



MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, April 26, 2024 (1:00-3:00pm)

ZOOM MEETING TELECONFERENCE: [Join Zoom meeting](#)

United States (Toll Free): 877-336-1831; Access Code: 3pvMmT

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

1:00 Meeting Starts

1:05 Icebreaker: “What game show do you think you have the best chance of winning?
And why did you pick this one?”

1:20 Early Psychosis – Felton Institute Director Adriana Furuzawa

- Presentation, Questions & Answers

2:15 BHSA Updates and Group Input

- Questions & Answers

2:40 Open forum

3:00 Meeting adjourns

Documents Attached:

1. Meeting Agenda Packet
2. Early Psychosis Presentation
3. BHSA Updates



(re)MIND® | BEAM Alameda

Early Intervention in Psychosis:

A Window of Opportunity to Change the Course of Serious Mental Illness

Adriana Furuzawa, MA, LMFT, CPRP
Felton Institute | Division Director
(re)MIND® Network Executive Director



MHSA Community Stakeholder Meeting
Alameda County Behavioral Health Department
April 26, 2024



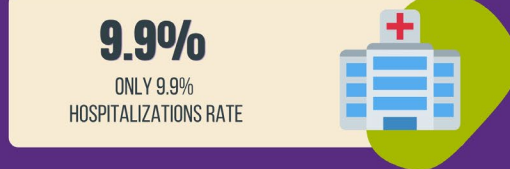
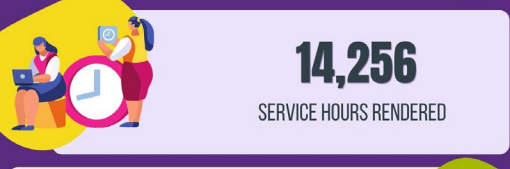
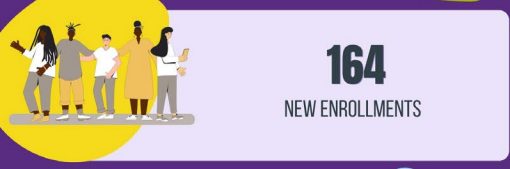

Overview

- I. About Us
- II. Early Intervention in Psychosis
- II. Understanding Psychosis
- III. Rose's Story
- IV. (re)MIND[®] | BEAM Alameda
- I. Questions and Answers

Together, We Are Felton.

FELTON EARLY PSYCHOSIS COVID-19 RESPONSE: ONE YEAR LATER

March 16, 2020–March 15, 2021



Felton institute



California

OUR *mission*

Rooted in equity, Felton Institute transforms quality of life and promotes social justice to accelerate community led change.

OUR *vision*

Drive positive and sustainable community led change where all have equitable access to innovative, high-quality, evidence-informed services.

FELTON'S CORE SERVICE AREAS



EARLY CARE & EDUCATION



MENTAL HEALTH



FAMILY SUPPORT



JUSTICE SERVICES



TRAINING, RESEARCH & EVALUATION



AGING SERVICES



1 CHILDREN, YOUTH, AND FAMILY

2 TRANSITIONAL AGE YOUTH

3 ADULTS

4 SENIORS

Felton (re)MIND[®] institute *AND* BEAM

— Alameda County —

In 2007, Felton Institute partnered with the University of California at San Francisco (UCSF) to create PREP (Prevention and Recovery in Early Psychosis) in San Francisco.

Serving Alameda County residents since 2010, the Felton early psychosis programs developed into an award-winning, nationally recognized network of early psychosis coordinated specialty care clinics, providing evidence-based, life-transforming, prevention and early intervention for schizophrenia and bipolar disorder.

The PREP Model was renamed (re)MIND[®] in 2017.



THE BENEFITS OF EARLY INTERVENTION



If Caught Early...

it may be possible to delay or prevent the onset of chronic and disabling psychosis.

Reduces the Burden...

of psychosis to the individual, family, and society at large.

Leads to...

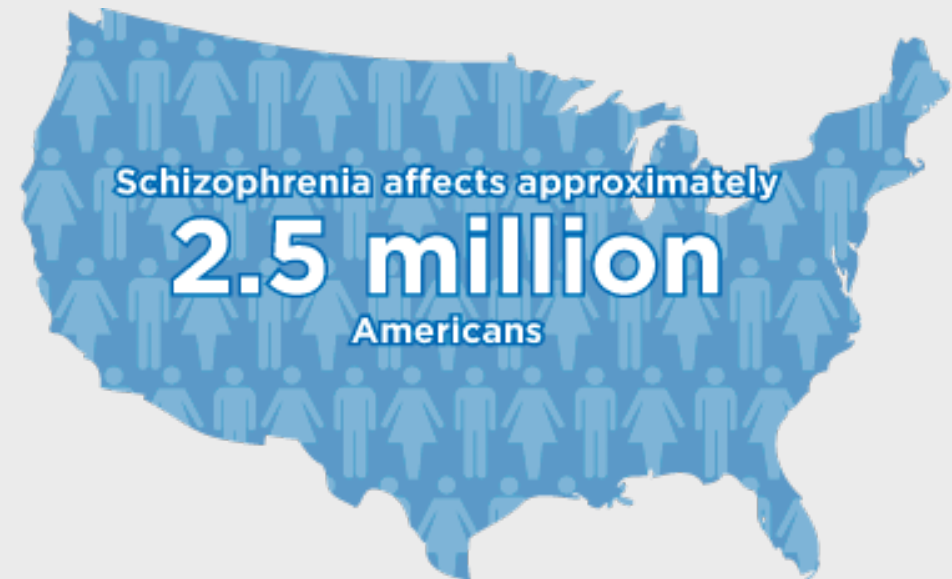
Reduced hospitalization and increased engagement with community services.

Early Intervention in Psychosis

The Burden of Schizophrenia

(US National Institutes of Health, 2013)

- Schizophrenia begins in youth, lasts a lifetime, and results in ongoing cognitive decline, repeated psychiatric crises, and frequent hospitalization.
- Individuals with schizophrenia die, on average, 24 years prematurely.
- Schizophrenia is the 7th most expensive disease in the U.S. healthcare system. Over 70% of this cost is from hospitalization.
- **100,000 adolescents and young adults in the US experience a first episode of psychosis every year.**



Understanding **Psychosis**



What is **PSYCHOSIS** ?

Understanding Psychosis

The terms "early psychosis" or "first episode psychosis" mean that an individual is experiencing psychosis for the first time. They can also refer to the first few experiences of psychosis within a recent period of time (two to five years).

The terms "clinical high risk for psychosis" or "prodrome psychosis" mean that an individual is at high risk of developing a psychotic disorder.

Understanding Psychosis

- ❑ Psychosis is a temporary state that results in having trouble determining what is real and what is not
- ❑ Psychosis is marked by
 - Experiences added to reality
 - Experiences removed from reality
 - Experiences that confuse reality

When Reality Breaks



Understanding Psychosis

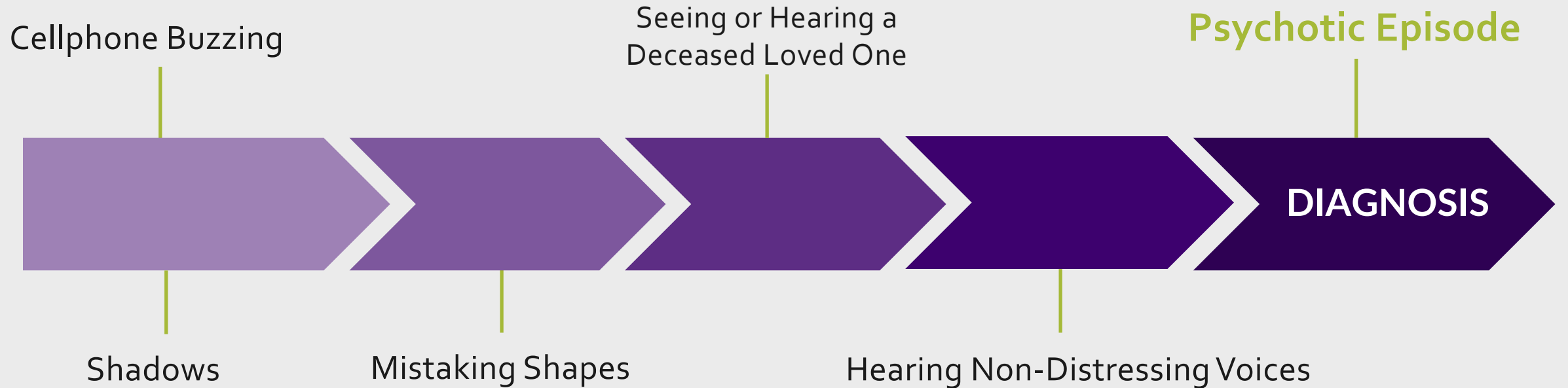
The word **psychosis** describes a condition when there is a break with reality – or with reality as it is perceived by most people.

It is often used as **an umbrella term** to describe a set of **symptoms or experiences** that match the diagnostic criteria of **schizophrenia spectrum and other related psychotic disorders** (schizoaffective disorder, schizophreniform disorder, unspecified psychotic disorder & others).

Other mental health disorders can also present with symptoms of psychosis.

Understanding Psychosis

The Psychosis Continuum



Understanding Psychosis

Psychosis Exists in a Continuum



Stress
Life Experiences

Trauma

Substance Use
Sleep Deprivation

Understanding Psychosis

Prevalence of symptoms in the general population

- ❑ 15-20% population experience frequent paranoid thoughts without significant distress
- ❑ 3-5% population have more severe paranoia (Freeman, 2006)
- ❑ 5% of population hear voices (Tien, 1991)
- ❑ People hear voices without seeking mental health services (Romme & Escher, 1989)
- ❑ 9% people hold delusional beliefs (van Os, 2000)
- ❑ It is common to see or hear a loved one following bereavement (Grimby, 1993)



Rose's Story

How Rose Inspires Young People to Aim High

- Rose is kind, honest, hard-working, resilient, and supportive of others in her life. She did well in high school and by the time she graduated she was a state wrestling champion. She told us that she wants to “lead with courage” and help others take care of themselves.
- Rose was 19 years old when she began receiving early psychosis services. Her first psychotic break happened at age 18. She was diagnosed with Schizoaffective Disorder, Bipolar Type and presented with ideas of reference, delusional thinking (religious content, mindreading, and others), suicidal thinking, risky behaviors when manic (shoplifting food and liquor from grocery stores), auditory and visual hallucinations, intermittent alcohol and cannabis use.
- Rose was referred to (re)MIND® by her probation officer. She was held in jail for four days for assaulting staff during one of her psychiatric hospitalizations and was released on probation. Rose’s team worked closely with her probation officer and charges were later dropped.
- She had multiple stays in psychiatric hospitals between ages 18 through 19. Rose had ZERO hospitalizations at age 20, and no hospitalizations since.
- Besides having no hospitalizations since she turned 20:
 - Rose went back to college
 - Criminal charges related to assaultive behavior were dropped
 - She started a part time job at a local high school as a wrestling coach
- At age 21, Rose was offered a job as a head wrestling coach in a local middle school (ages 10-14). “This is my dream job!”, she said. Rose is now 23 years old and is no longer enrolled in (re)MIND® Alameda.
- Rose attends (re)MIND® Alameda graduations and shares words of encouragement to graduates and new program participants.
- Rose met her goals! She leads with courage and help others take care of themselves!



(re)MIND[®] | BEAM Alameda

Felton Early Psychosis Programs (EPP)

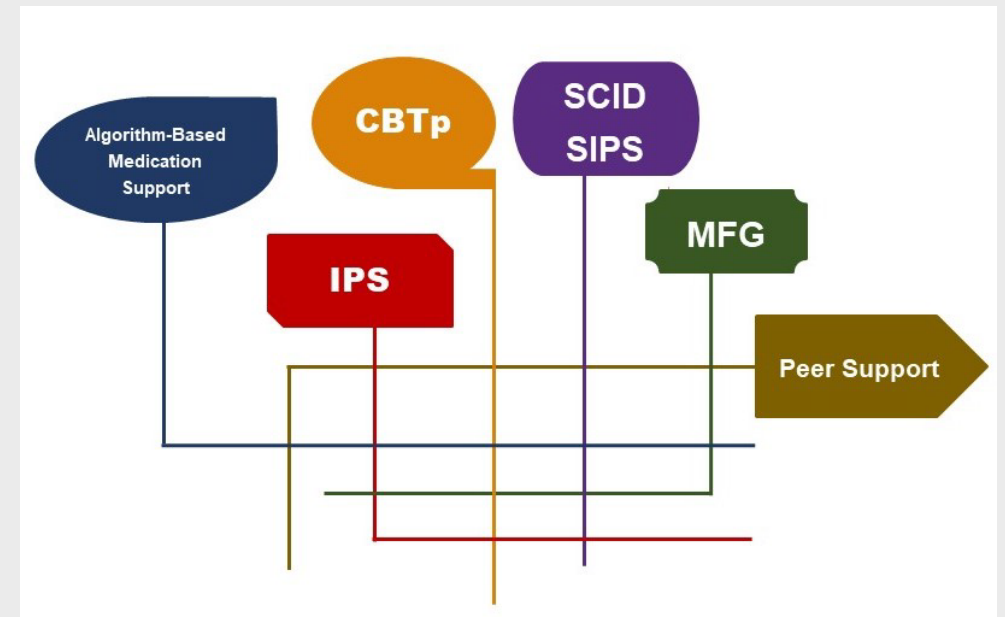
(re)MIND® | BEAM Alameda

Early Detection	Community Outreach and Education
	Psychosis Screening – PQ-B
	Rigorous Diagnostic Assessments – SCID-5 / SIPS
Treatment Interventions	Individual Psychotherapy – CBT for Psychosis
	Supported Employment and Education – IPS Model
	Algorithm-Guided Medication Management for FEP
	Intensive Care Coordination
	Family and Peer Support
	Support Groups
	Community, Office, Telehealth (Video or Phone) Sessions

MODEL



Core Evidence-Based Practices



(re)MIND® | BEAM Alameda

**In-Person and
Telehealth Services**



**Community Outreach
and Education**



TEAM



**Early Psychosis
Coordinated Specialty Care**

REFERRALS

Eligibility Criteria

- **Alameda County** resident
- Ages **15-24**
- **Medi-Cal** beneficiary or **uninsured**
- (re)MIND® -
 - Experiencing the **onset of psychosis** within the previous **two years**
- BEAM -
 - Experiencing the **onset of mood disorder with psychosis** within the previous **two years**
- Symptoms are not primarily caused by substance use



The Felton (re)MIND® Program (formerly known as **PREP**) specializes in detecting schizophrenia spectrum disorders early and providing evidence-based treatment to slow or stop its progression.

The Felton BEAM Program specializes in mood disorders such as bipolar disorder and major depression with psychotic features.

(re)MIND® | BEAM Alameda

REFERRALS

(re)MIND® | BEAM Alameda

(510) 318-6100

remindac@felton.org



Alameda County ACCESS Line

1-800-491-9099

<https://felton.org/early-psychosis/alameda/>

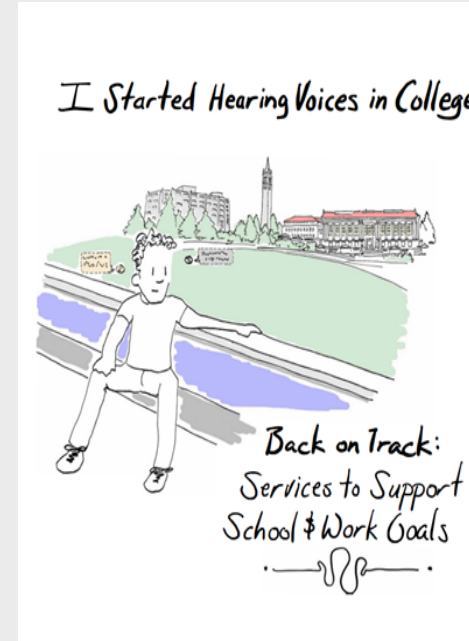
(re)MIND® | BEAM Alameda



<https://felton.org/wp-content/uploads/2023/05/reMIND-Belief-vs-Reality.pdf>



https://felton.org/wp-content/uploads/2023/05/Understanding-My-Voices-Comics_2023-05.pdf



https://felton.org/wp-content/uploads/2023/05/I-Started-Hearing-Voices-in-College-Comics_2023-05.pdf

OUTREACH & EDUCATION





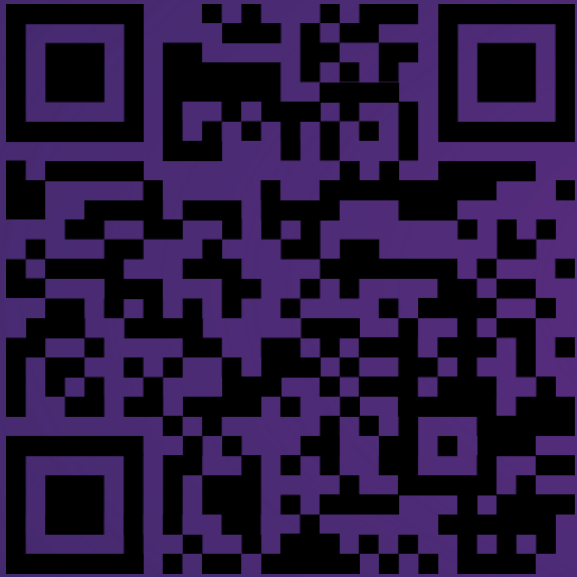
Questions & Answers

Felton institute (re)MIND[®] Felton institute BEAM

Alameda County

Felton institute (re)MIND[®] Felton institute BEAM

Alameda County



FOLLOW

@FeltonRandB on Instagram



Adriana Furuzawa, MA, LMFT, CPRP

afuruzawa@felton.org

(415) 474-7310 x 314

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 out-patient 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

