,000 per year to fund housing specialist staff distributed among multiple community based organizations. I propose using a one-time increase of \$1.6M in MHSA funds in FY 17-18 to cover the transition from decentralized to centralized housing subsidy management.

Funds would be used as outlined in the table below:

Proposed FY 17-18 MHSA Housing Funding Shifts and One-Time Increase in MHSA allocation	
Decentralized FSP Housing Funding	Centralized MHSA Housing Funding
\$850,000 for staffing among multiple programs	\$850,000 for staffing and landlord engagement and relationship support strategies
\$800,000 for long-term housing subsidies embedded in program budgets	\$1.6M for transitioning consumers from decentralized to centralized housing subsidy management and expanding the number of subsidized units
Total = \$1.65M	Total = \$2.45M

The FY 17-18 housing subsidy and support budget would total \$1.6M + \$2.45M= \$4.05M. In FY 18-19, the total MHSA contribution to this effort would return to \$2.45 million by eliminating housing specialist and long-term housing subsidy funding from decentralized FSP provider contracts.

This new effort while allowing current FSPs to maintain their current budgets in FY 17-18. As part of the FSP RFP process scheduled for FY 17-18, total FSP funding for FY 18-19, should be reduced by this \$2.45 million to cover the centralized housing subsidy program ongoing. **(Target to add 300 housing slots/year)**

- C) Develop plans to invest **some amount** of unspent MHSA funding in a Supportive Housing Innovation Financial Trust (SHIFT) that will increase the stock of supportive housing units for BHCS target populations AND result in a financial return on this investment. The proposal is to transfer these funds to a third-party Community Development Financial Institution (CDFI) with an appointed loan committee that will strategically invest these dollars to create more units and obtain a return on the investment. If \$20M or more is allocated to this proposed fund, the fund should create more than **150 supportive housing units** over a 5-year period for homeless individuals with serious mental illness. This goal is based on generating an equivalent or greater number of MHSA units than resulted from our initial \$20M investment while also getting a financial return that replenishes part of the fund. This proposed Trust could pool MHSA funding with between \$10-\$15M of Whole Person Care housing development funds.
- D) Develop an MHSA housing affordable housing development pipeline to secure at least \$90 million of the \$2 billion of “No Place Like Home” funding for Alameda County over the next five years with a goal of creating **675 supportive housing units**. This process would include establishing a supportive housing development committee to maximize the competitiveness of Alameda County applications for “No Place Like Home” funding. The committee would also advocate for the effective and strategic utilization of Alameda County Measure A1 (\$580M) and City of Oakland Measure KK affordable housing bond funding (\$100M).
- E) Pair existing BHCS interim housing and housing-related supportive services investments with Whole Person Care funding, Alameda County Boomerang funds, and HUD funds to create a regional housing crisis resolution system to help Alameda County residents experiencing a housing crisis.

Fiscal Year 2017-2018 Recommendations

- Implement the centralized housing subsidy model by supporting the transition of existing FSP consumers receiving MHSA subsidies to a centrally-managed subsidy.
- Implement a coordinated Housing Crisis Resolution system with other county and city partners.
- Conduct the FSP RFP for new contracts to go into effect by July 1, 2018.
- Continue affordable housing and supportive housing development investments through local MHSA funding and other funding sources.

Summary of Long-Term Housing Unit Goals

Current = 801 housing slots

- 151 MHSA supportive housing units
- 250 subsidized licensed board and care beds
- 400 MHSA and HUD long-term housing subsidy slots

Proposed Increases Over Next Five Years = 1,140 housing slots

- 15 more subsidized licensed board and care beds
- 675 “No Place Like Home” Supportive Housing Units
- 150 Local MHSA Housing Investment Fund Supportive Housing Units
- 300 additional HUD long-term housing subsidy slots

Proposed Long-Term Housing Slots Linked with BHCS by 2021 = 1,941

OESD 20. Individual Placement Support / Supported Employment (Alameda County IPS)

Program Description: Alameda County Behavioral Health Care Services, in conjunction with the California Department of Rehabilitation, has embarked on a long-term plan to implement Individual Placement and Supported Employment (IPS). This evidence-based practice assists adult and transition-age youth consumers with finding and maintaining competitive jobs in the community available to people with and without disabilities. Engagement, job development, placement, and job follow-along supports are the core program elements of this approach.

The following key features illustrate some of the essential aspects of Alameda County IPS:

1. No consumer is excluded from program access or participation due to diagnosis, presence of symptoms, substance abuse, housing status, personal presentation, etc. Desire to get a competitive job is the criterion for services, because motivation to work is a strong predictor of success.
2. Upon entry into IPS services, consumers receive direct assistance with making employer contact quickly, usually within 30 days. There are no requirements for vocational testing, work samples, employment groups or other pre-vocational activities.
3. Employment specialists make frequent, in-person employer contact and build employer relationships based on the consumer's preferences in order to make a good job match.
4. Vocational services are individualized to fit the needs and preferences of each consumer. Individualized job search and job follow-along plans reflect each person's unique interests, goals and needs.
5. Competitive jobs are the goal, and transitional and/or sheltered employment is not utilized in order to avoid delaying progress to achieve competitive employment.
6. Once a consumer obtains a job, the follow-along services are provided continuously until the job is stable or people no longer request services. Employment specialists provide a wide-range of job coaching and job supports to support a person's success.
7. Vocational services are integrated closely with mental health services in order to ensure IPS program success. Employment specialists meet weekly with mental health teams (case managers, personal service coordinators, peer specialists, and/or psychiatrists) to share information, collaborate, and plan services.
8. Ongoing quality improvement efforts focus on building on program and staff strengths to ensure that over time program outcomes for jobs is enhanced. The Supported Employment Fidelity Scale is utilized for quality improvement guidance.

These services are available to people with serious mental illness that are part of ACBHCS adult service teams, Full-Service Partnerships, Level 1 specialty providers, and Level 1 Transitional Age Youth (TAY) Programs.

FY 15/16 Outcomes, Impact & Challenges: Alameda County IPS served 254 consumers, 115 of whom worked competitive jobs, which equals a competitive employment rate of 45%. We secured 115 competitive job placements for people, including positions in the administrative, retail, food service, warehouse, transportation, and education sectors. Competitive employment rate percentage is the number of clients in the IPS program who worked a competitive job in the community divided by the total number of people in the IPS program. Benchmarks set by the Dartmouth IPS Collaborative include 30% minimal standard, 40% good standard, and 50% exemplary standard.

Alameda County IPS also provided ongoing, intensive consultation and technical assistance to Fred Finch Youth Center, Bay Area Community Services, and Building Opportunities for Self-Sufficiency's IPS programs this year. Together, these programs served 182 people and helped 105 people obtain competitive jobs.

FY 16/17 Progress Report: Alameda County IPS is on track by end of FY 16/17 to serve ~325 adult and TAY consumers (a 28% increase over FY 15/16) with obtaining and maintaining competitive jobs that fit their preferences.

Contract agencies Abodes Services (Greater Hope), Bonita House (HOST), East Bay Community Recovery Project (FACT/TrACT & PREP), and Telecare (CHANGES & STRIDES) implemented IPS services within their Full Service Partnerships and Assertive Community Treatment Programs.

One additional IPS Trainer hired to assist with technical assistance and contract monitoring.

Alameda County CalWORKs Mental Health services reorganized under Alameda County IPS in 2Q 16/17.

Efforts Underway:

- Implement Supported Education services for consumers who want help to go to school or training.
- Streamline business processes to increase efficiency, including making all vocational documentation electronic and user-friendly.
- Provide IPS technical assistance to help launch and sustain IPS Services; Ongoing technical assistance for Bay Area Community Services, Building Opportunities for Self-Sufficiency, Fred Finch Youth Center.
- Continue to provide leadership and advocacy for vocational services in Alameda County.
- Study feasibility of IPS integration into CalWORKs Mental Health services.
- Participate in IPS demonstration study sponsored by the Social Security Administration.
- Increase awareness around benefits planning and resources, at multiple touch-points within the continuum of care (Established working group comprised of consumers, providers, advocates, benefits planners to align efforts).

FY 17/18 Plans: Alameda County IPS plans to directly assist 400 adult and TAY consumers with obtaining and maintaining competitive jobs that fit their preferences.

Planned changes:

- Continue to look for opportunities to increase fidelity to the IPS model.
- Continue to provide technical assistance to agencies providing IPS services.
- Assessing system-wide implementation of IPS and determining if additional training resources are necessary.

**MHSA Stakeholder Group
CONTACT LIST**

Name		Affiliation / Role	Phone	Email
Radawn	Alcorn	TAY System of Care Director	510 567-8199	RAcorn@acbhcs.org
Penny	Bernhisel	Telecare	510 703-5067	pbernhisel@telecarecorp
Viveca	Bradley	Pool of Consumer Champions	510 551-8761	vivebrad@gmail.com
Aaron	Chapman	Medical Director	510 567-8120	achapman@acbhcs.org
Margot	Dashiell	Alameda County Family Coalition	510 524-1199	margotjulia@yahoo.com
Leda	Frediani	BHCS Finance Director	510 383-1516	lfrediani@acbhcs.org
Alane	Friedrich	Mental Health Board	510 531-9415	amf2@earthlink.net
Karen	Grimsich	City of Fremont	510 574-2062	kgrimsich@fremont.gov
Tracy	Hazelton	MHSA Division Director	510 639-1285	thazelton@acbhcs.org
Janet	King	Native American Health Center	510 381-2684	janetk@nativehealth.org
Tracy	Murray	Alameda County, Area Agency on Aging	510 577-1966	TMurray@acgov.org
Jeff	Rackmil	Interim Adult and Children's System of Care Director	510 667-3012	JRackmil@acbhcs.org
Liz	Rebensdorf	NAMI East Bay	510 530-7612	tunkiliz@sbcglobal.net
Yvonne	Rutherford	African American Family Support Group		yvonne.rutherford01@gmail.com
Lillian	Schaechner	Older Adult System of Care Director	510 567-8194	lschaechner@acbhcs.org
James	Scott	Reaching Across	510 745-9500	scotty_jws@yahoo.com
James	Wagner	Interim Deputy Director, BHCS	510-567-8125	jwagner@acbhcs.org
Gwen	Wilson	G.O.A.L.S. For Women	510 334-0003	bayyinanuru@live.com
Cecelia	Wynn	Pool of Consumer Champions	510 491-7992	Ceceliawynn@att.net

As of 2/24/2017

1/2

**MHSA Stakeholder Group
CONTACT LIST**

Support Staff

Linda	Leung Flores	MHSA Senior Planner	510 567-8133	lleungflores@acbhcs.org
Sanjida	Mazid	Workforce, Education & Training	510 567-8071	smazid@acbhcs.org
Carl	Pascual	MHSA Innovations	510 777-2156	CPascual@acbhcs.org
Javarre	Wilson	Ethnic Services Manager	510-567-8189	Jwilson@acbhcs.org