Behavioral Health Department
Alameda County Health

WELLNESS • RECOVERY • RESILIENCE

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Tracy Hazelton, MPA, Division Director

MHSA Stakeholder Group (MHSA-SG)

Friday, August 23, 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
The MHSA Stakeholder Group advances the principles of the Mental Health Services Act and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.	*We maintain a focus on the people served, while working together with openness and mutual respect.*	The MHSA Stakeholder Group: • *Reviews* the effectiveness of MHSA strategies. • *Recommends* current and future funding priorities. • *Consults* with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care. • *Communicates* with ACBH and relevant mental health constituencies.

1:00 **Meeting Starts**

1:05 **Icebreaker**: "What's one small thing you have done this week to take care of your mental health?"

1:15 **Treatment Courts and Telecare ACC Program** – Clinical Director, Danielle Guerry
- Presentation, Questions & Answers

1:50 **MHSA FY25/26 Timeline - Community Program Planning Process Update**

BHSA Update – Sr. Planner, Noah Gallo
- Presentation, Questions & Answers

2:30 **Open forum**

3:00 **Meeting adjourns**

Documents Attached:

1. Meeting Agenda
2. Collaborative Court Presentation
3. MHSA FY25/26 Timeline – CPPP
4. MHSA Listening Session Main Flyer
5. CPPP Infographics

Alameda County Treatment Courts and Mental Health Services

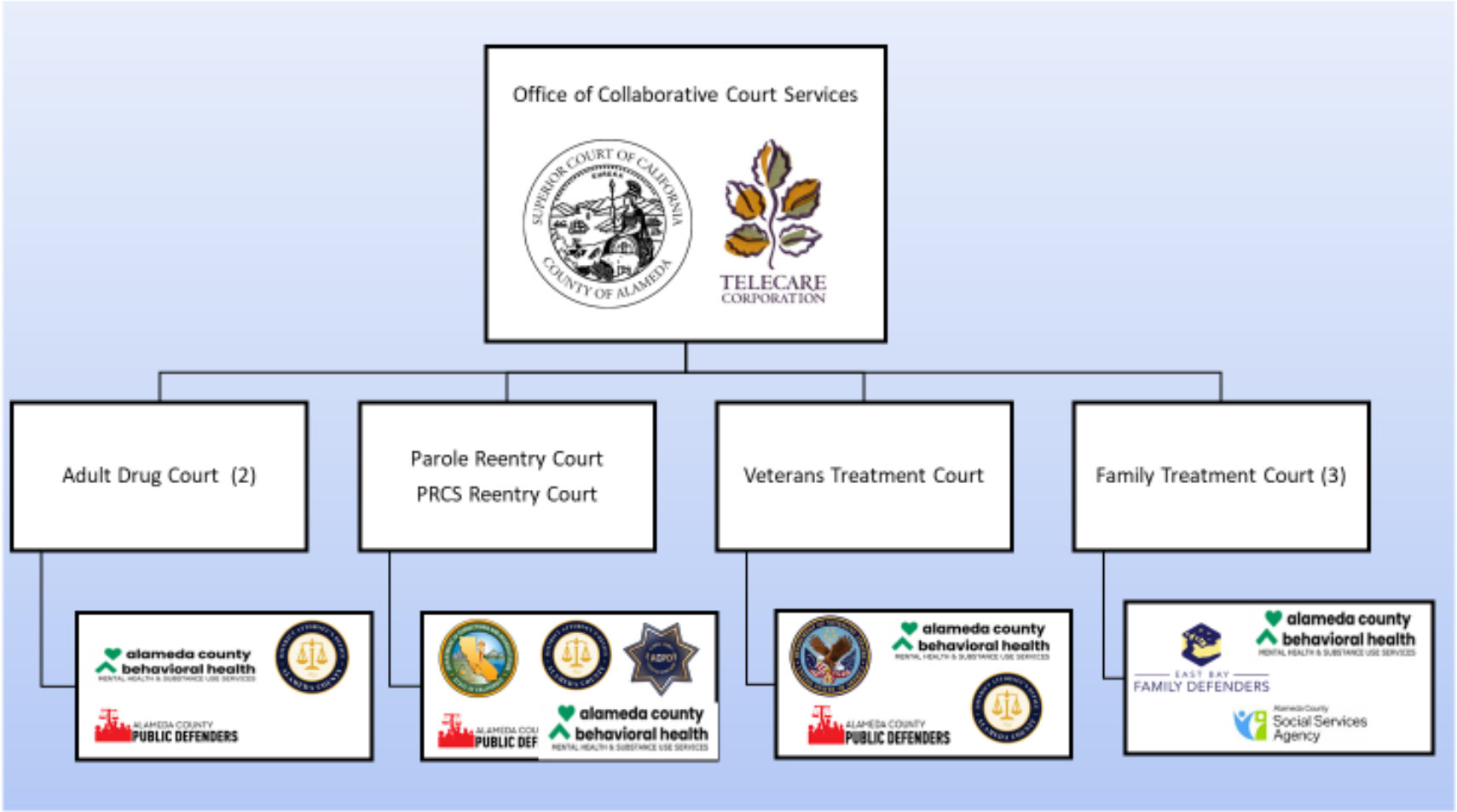
TELECARE CORPORATION

August 23, 2024

SUPERIOR COURT OF CALIFORNIA
EUREKA
COUNTY OF ALAMEDA

What is a treatment court?

- These are specialty courts that serve justice-involved people at high-risk to recidivate and with a high need for behavioral health services and treatment.
- They are non-adversarial, “collaborative courts” where all agencies come together to ensure the participants are successful in their mental health and SUD treatment.
- judges, prosecutors, defense counsel, probation, parole, social services, the Veteran’s Administration are all members of the court team.
- Teams meet for staffing meeting prior to court to make a cohesive game plan including incentives and sanctions
- SUD experts and mental health practitioners are present in every court session to provide the judge and partners with the behavioral health perspective
- Clients have regular points of contact with assigned court case manager and get linked to MH services through Telecare ACC
- Drug Court operates as a portal for direct referrals to SUD and CRT programs


Office of Collaborative Court Services
SUPERIOR COURT OF CALIFORNIA
COUNTY OF ALAMEDA
TELECARE
CORPORATION
Adult Drug Court (2)
Parole Reentry Court
PRCS Reentry Court
Veterans Treatment Court
Family Treatment Court (3)
alameda county
behavioral health
ALAMEDA COUNTY
PUBLIC DEFENDERS
EAST BAY
FAMILY DEFENDERS
Social Services
Agency

Treatment Courts Overview

Treatment Courts

- There are 8 Treatment Courts under the Office of Collaborative Court Services:

1. Drug Courts (2)
2. Reentry Courts (2)
3. Family Treatment Court (3)
4. Veterans Treatment Court

Eligibility

- Legal team determines eligibility based on charges or dependency case issues
- Case managers and mental health team assess to determine areas of need (Evidenced-Based Assessments)
- Treatment court clients are High Risk / High Needs Clients

Co-Occurring Needs

- More than 80% of Treatment Court Clients have a mental health diagnosis in addition to a SUD diagnosis
- About 20% of clients would qualify as having Severe Mental Illness (SMI)
- Courts have MH and SUD providers
- Drug testing is required
- Sobriety is a requirement for progression in phases and graduation

Alameda Court Collaborative Program

In 2017, The Office of Collaborative Court Services partnered with Telecare Corporation to provide grant-based mental health and MHSA funded services including clinical consultation and client advocacy services for Treatment Court Clients

- Mental health screening for all incoming court clients
- Clinical supervision for court case managers
- Administrative supports as related to developing systems for tracking and referrals
- Tracking effective linkage and outcomes for clients as related to reduction in incarceration and hospitalization
- Consultation and training for teams as related to ensuring trauma informed courts
- Mental health support during court sessions
- Crisis Support services and linkage

Holistic Care Model within the Criminal Justice System

Court clients are supported with accessing person-centered mental health services along the continuum of care which adjust as health needs change.

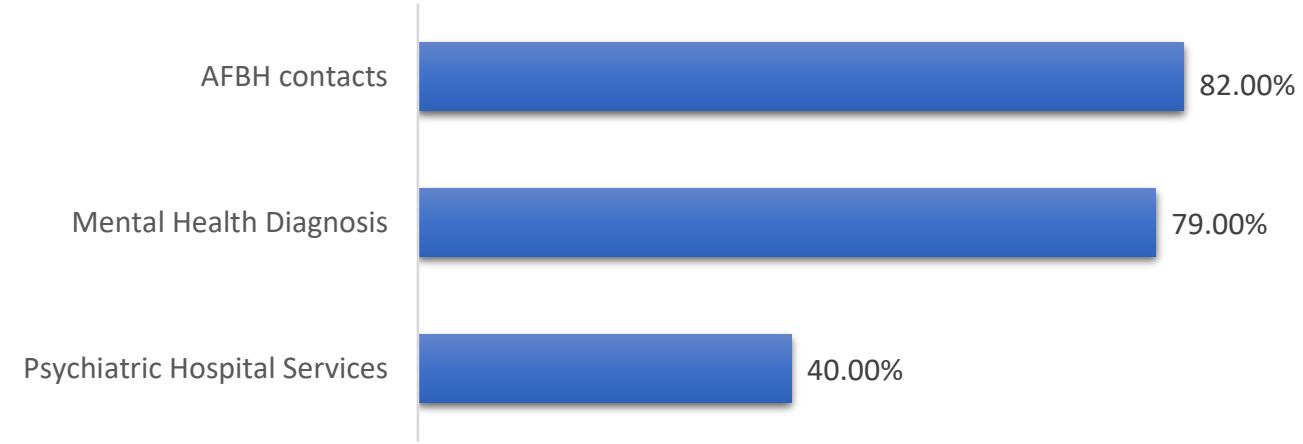
There are five staff on the team: mental health navigator, resource specialist, mental health assessor, mental health coordinator, and clinical director.

While each member of the team serves a particular function for the participants, they meet weekly to collaborate and strategize within a holistic care model.

Regular team meetings are held which are client-centered and based on changing client needs and coordination of care and services

Linkage to Mental Health and SUD Treatment

Mental Health Service Needs
Felony Adult Drug Court FY 23/24



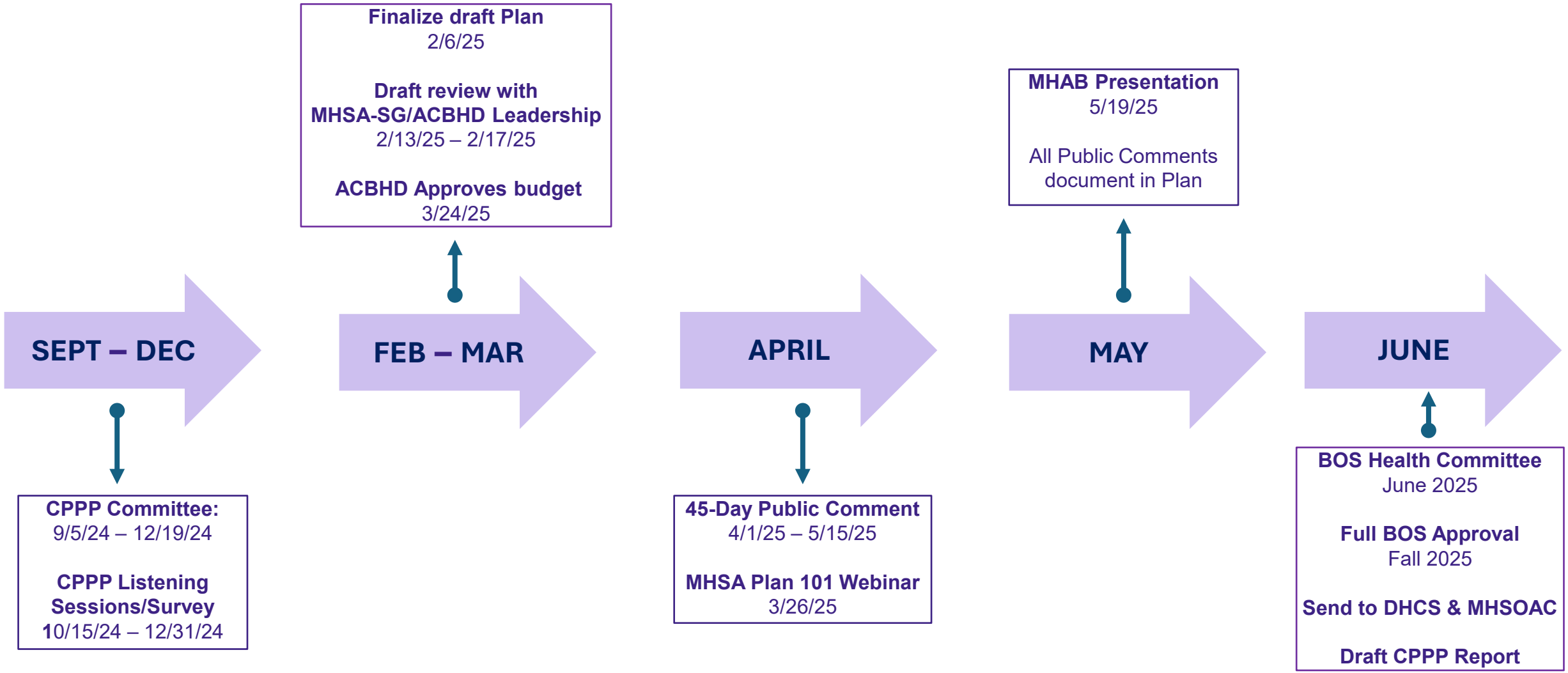
Treatment Court Outcomes for Mental Health

- More than 80% of our participants have received mental health services in Alameda County.
- About 40% have been hospitalized because of their mental health conditions, with an average stay of about 15 days.
- About 85% had not been re-hospitalized a year after engagement
- About 70% have received services from Adult Forensic Behavioral Health at the Santa Rita jail, with an average of 6 episodes.
- About 64% have not had AFBH contact since entering their court program.
- Participants are linked to MH services within two weeks from referral to ACC

Thank you

Danielle Guerry, LMFT
dguerry@telecarecorp.com

MHSA Annual Plan Update Timeline, FY 25/26



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Everyone Welcome!

Provide Feedback!

Join Us Online!

Mental Health Services Act Stakeholder Engagement Forums

You are invited to participate in the Community Program Planning Process!
This process helps determine how Alameda County allocates funds for mental health programs.
We want to hear your voice! Your input and personal experience are welcome!
The community's feedback will be included in the MHSA Annual Plan Update FY25/26.

Click links below to join the meeting on the day/time of each!

Core Mental Health Services – 10am Thursday October 17

Community Based Organizations – 10am Tuesday October 22

Adult & Senior Services – 10am Thursday October 24

Social Services & Welfare – 10am Tuesday October 29

Public Safety & Justice – 10am Tuesday November 5

Education – 10am Thursday November 7

Health Care & Insurance – 10am Thursday November 14

Youth – 4pm Tuesday December 10

Veterans – 10am Wednesday December 11

Regional & Governmental Entities – 10am Thursday December 12

Families – 10am Friday December 13

Early Childhood – 10am Tuesday December 17

Disability Population – 2pm Tuesday December 17

Peers with lived experience - TBD

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MENTAL HEALTH SERVICES ACT
COMMUNITY PLANNING PROCESS

When California passed Proposition 63, the Mental Health Services Act (MHSA), in 2004, it deepened and expanded the role of the community in decision-making about county mental health services. This infographic summarizes that role and explains the county's responsibilities.

Why is community engagement important for MHSA?

Inclusive, authentic stakeholder involvement is critical for ensuring that public mental health services are meeting the needs of the local community appropriately and responsively. Community collaboration is the first of the six Mental Health Services Act (MHSA) General Standards, and it is an integral part of all the rest.

How does MHSA require community collaboration?

Every three years, counties are required to submit a Three-Year program and expenditure plan, and an update to that plan every year. As part of these plans, counties must show that they are meaningfully involving constituents and stakeholders in mental health planning, implementation, monitoring and quality improvement, evaluation, and budgeting.[1]

Learn more about the Three-Year Program and Expenditure Plan and Annual Update or view current MHSA County Plans and Updates.

Who are the stakeholders?

All aspects of the CPP process should have involvement from **service recipients** who are experiencing serious mental illness or serious emotional disturbance (SMI/SED) and their **family members**. This is such an important part of the MHSA planning process that the county must designate a staff position(s) or unit(s) that will engage in outreach with these stakeholders to help ensure that they are involved in the process. In addition, the CPP process must also engage a **broad-based group of constituents**, including service providers; alcohol and other drug treatment providers; representatives from social services, education, health care, and law enforcement agencies; Veterans and representatives from Veteran organizations, and other important interests.

It's also important to remember that counties have a responsibility to ensure that stakeholders reflecting the **diversity** of the county's demographics have the opportunity to participate in the CPP process. "Diversity" includes, but is not limited to, geographic location, age, gender, and race or ethnicity. Another crucial component of equitable community collaboration is that representatives of **unserved or underserved populations**, and their family members, must be engaged throughout the CPP process.[2]

[1] See Welfare and Institutions Code (WIC) § 5848(a)

[2] See California Code of Regulations § 3300. Community Program Planning Process

What does the CPP process look like?

Counties are encouraged to meaningfully engage stakeholders throughout county mental health planning, implementation, and evaluation activities. At a minimum, here are the engagement activities that the county is required to do.

Training is offered (as needed) for county staff--as well as stakeholders, service recipients, and their families--involved in the CPP process.

Counties **outreach** to stakeholders, service recipients, and their families to involve them in the CPP process, making sure to engage diverse and unserved or underserved communities.

Counties **collaborate with stakeholders** to develop the Three-Year Program and Expenditure Plans or Annual Update, together identifying local needs and programs to address them. The draft plan or update is circulated to stakeholder representatives and all who have requested the plan for a 30-day comment period, and then the local mental health board holds a public hearing to discuss.

The plan or update has to integrate recommended revisions made by the local mental health board during the review process. To help demonstrate community collaboration, the county has to include a discussion of its CPP process in the plan or update, and also needs to provide an explanation to DHCS and the local governing body if there are any mental health board recommendations that were not integrated. Once final, the local Board of Supervisors adopts the plan or update.

Example: CPP Process in Action

How do counties engage their constituents? Here are a few examples drawn from real MHSA three-year plans. (Note: these examples are provided for illustrative purposes only, and their inclusion does not imply DHCS endorsement.)

Ongoing stakeholder committee or community meetings

Community input survey, in paper and online in multiple threshold languages

Marketing in local newspaper

Direct phone and email outreach to community-based and ethnic services organizations

Direct outreach to contracted providers

Focus groups and key informant interviews with representatives from:

- underserved or unserved populations (e.g., Black, Latinx, LGBTQ, transition-age youth, immigrant and refugee groups)
- constituent groups and agencies (e.g., faith leaders, peer support providers, health educators and *promotores*)

More information on the CPP process and requirements can be found at WIC 5848, CCR 3300, and CCR 3315.