

Mental Health Services Act Stakeholder Meeting

Zoom/Virtual

Friday, January 24, 2025 | 1:00PM



**Behavioral Health
Department**
Alameda County Health



WELLNESS • RECOVERY • RESILIENCE

Facilitator:

**Noah Gallo | MHSA Senior Planner
Alameda County Behavioral Health
Mental Health Services Act**

MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, January 24, 2025 (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 is something you enjoy about the city you live in?”

1:15 MHSA Innovation Projects – MHSA Innovation Project Coordinator, Mary Skinner

- Presentation, Questions & Answers

2:00 BHSA Updates – Noah Gallo

2:30 Open forum/Group Updates/Announcements

3:00 Meeting adjourns

Documents Attached:

1. Meeting Agenda
2. Meeting Agreement
3. MHSA Innovation Projects Slide desk

ICEBREAKER

“What is something you enjoy about the city you live in?”



Meeting Agreements

- 1. BE PRESENT**
- 2. SPEAK FROM YOUR OWN EXPERIENCE**
- 3. ONE VOICE AT A TIME**
- 4. STEP UP, STEP BACK**
- 5. SEEK TO UNDERSTAND AND THEN BE UNDERSTOOD**
- 6. HOLD QUESTIONS TO THE END OF THE PRESENTATION**



MHSA Innovation Projects: Peer-Led Continuum Forensic and Reentry Services and Alternatives to Confinement

Presentation to Mental Health Services Act Stakeholders Group
January 24, 2025



The problems these seek to address:

- In Alameda County, 25% of ACBH consumers receive mental health services in the jail, and 10% of consumers only receive mental health services in the jail.
- Despite intentional efforts to make the mental health system as accessible and recovery-oriented as possible, there remains a group of individuals who will not engage in voluntary services and are more likely to be incarcerated than treated by the community behavioral health system.
- Once a person with SMI and/or SUD becomes justice-involved, they are more likely to remain involved and penetrate the justice system further.
- The following innovation projects arose to address the over-incarceration of people with mental health issues and support them outside of a jail environment.

Overview of Innovation Projects

Alameda County is currently **testing two different solutions to address the same problem**. Each Innovation project is aimed to test a **different continuum of services** aimed at reducing criminal justice involvement for people with significant mental health challenges. One is a clinical model, while the other is entirely peer-led.

These proposed program are the following:

- Peer Led Continuum, Forensic and Reentry Services composed of reentry coaches; WRAP for reentry; a forensic peer respite program; and a family navigation and support program
- Alternatives to Confinement composed of an arrest diversion/triage center; a forensic crisis residential treatment program; and a reducing parole/probation violations program

These programs are part of a number of efforts by ACBH aimed to strengthen forensic and reentry mental health services for people with mental health needs and/or substance use disorder by:

Safely diverting people from the justice system into treatment,

Stabilizing and connecting individuals in custody to community behavioral health services, and

Promoting service participation that reduces recidivism.

Project Aims

To what extent do these programs, separately and together:

- Increase access to and participation in mental health services for adults with mental health and criminal justice involvement and
- Improve outcomes, including reduced jail bookings, jail days, and exit from the criminal justice system.

Learning Goals

- 1) What resources are being invested, by whom, and how much?
- 2) Who is being served, at what dosage, and in what ways, including participation in more than one INN-funded service?
- 3) To what extent do people who participate in INN-funded services experience reduced jail bookings, jail days, and are able to exit the criminal justice system?
- 4) To what extent do people who participate in INN-funded services experience increased service engagement and participation?
- 5) How does family education and consultation support individuals to move through the justice system?

Peer led Continuum Forensic and Reentry Services

Four programs, all led by people with lived experience, intended to reduce incarceration and increase participation in services

Reentry Coaches that provide peer support to individuals with significant mental health challenges to exit the jail and transition back into the community. The Copeland Center is uplifting this project and collaborating with the Office of Peer Support Services.

WRAP for Reentry that provides peer led WRAP groups facilitated by trained WRAP facilitators to support individuals to address their mental health and forensic needs and avoid future forensic involvement. PEERS is uplifting this project and collaborating with the Office of Peer Support Services.

Forensic Peer Respite program where individuals with significant mental health challenges who are justice involved can go for up to 30 days to receive peer support and address whatever issues may be affecting their recovery and reentry. LaFamilia is developing the respite and collaborating with the Forensic, Diversion and Reentry Services Division.

Family Navigation and Support program to develop materials, train family support specialists, and provide individual and group consultation directly to family members about the criminal justice system and how to best advocate on behalf of their loved one. FERC is leading this project and collaborating with Office of Family Empowerment.

Budget

| Category | Start-up Costs | Annual Costs |
|--|--------------------|--------------------|
| Total Staffing | \$662,965 | \$2,283,360 |
| Total Operations | \$287,778 | \$547,566 |
| Total Direct Costs (Staffing + Operations) | \$950,743 | \$2,830,926 |
| Total Indirect Costs (15%) | \$142,611 | \$424,639 |
| Total Costs | \$1,093,354 | \$3,255,565 |
| Potential Medicaid Revenue | | \$1,106,892 |
| Total INN Funds Needed | \$1,093,354 | \$2,148,673 |

Total Amount Requested: \$8,631,732.17

Project Duration: 5 Years

Alternatives to Confinement

Three mental health services, clinical in nature and led by clinical staff, intended to reduce incarceration and increase participation in mental health services

Arrest Diversion/Triage Center (AD/TC)

where law enforcement can take someone in lieu of arrest in order to receive a mental health assessment and engage them in whatever mental health services they receive. Horizon Services will be uplifting this project.

Forensic Crisis Residential Treatment (CRT)

program where individuals can stay for up to 30 days to address their mental health and criminogenic risk and need while in a voluntary service environment.

Reducing Parole/Probation Violations (RP/PV)

program to support individuals with significant mental health issues who are at risk of re-incarceration because they have been unable to comply with the terms and conditions of their release. This project is in procurement.

Budget

| Category | Start-up Costs | Annual Costs |
|--|--------------------|--------------------|
| Total Staffing | \$1,207,340 | \$4,247,800 |
| Total Operations | \$704,940 | \$1,334,079 |
| Total Direct Costs (Staffing + Operations) | \$1,912,280 | \$5,581,879 |
| Total Indirect Costs (15%) | \$286,842 | \$837,282 |
| Total Costs | \$2,199,121 | \$6,419,161 |
| Potential Medicaid Revenue | | \$3,209,580 |
| Total INN Funds Needed | \$2,199,121 | \$3,209,580 |

Total Amount Requested: \$13,432,653

Project Duration: 5 Years

Questions/Comments



WELLNESS • RECOVERY • RESILIENCE



THANK YOU



**Behavioral Health
Department**
Alameda County Health



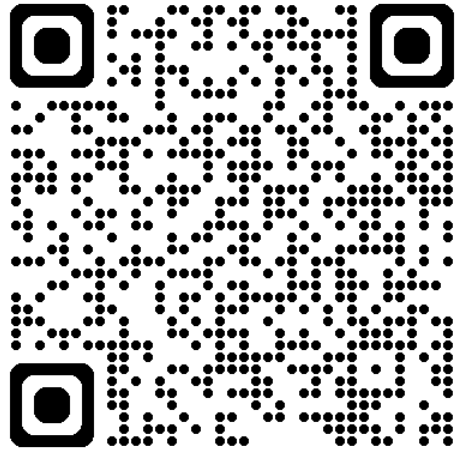
**Behavioral Health
Department**
Alameda County Health

Behavioral Health Services Act (BHSA) Required Stakeholder List

BHSA requires the Community Program Planning Process (CPPP). Counties must ensure that stakeholders and the community are a part of the planning process and contribute meaningful engagement through listening sessions, key informant interviews, survey engagement, event outreach, stakeholder group participation, and the annual CPPP planning committee. Below are the expanded stakeholders that must be engaged throughout the year:

1. Adults and older adults who are either:
 - a. Meet the criteria to receive specialty mental health services or
 - b. Have a substance use disorder
2. Families of individuals (all ages)
3. Youths or youth mental health or substance use disorder organizations
4. Providers of mental health services and substances use disorder treatment services
5. Public safety partners
6. Local education agencies
7. Higher education partners
8. Early childhood organizations
9. Local public health jurisdictions
10. County social services & child welfare agencies
11. Labor representative organizations
12. Veterans
13. Representatives from veterans' organizations
14. Health care organizations
15. Health care service plans
16. Disability insurers
17. Tribal and Indian Health Program
18. The five most populous cities
19. Area agencies on aging
20. Independent living centers
21. Continuums of care, including representatives from the homeless service provider community
22. Regional centers
23. Emergency medical services
24. Community-based organizations serving culturally & linguistically diverse constituents

Please visit us at:



**Next meeting:
Friday, February 28, 2025
1-3PM**

or

<https://acmhsa.org>



**Behavioral Health
Department**
Alameda County Health

