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#### MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, March 22, 2024 (1:00-3:00pm)

ZOOM MEETING TELECONFERENCE: <u>Join Zoom meeting</u> United States (Toll Free): 877-336-1831; Access Code: 350574

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.	<ul> <li>The MHSA Stakeholder Group:</li> <li>Reviews the effectiveness of MHSA strategies.</li> <li>Recommends current and future funding priorities.</li> <li>Consults with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care.</li> <li>Communicates with ACBH and relevant mental health constituencies.</li> </ul>	

1:00:	Meeting Starts	
1:05	Icebreaker: "What is on your bucket list to do for the next 6 months?"	
1:20	Crisis Response Program – Director Stephanie Lewis	
	<ul> <li>Presentation, Questions &amp; Answers</li> </ul>	
2:15	Roles and Responsibilities of Stakeholder Group	
2:30	BHSA Timeline	
2:40	MHSA FY 24/25 Annual Update Public Comment Outreach Strategy	
	<ul> <li>Presentation, Questions &amp; Answers</li> </ul>	
2:50	Open forum	
3:00	Meeting adjourns	

#### **Documents Attached:**

- 1. Meeting Agenda Packet
- 2. Crisis Response Prog. Presentation
- 3. Article XX Roles Responsibility (Stakeholder Group)
- 4. BHSA Fact Sheet (ACBH)
- 5. Public Comment Outreach Strategy

# Alameda County or behavioral Health Care Services

MENTAL HEALTH & SUBSTANCE USE SERVICES

# Crisis Services System of Care Update 3/22/24

Stephanie Lewis, LMFT SOC Dir.

Stephanie.Lewis@acgov.org

(510)891-5600



# ACBH Crisis Services System of Care

### Mission

Providing the right service at the right time, in the right location.

### Vision

Someone to talk with

Someone to respond

Safe places to go

Someone to follow-up

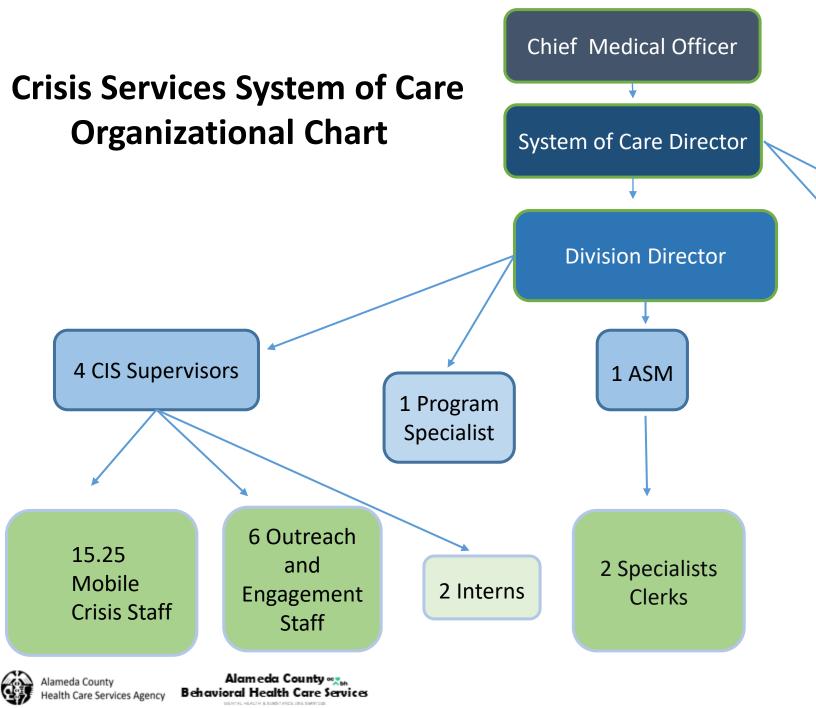
\*linkage to mental health /SUD

Aligned with 988



- Knowledge
- Skills
- Empathy

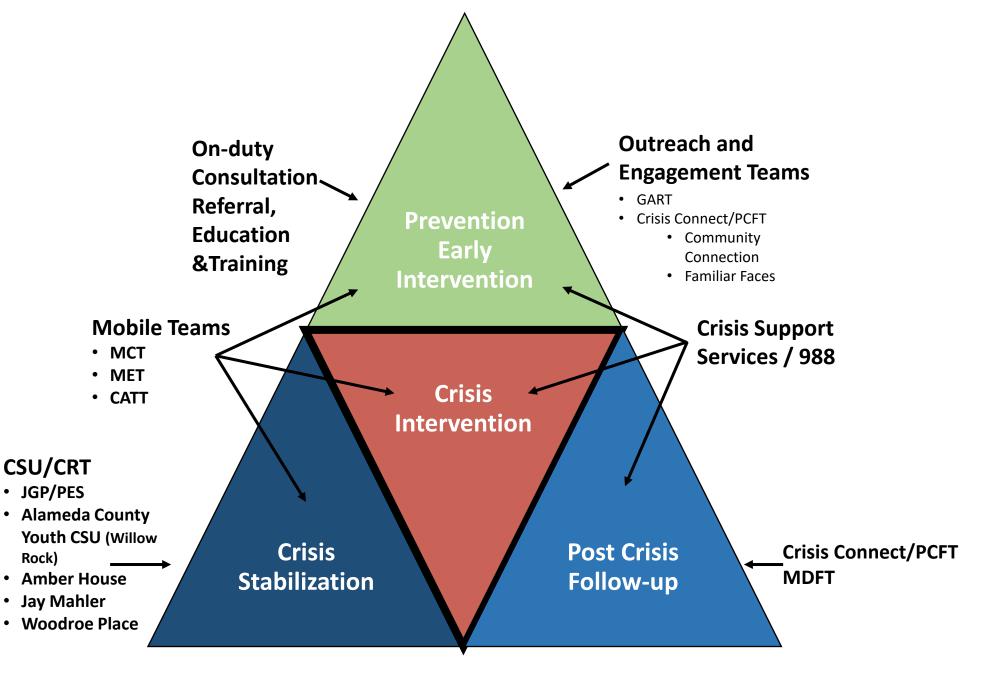




3 Critical Care Managers

**Administrative Assistant** 

- 33.25 multidisciplinary FTEs who mirror the diversity of Alameda County
- 5 vacant positions
- Language capacity:
  - Spanish, Basic ASL, Vietnamese, Mandarin, Cantonese





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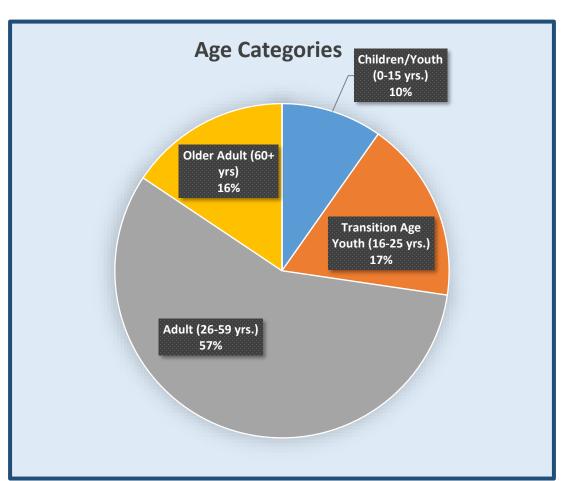
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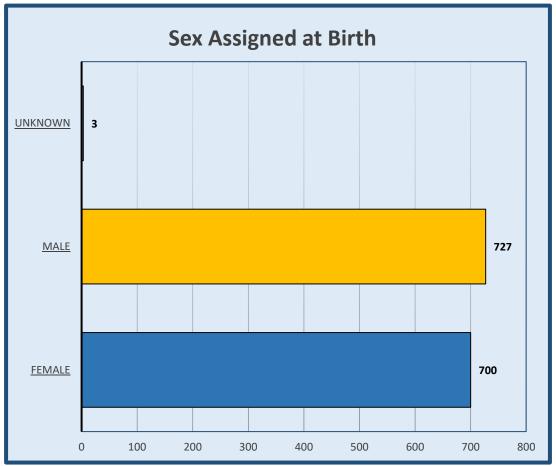
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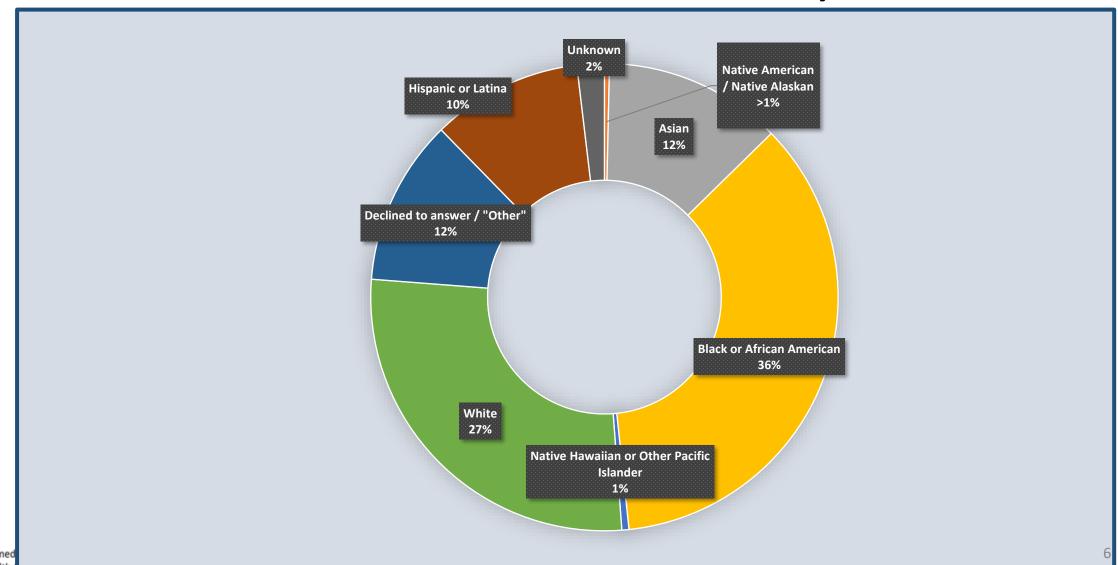
# Data:FY 22/23

# 10,000 calls, ~1500 required mobile crisis response





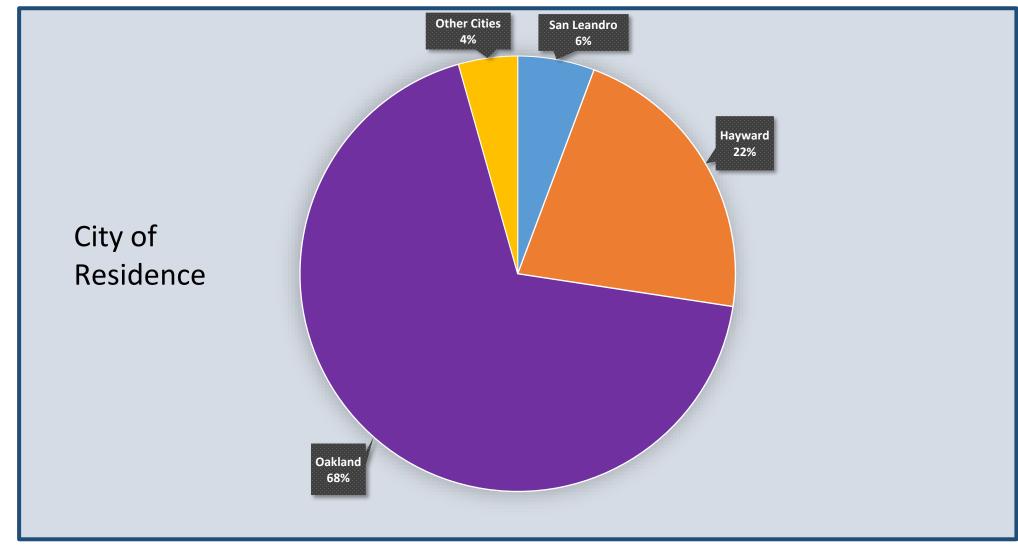
# Who was served - Race/Ethnicity FY 22/23



# Where Services Happened FY 22/23

#### **Other Cities:**

- Pleasanton .61%
- San Lorenzo .23%
- Unincorporated0.03%
- Union City .35%
- Unknown .06%
- Livermore .56%
- Newark .26%
- Out of County .08%
- Piedmont .05%
- Alameda .76%
- Albany **.1%**
- Berkeley .06%
- Castro Valley .24%
- Dublin .1%
- Emeryville .2%
- Fremont **0.06**%





# ACBH 16 Mobile Crisis Teams

### **ALL:**

- Transport
- 5150/5585 designated
- Diversion
- Information& referral
- Follow-up care



Community Assessment & Transport Team 911, (988 pilot)

Clinician/EMT

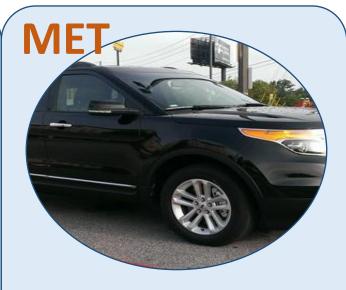
Countywide 24/7
11 teams



Mobile Crisis Team (510) 891-5600 or 911

Clinicians/Interns
Countywide

Mon-Fri, 8am-6pm 3 teams



Mobile Evaluation Team (510) 891-5600 or 911

Clinician/Officer Oakland/Hayward

(O)Mon-Thurs 8am-3pm (H) Mon- Fri, 8am-4pm 2 teams

- Law Enforcement Level of Involvement +

# Additional Mobile Crisis Teams Operating in Alameda County

- 1. Albany Mobile Crisis
- 2. The Alternative Response to Mental Health Unit (ARMH) City of Pleasanton
- 3. The Alameda CARE Team (Community Assessment Response & Engagement)
- 4. Berkeley Mobile Crisis Team
- 5. Berkeley Specialized Care Unit (SCU)
- 6. Oakland Mobile Assistance Community Responders of Oakland MACRO
- 7. Livermore MET Lpdmet@livermoreca.gov



# Crisis Support Services of Alameda County, CSS/988

- Quarterly collaboration meetings
- Yearly conference in September
- 988 Implementation:
  - 44% Increase in calls first month of implementation
  - 1 in 3 callers are at elevated risk for dying by
  - Text 24/7 as of 2/16/24!
    - Spanish Text SEGURO to 20121 (5pm 9pm Tues-Fri)
- Over 1000 texts sessions July Dec 2022
  - Anticipate reaching 2000 text session FY 23/24

\* Individuals do not have to be suicidal to receive support.

FY 21/22 CSS received 34,337 calls only .4% required escalated mobile crisis and or law enforcement intervention.

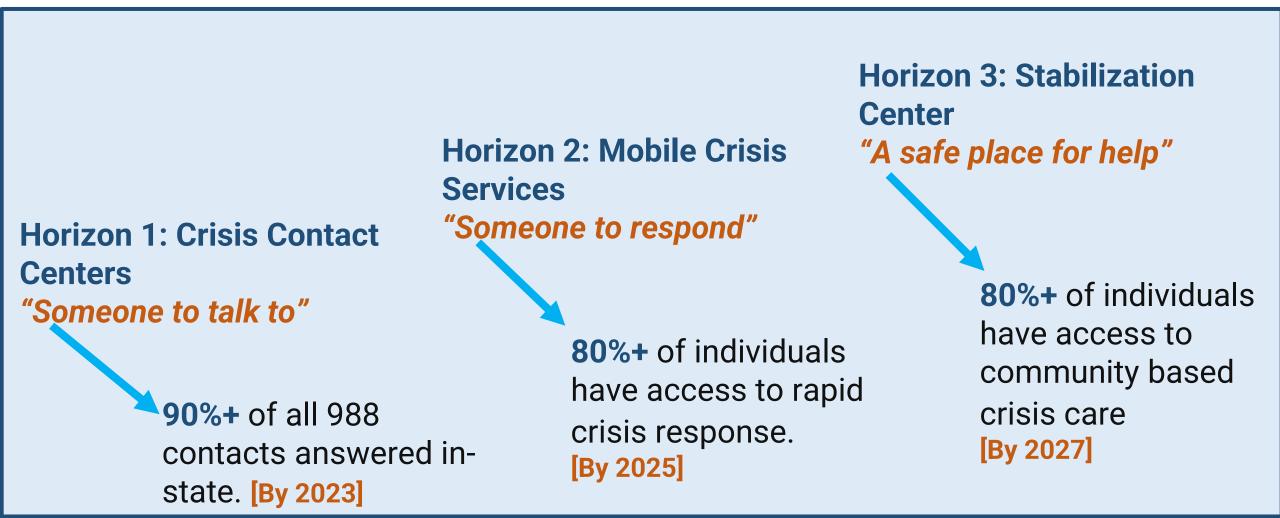


CRISIS SUPPORT SERVICES OF ALAMEDA COUNTY, CA - 24 HOUR CRISIS LINE:

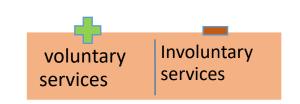
1-800-309-2131

1-800-273-8255

# Turning point in suicide prevention Federal Timeline



# Alameda County 5150/5585 Designation



**7 Level One** – traditional LPS facility that can evaluation, write, and treat

- Alta Bates Herrick Hospital
- Fremont Hospital
- Heritage Psychiatric Health Facility
- John George Pavilion
- Willow Rock Center
- Kaiser Fremont
- Villa Fairmont

**30 Level Two** – facility or program that can evaluation, write, and transport to LPS facilities

- ACBH Crisis SOC
- AFBH ( ACBH and Telecare)
- Asian Health Services
- BACS Amber House
- Berkeley MH
- Children's Hospital Oakland
   BERT
- UC Berkeley Student Health Services
- Oakland VA
- Pathways to Wellness

- Roots Community Health Center
- Seneca Center
- La Clinica
- Livermore VA
- Morton Bakar
- Felton Institute
- La Familia
- West Coast Children's Clinic
- Every Emergency Department in Alameda County

# Outreach and Engagement Teams

Staffed by peers, others with lived experience, licensed clinicians, and a registered nurse

- Outreach and Engagement services are provided post crisis to individuals in need of non-urgent response and follow-up care.
  - These services are provided via:
    - Telephonic outreach
    - In-reaching at psych emergency, JGP
    - Field outreach anywhere in the county
- Services are available to Alameda County residents who are Medi-Cal eligible and/or uninsured (the privately insured are referred to their insurance provider)
- Teams provide brokerage and linkage services, assist with care coordination and navigation of resources
  - Response within 24-48 hours after receipt of referral (510)891-5600

# Geriatric Assessment & Response Team

- This team provides brief voluntary behavioral health care services to older adults ages 55 and above with the aim of resolving mental health needs within 60 days through short term treatment and linkage to on-going behavioral health and community resources.
- A multidisciplinary team includes behavioral health clinicians and nurse who provide culturally aware, trauma informed, and age-appropriate interventions.



Monday – Friday 8:30am-5pm

(510) 891-5600

Ask for GART On-Duty Clinician for consultation and referrals.

GARTOD@acgov.org



### Who to Call for What?

### Medical, Mental Health, and/or Substance Use Emergency

#### **Call 911**

\* 911 can also be utilized to request the Community Assessment Transport Team (CATT)

- Countywide
- 24/7 March 2024
  - Pilot 988 dispatching mobile teams night/weekends March 2024.

### Consultation and/or to request ACBH Mobile Crisis or Outreach Teams

- Monday Friday: 8am-6pm
- Countywide \*except Fremont and Berkeley.
  - Berkeley Mobile Crisis:
    - (510) 981-5244
  - Fremont Mobile Evaluation Team:
    - (510) 790-6800

# Call ACBH Crisis Services

(510) 891-5600

Phone support for person in crisis 24/7

Call (800) 309-2131 or 988

Text "Safe" to 20121

- Text support is available 24/7/365.
- Countywide
- Spanish text available most days

# Education, Training, Collaboration

In 2023, Crisis SOC provided **61** trainings, presentation or resources at tabling events.

We trained 5 interns for O&E, MCT

5150/5585 Certification & Training virtual CalMHSA on demand

**Peer Certification Scholarships** 

Crisis SOC Quarterly Updates:

- 4/25
- 7/24
- 10/30

• The Multi-Disciplinary Forensic Team (MDFT) is a voluntary coalition of Alameda County law enforcement agencies, ACBH, and allied service providers. Co-facilitated by Crisis SOC, BART/Oakland Police Depts., the group meets monthly to discuss individuals struggling with mental health substance use challenges, have frequent involuntary hospitalizations, chronically homelessness, frequent contact with the criminal justice system, and or Emergency Medical Services.

#### The team is committed to:

- linking individuals to services leading to recovery
- reducing recidivism for the benefit of both the individual and the community.
- Street Health Teams Crisis outreach teams provide engagement services to the unhoused in coordination with street heath teams/Health Care for the Homeless
- **Public Libraries** Crisis outreach teams provide engagement services at local libraries. Provide information, develop rapport and encourage individuals to consent to services.

# Updates to Crisis Intervention Training, (CIT)

#### A little background:

- ACBH began CIT over 10 years ago in collaboration with OPD.
- The training is open to all law enforcement agencies and other first responders in Alameda County. (EMT, Paramedics, Fire Dept.)
- Most departments have the goal of training 100% of patrol officers.
- The goals of CIT are to increase knowledge and awareness of mental health and SUD, teach applies skills and increase empathy among first responders.

#### What's new:

- Updating classes to include more diversity in presenters and slides.
- Less clinical jargon and more recovery focused language.
- Adding additional presenters from ACBH
- Updated family/peer panel to include Black Men Speak which includes individuals of color with experience with mental health challenges, addiction, and or criminal justice involvement.
   Family Education and Resource Center, (FERC) has caregivers who participate as well.
- Full revised training implementation March 2024

## Disaster Response

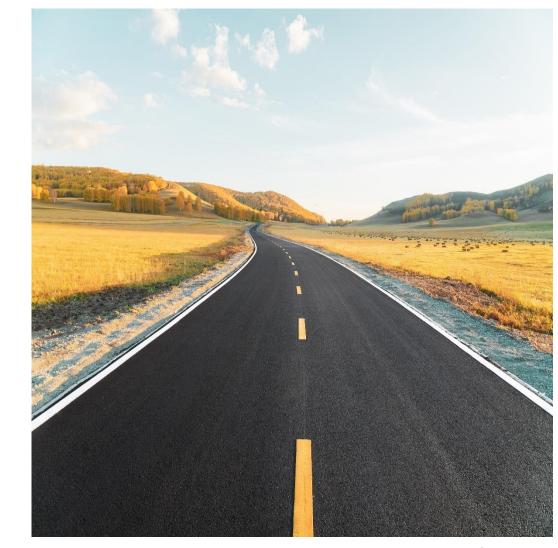
- County employees are official disaster service worker in accordance with Section 3100 of CA Government code.
- We respond to natural or manmade disasters such as fires, earthquakes, mass casualty events,
- Ex:
  - Ghost Ship, 2016
  - San Pablo fire, 2017

- <u>Education</u> what to expect when responding to a disaster
- Training the role of mental health responders during disaster deployment, - MH First Aid etc.
- Coordination organizing volunteers for deployment to provide mental health support and linkage to ongoing care

# Behavioral Health Continuum Infrastructure Program, (BHCIP)

The road ahead: 3-5yrs

- 1. TAY adult residential & TAY outpatient program.
- 2. A combination of **CSU/CRT** in South Hayward. (like Amber House)
- 3. Forensic Mental Health Rehab Center, Urgent Care/Wellness Center, SUD Residential program
- 4. Sobering, Detox Residential Program in Livermore



### Senate Bill 43

Alameda County + 54 of the 58 counties in California have decided to delay implementation of SB 43 until 2026.

- Training
- Build capacity field response and facilities
- Determine who else needs to be designated, such as SUD treatment programs, others?

- Existing law, the Lanterman-Petris-Short Act, provides for the
  involuntary commitment and treatment of a person who is a danger
  to themselves or others or who is gravely disabled. Existing law, for
  purposes of involuntary commitment, defines "gravely disabled" as
  either a condition in which a person, as a result of a mental health
  disorder, is unable to provide for their basic personal needs for food,
  clothing, or shelter or has been found mentally incompetent, as
  specified.
- This bill expands the definition of "gravely disabled" to also include a condition in which a person, as a result of a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is, in addition to the basic personal needs described above, unable to provide for their <u>personal safety</u> or <u>necessary medical care</u>, as defined.
- The bill would also expand the definition of "gravely disabled," as it applies to specified sections, to include, in addition to the basic needs described above, the inability for a person to provide for their personal safety or necessary medical care as a result of chronic alcoholism. The bill authorizes counties to defer implementation of these provisions to January 1, 2026, as specified.

# Thank you!

Call us directly if you have questions.

(510) 891-5600







#### Alameda County Behavioral Health Care Services Mental Health Services Act

#### RESPONSIBILITIES OF THE STAKEHOLDER GROUP

The Mental Health Services Act calls for an expanded and transformed California county mental health system. The California Department of Mental Health proposes to move the current mental health system in California from its present state toward a state-of-the-art, culturally competent system that promotes recovery/wellness, through independence, hope, personal empowerment, and resiliency for adults and seniors with severe mental illness and for children with serious emotional disorders.

The Stakeholders Group have been formed pursuant to Section 5848(a) of the Mental Health Services Act which requires that "each plan and update shall be developed with local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social service agencies and other important interests."

#### STAKEHOLDERS GROUP

The Stakeholder Group's membership will be diverse, inclusive, representative and accountable to the principles of community planning in the Mental Health Services Act. In addition, the Stakeholder Group will facilitate collaboration among its members in support of the design and implementation of the Community Services and Supports Proposal.

#### Responsibilities:

- Disseminate, and promote the critical mission and vision statements essential to achieving a transformed and effective local mental health system.
- Promote core values, priorities and planning principles to be applied in the development of the Alameda County Community Services and Supports Plan.
- Review, consult and advise Planning Panels on plan drafts to ensure fidelity with the mission and value statements approved by the Stakeholders group and with the underlying principles of the DMH Planning Requirements.
  - Approve a "Plan Template:, developed by staff that is consistent with the DMH Planning Requirements.
- Offer recommendations regarding the Full Service Partnership Funds, General System Development Funds and Outreach/Engagement Funding proposals and how they fit within the completed draft plan.





#### **Duties and Powers**

Section 1. The CAB shall advise and make recommendations to the Alameda County Community Corrections Partnership (CCP) Executive Committee (EC) by providing input on community needs; assessing implementation of the Realignment plan; reviewing data on Realignment outcomes; advising the CCPEC on community engagement strategies; offering recommendations for ongoing Realignment and reentry planning; reviewing all Realignment and reentry-related budget proposals and allocations; and encouraging outcomes that are consistent with the County's Realignment and Reentry Plan.

Section 2. The CAB members agree to participate in up to two meetings per month. These meetings include a monthly meeting of the CAB at a location as designated by the CAB, and the CAB members must make the effort to attend all of the CCPEC meetings held in Oakland, unless otherwise noticed. It is encouraged that the meeting locations rotate throughout the five districts of Alameda County. In addition to attending the CAB meetings, members must review materials related to the decisions before the CAB and participate in and complete projects for working groups designated by the CAB. CAB members may also choose to participate in the CCPEC Workgroups.

Section 3. It is understood that the Alameda County Board of Supervisors is the final decision making authority in regards to budget allocations relating to reentry and Realignment. The CAB may not, as a body, take positions on candidates for any public office.

Section 4. Information relied on by the CCP EC in making Realignment or Reentry decisions shall be provided to the CAB in a timely manner in order to allow the CAB the opportunity to consider and make recommendations to the CCP EC. The recommendations of the CAB shall be placed on the agenda, fully considered and debated by the CCP EC.

#### **BHSA**

#### **FUNDING STREAMS:**

#### **Housing Interventions**

#### 30%

- 50% for chronically homeless
- 25% capital development
- Rental subsidies, operating subsidies, shared & family housing
- Children & families, youth, adults, & older adults living with SMI/SED & /or SUD who are experiencing or at risk of homelessness
- Prop 1: 11,000 tx beds

Prop 1: 26,700 outpatient treatment slots

#### Full Service Partnerships 35%

- "Whatever it takes" model
- Outpatient behavioral health services
- Includes Assertive
   Community Treatment
   (ACT) and Forensic
   Assertive Community
   Treatment (FACT) models
   "to fidelity".

#### Behavioral Health Services and Supports

#### 35%

- 51% must be used for Early Intervention Services
- Outreach engagement, workforce education and training, capital facilities, prudent reserve, & innovative pilot projects.

#### **Behavioral Health Services Act (BHSA)**

BHSA aims to improve and expand behavioral health services and housing interventions for individuals with SMI, SED, & SUD in California.

#### Behavioral Health Infrastructure Bond

- \$6.38 billion bond for Behavioral Health Infrastructure
- Supported Housing & Residential Care Settings for individuals with SMI or SUD, veterans, homeless, & households at risk of homelessness.
- Expansion of behavioral health treatment resources, including crisis stabilization, acute & subacute care, and community-based services.
- Funds: Treatment facilities, housing, permanent supportive housing

#### Behavioral Health Services -

#### Act (BHSA):

- Expands eligible services to include treatment for SUD alone & allows counties to use funds in combination with other state & federal funds to expand SUD services.
- Flexibility in local fund allocation in the Behavioral Health Services and Supports category.

#### **Behavioral Health**

#### Services Oversight and Accountability Commission (BHSOAC)

- Enhancements to the commissions representation & duties, focusing on research, evaluation, & advising on behavioral health system transformation.
- Funding for new \$20 million Innovation Partnership fund.

#### Local Mental/Behavioral

#### **Health Board Amendments:**

 Requirements for youth & local education agency membership, reflecting the shift to Behavioral Health, & expanded duties.

#### Transparency & Accountability —

- Three-year plans no longer focus on MHSA funds only. Must include *all* local, state, & federal behavioral health funding.
- The plans and reports include data through lens of health equity.
- Streamlining planning requirements & introducing a broader planning process for all behavioral health services.
- Enhancing collaboration for housing interventions & ensuring access to public and private coverage of behavioral health services.

#### **Accessing Public and**

#### **Private Coverage of Behavioral Health Services**

 Counties mandated to pursue reimbursement through various channels and report issues with managed care plans and insurers.

#### **BHSA**

#### **County Integrated Plans**

- Includes goals to reduce disparities.
- Incorporates feedback from peers & families
- Provide supports and trainings for stakeholder & family participation

# County Behavioral Health Outcomes, Accountability, and Transparency Report

 Metrics established by DHCS shall be used to identify demographic and geographic disparities in programs and services.

### Revenue Volatility/ Prudent Reserves

 The Behavioral Health Services Act Revenue Stability Workgroup will develop and recommend solutions to reduce revenue volatility and to propose prudent reserve levels to support sustainable county programs and services.

#### Changes to County Behavioral Health Advisory

 Requirements for youth & local education agency membership, reflecting the shift to Behavioral Health, & expanded duties.

#### **Behavioral Health Services Act (BHSA)**

#### **BHSA Implementation Timeline**

March 5, 2024 •Election – Voters determine if Proposition 1 passes

March 2024-July 1, 2026  DHCS to develop state metrics, FSP standards, EBP/CDEPs, Template for new annual report

January 1, 2025-June 30, 2026

- •New BHSA 18-month fiscal transition period begins
- •Conduct new processes for: CPP, Stakeholders and local review
- •Begin developing integrated plan for funding sources
- •Planning for allocation of funds among new BHSA categories, including funding transfer request requires DHCS 30 day approval.
- Complete the local review process, stakeholder engagement, publicly post Plan for 45 day public comment, host public hearing with Mental Health Advisory board, obtain approval of Board of Supervisors.

July 1, 2025 **Y25/26**  •Start using BHSA funds to pay for new admin costs related to new BHSA functions up to 2% of annual BHSA revenue received.

By June 30, 2026 •Board of Supervisors must approve the BHSA Three Year Integrated Plan for FYs 2026/27-2028/29 then submit document to DHCS and BHSOAC.

FY26/27

- •Transition to new funding categories.
- •BHSA Integrated Plan FYs 26/27-28/29 is acted upon

•Track local and state metrics, all expenditures and outcomes for programs in the Plan and report data in the Annual Update and the new annual County Behavioral Health Outcomes, Accountability, and Transparency Report.

June 30 2027

- •Submit first Annual Update under BHSA
- •June 30th is the date that Annual Updates and Three Year Plans must be approved by the Board of Supervisors to submit to the state.

### **Outreach & Marketing Plan:**

Alameda County MHSA Community Input & Public Comment



Alameda County MHSA Senior Planner Noah Gallo Oakland Fruitvale Posada – 12/16/23

#### **Empowering Communities, Improving Mental Health Together**

**Stakeholders** 



**Providers** 



Community



Alameda County MHSA Update FY2024-2025

# Outreach Plan for Public Comment MHSA FY24/25 Annual Update Plan

**Brainstorm** 

**Create Plan** 

Engage Stakeholders

Execute

**Collect Data** 

Analyze Comments

Draw Conclusions

	Target	Outreach to obtain Public Comment on the MHSA FY24/25 Annual Plan	Results
V	3/1/24- 3/16/24	Create Public Comment Outreach Materials.	<ol> <li>Create Online Survey</li> <li>Create Flyer</li> <li>Create Video explaining plan – recorded 3/15/24</li> </ol>
<b>V</b>	3/25/24- 5/15/24	Engage community and local partners to encourage feedback and critique of the MHSA FY24/25 Annual Plan.	<ol> <li>Outreach to local providers/agencies</li> <li>Outreach to MHSA SG</li> <li>Post on ACMHSA website.</li> <li>Community Presentations</li> <li>Newspapers Ads</li> <li>Email distribution campaigns.</li> <li>HCSA Social Media postings.</li> </ol>
V	5/15/24	Incorporate Public Comment recommendations into MHSA FY24/25 Annual Plan.	<ol> <li>Analysis of public recommendations.</li> <li>Implementation of public recommendations.</li> </ol>
	5/20/24	Public Hearing at Mental Health Advisory Board	Present MHSA FY24/25 Annual Plan to Mental Health Advisory Board.
$\overline{\mathbf{A}}$	6/24	Board of Supervisor Meeting – Health Committee	<ol> <li>Discussion</li> <li>Approval of MHSA FY24/25 Annual Plan</li> </ol>