



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
CAROL BURTON, LMSW, INTERIM DIRECTOR



WELLNESS • RECOVERY • RESILIENCE

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## MHSA STAKEHOLDER GROUP

Friday February 23, 2018

2:00-4:00pm

2000 Embarcadero Cove, Oakland

**Alvarado Niles Conference Room – 5th Floor**

**To participate by phone, dial-in to this number: (605) 475-4834**

**Participant access code: 102839**

MISSION	VALUE STATEMENT	FUNCTIONS
<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>	<i>We maintain a focus on the people served, while working together with openness and mutual respect.</i>	<p>The MHSA Stakeholder Group:</p> <ul style="list-style-type: none"> <li>• <i>Reviews</i> the effectiveness of MHSA strategies</li> <li>• <i>Recommends</i> current and future funding priorities</li> <li>• <i>Consults</i> with BHCS and the community on promising approaches that have potential for transforming the mental health systems of care</li> <li>• <i>Communicates</i> with BHCS and relevant mental health constituencies.</li> </ul>

- I. 2:00 pm Ice Breaker and Community Updates
- II. 2:10 pm MHSA Plan & Innovative Programs Presentation
- III. 3:00 pm Adult System of Care Discussion (K. Jones, Adult SOCD)
  - Innovation Proposal and Wellness Centers

### FY17-20 MHSA Three Year Plan Approval Timeline

Date	Event/ Task
Jan. 15 – Feb.15, 2018	30 Public Comment Period
Due 2/16/18	Stakeholders and community members can provide written comments by email to <a href="mailto:MHSA@acbhcs.org">MHSA@acbhcs.org</a> .
Feb. 16, 2018 (12pm-2pm) 500 Davis Street, San Leandro	Mental Health Advisory Board Meeting Final Public Comment Period
Mar. 26, 2018	Board of Supervisors - Health Committee
TBD	Board of Supervisors (BOS) Meeting Final Plan will be submitted to Mental Health Services Oversight Accountability Committee (MHSOAC) after BOS Approval

## MHSA Stakeholder Group Roster/ Composition (Non-Staff Only)

First Name	Last Name	Agency/Affiliation	Gender/ Orientation	Consumer	Family	Provider	MH Board	Priorities Pop	Age: All	Age: C/Y	Age: TAY	Age: A	Age: OA	Geographic: All	N	C	S	E
Alane	Friedrich	Mental Health Board	Female		1		1		All						N			
Viveca	Bradley	Pool of Consumer Champions	Female	1				Diverse/ Cultural Ethnic	All				OA		N			
James	Scott	Reaching Across	Male	1					All							C	S	E
Julia	Eagan	Telecare	Female			1												
Margot	Dashiell	Alameda County Family Coalition	Female		1			Diverse/ Cultural				A			N			
Liz	Rebensdorf	NAMI	Female		1							A			N			
Karen	Grimsich	City of Fremont	Female			1							OA			C	S	
Janet	King	Native American Health Center	Female			1		Underserv ed	All						N			
Tracy	Murray	Area Agency on Aging	Female			1							OA	All				
Leah	Weinzimer	Partnerships for Trauma Recovery	Female			1		Underserv ed				A			N			
Elaine	Peng	NAMI, FERC	Female	1	1			Underserv ed	All								S	
Stakeholder Representation			<b>TOTALS</b>	3	3	5	1	5	5	0	0	3	3	1	6	2	3	1
Representation %				14%	14%	24%		24%	24%	0%	0%	14%	14%	5%	29%	10%	14%	5%

### MHSA Stakeholder Guidelines

### Qualified

1. Currently 12 members. Need total of 21 Members	<b>N</b>
2. 25% Consumers; 25% Family members; 25% Providers.	<b>N</b>
3. MHSA Stakeholder Group includes representation of:	
a. The five Alameda County Supervisorial districts	<b>Y</b>
b. Older Adult, Adult, TAY, and Children age groups	<b>N</b>
f. Consumers	<b>Y</b>
g. Families	<b>Y</b>
h. Community Based Organizations (CBOs)	<b>Y</b>
i. Homeless population with Serious Mental Illness (SMI)	<b>Y</b>
j. Underserved populations	<b>Y</b>
k. Primary Care Providers	<b>Y</b>
l. Diverse Cultural and Ethnic groups	<b>N</b>

### Membership

<b>Number of members required:</b>	<b>21</b>
<b>Number of current members :</b>	<b>11</b>
<b>Number of members needed:</b>	<b>10</b>
<b><u>Recruitment needs:</u></b>	
1. Need to recruit 11 more members.	
2. Need Children/ Youth and TAY rep	
3. Need Latino, Afghan, PI, SE Asian	



# Mental Health Services Act Innovation Component

## FACT SHEET

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### Innovation (INN) Guidelines Effective Oct. 1, 2015

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*This fact sheet directly quotes the INN proposed guidelines and resource materials that were issued on July 2015. Visit: <http://mhsoac.ca.gov/document/2016-03/innovation-regulations>*

#### I. PRIMARY PURPOSE

Innovation (INN) must be used for the following primary purposes:

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

Counties must select one or more of these purposes for each INN project. The selected purpose(s) will be the key focus for learning and change.

#### II. DEFINITIONS

An INN project is one that contributes to learning, rather than a primary focus on providing a service, in one or more of the following three ways:

- Introduces new mental health practices/approaches including prevention and early intervention that have never been done before, or
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings.

An INN project may introduce a novel, creative, and/or ingenious approach to a variety of mental health practices, including those aimed at prevention and early intervention.

**Restrictions:** A practice/approach that has been successful in one community mental health setting cannot be funded as an INN project in a different community even if the practice/approach is new to that community, unless it is changed in a way that contributes to the learning process. Merely addressing an unmet need is not sufficient to receive funding under this component.

### III. PLANNING PROCESS

**Scope:** INN projects may address issues faced by children, transition age youth, adults, older adults, families (self-defined), neighborhoods, tribal and other communities, counties, multiple counties, or regions. The project may initiate, support and expand collaboration and linkages, especially connections between systems, organizations and other practitioners not traditionally defined as a part of mental health care. The project may influence individuals across all life stages and all age groups, including multigenerational practices/approaches.

**New INN Project Approval:** INN project approval involves a two-step process. Fully developed INN project ideas can either be included in the County's Three Year or Plan Update or be submitted as a stand-alone document that's posted for 30-day public comment and then submitted to the County Board of Supervisors for approval. Once a County has received Board approval it shall submit an INN Project Plan to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for approval of INN project funds. The MHSOAC approves all INN funds for each new INN Project. INN funds cannot be spent until the MHSOAC approves the INN project and budget.

**Time Limits:** Each INN project has up to 5 years for implementation.

**Regional Collaboration:** Collaboration among counties is encouraged under INN. Two or more counties may work together on a joint INN project.

**Non-Supplant:** According to CCR, Title 9, Division 1, Chapter 14, section 3410, the MHSA non-supplant requirements related to county expenditures must be met.

### V. REPORTING & EVALUATION

**Data Collection:** INN project reports must include participants' demographic data on age, race, ethnicity, primary language, sexual orientation, disability, veteran status, gender, and other relevant data.

**Evaluation:** The evaluation component of each INN project shall include INN project outcomes related to the selected primary purpose and INN activities that contributed to successful outcomes. INN project results shall be disseminated to stakeholders. There shall be stakeholder involvement in evaluation and continuation of INN projects.

**Sustainability Planning:** If an INN project has proven to be successful and a county chooses to continue it, the work plan must transition to a different funding. Counties may consider integrating a successful INN project into other components when planning for the future. County shall consider how to provide continuity for participants with SMI after the implementation of INN project.

For more information on ACBHCS Innovative Programs visit [www.acinnovations.org](http://www.acinnovations.org)



# **MENTAL HEALTH SERVICES ACT THREE YEAR PLAN**

*Tracy Hazelton, MPH,*

**MHSA Division Director, ACBHCS**

*Linda Leung Flores, MSW*

**MHSA Sr. Planner, ACBHCS**



**Alameda County FY18-20 MHSA Three Year Plan & Innovative Programs  
MHSA Stakeholder Group  
February 23, 2018**



# FY18-20 MHSA Three Year Plan Stakeholder Input Process

## Outreach


- 1,000 invitations and MHSA Surveys

## Community Input

- 5 Community Input Forums with Interpretation (250+ attendees)
- 18 Community Focus Groups (138 participants)
- 550 MHSA Surveys Completed



**87% 1<sup>st</sup> Time Participants**



**WE WANT TO  
HEAR FROM YOU!**

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES  
MENTAL HEALTH SERVICES ACT/PROP 63

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES**

**Invites** you to attend public meetings to:


- Listen** to your ideas about how to improve the County's mental health services
- Share information** about the Mental Health Services Act.

**ALL COMMUNITY INPUT MEETINGS ARE FROM 5:30 - 7:30 PM. A LIGHT MEAL IS SERVED.**

Tues. July 25, 2017**	<b>Berkeley</b>	Ed Roberts Campus, Osher Room 3075 Adeline St. in Berkeley (adjacent to Ashby BART station)
Thurs. Aug. 24, 2017	<b>San Leandro</b>	San Leandro Senior Community Center, Main Room 13909 E. 14th St. in San Leandro
Tues. Aug. 29, 2017**	<b>Oakland</b>	Allen Temple Baptist Church, Mary Morrissey Room 8501 International Blvd. in Oakland
Tues. Sept. 12, 2017	<b>Livermore</b>	Livermore Community Center, Palo Verde Room 4444 East Ave. in Livermore
Tues. Sept. 19, 2017*	<b>Hayward</b>	Weekes Community Center, Main Hall 27182 Patrick Ave. in Hayward

\*Spanish translation will be available    \*\* Spanish and Mandarin translations will be available    If translation in other languages is needed, please indicate in your RSVP.

**RSVPs encouraged, but not required.** RSVP at: <https://mhsacommunitymeeting.eventbrite.com> or 510-834-5990  
<http://acmhsa.org/>



# MHSA STAKEHOLDER INPUT

## Children, Youth & Transitional Age Youth



PRIORITY MENTAL HEALTH NEEDS	MHSA PROGRAMS
1. Suicide (73%)	<p><b>Current PEI:</b> Suicide Prevention, Crisis Support Services, Teen Text Line, MHFA trainings</p> <p><b>Current CSS:</b> IHOT</p>
2. Community Violence & Trauma (71%)	<p><b>Current FSP/PEI:</b> TAY (TIP), PEI: Youth Centers, BRL, multiple training curriculums</p> <p><b>Pending INN:</b> 2 Innovation Projects School based Trauma &amp; JJC Group Support Model</p>
3. Homelessness (70%)	<p><b>Current FSP/ PEI:</b> STAY, TIP, HIP, Woodroe, BOSS</p> <p><b>Pending CSS:</b> TAY Residential Services</p>



# MHSA STAKEHOLDER INPUT ADULTS & OLDER ADULTS



## PRIORITY MENTAL HEALTH NEEDS

## MHSA PROGRAMS

1. Homelessness (72%)

**Current CSS:** MHSA Permanent Supportive Housing, 2 FSPs focus specifically in homelessness, Trust Clinic

2. Domestic Violence (63%)

**Current CSS:** Crisis Stabilization Services, Court Advocacy Program

3. Suicide (63%)

**Current CSS/PEI:** Crisis Stabilization Services, Mobile Integrated Assessment Team for Seniors and Older Adult Peer Support Program, Suicide Hotline, MHFA trainings  
**Pending CSS:** Mobile Crisis Teams & Mobile Evaluation, Zero Suicide Initiative



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# MHSA STAKEHOLDER INPUT

## Underserved Populations



PRIORITY POPULATION	MHSA PROGRAMS
1. Persons Experiencing Homelessness (63%)	<b>Current CSS:</b> FSP 10 Housing, FSP 1 & 2
2. Persons experiencing Mental Health Crisis (54%)	<b>Current CSS:</b> Crisis Stabilization/Residential Services; In Home Outreach Team (IHOT); Assisted Outpatient Treatment (AOT), Community Conservatorship program
3. Older Adults (49%)	<b>Current FSP:</b> STAGES FSP; <b>Current PEI:</b> Mobile Mental Health Services (GART); Older Adult LGBT Peer Support <b>Pending CSS:</b> OA Service Team
4. Immigrants/ Refugees (48%)	<b>Current PEI:</b> Underserved Ethnic Languages Program (UELP) <b>Pending:</b> INN 5 Grants - API and Refugees

# BARRIERS TO MENTAL HEALTH SERVICES



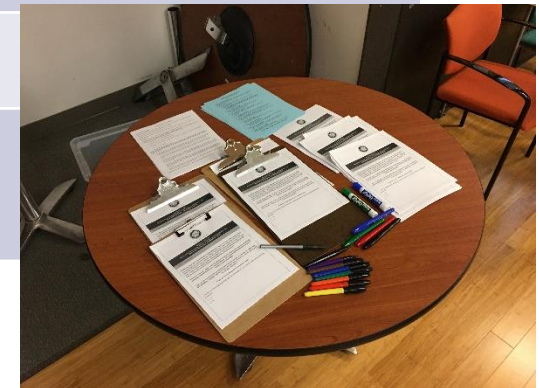
BARRIERS	MHSA PROGRAMS TO ADDRESS BARRIERS
1. Stigma in Community (69%)	<b>Current PEI:</b> Stigma Reduction Campaign/ Everyone Counts
2. Lack of Transportation (64%)	<b>Pending INN:</b> INN project – Community Assessment & Transport Team
3. Limited availability of appointments (57%)	<b>Current PEI:</b> Underserved Ethnic Languages Population (UELP) <b>Pending PEI:</b> UELP will be expanded in FY18-19
4. Lack of Language Access (54%)	<b>Current PEI:</b> Underserved Ethnic Languages Program (UELP) <b>Pending INN:</b> INN Grants for API and Refugees

# Effectiveness in Addressing Mental Health Needs



## Top Ranked MHSA Programs\*

1. Full Service Partnerships (40%)
2. Family Education and Resource Centers (39%)
3. Integrated Behavioral Health and Primary Care (37%)
4. Suicide Prevention (36%)
5. School-based Mental Health Services (36%)



\*On our Community Input Survey, individuals were asked to identify MHSA programs that they thought were effective, i.e. 40% responded that the FSPs were effective in addressing local MH concerns and negative outcomes that may result from untreated mental illness.

# Mental Health Services Act Five Plan Components



Community Services & Supports (2006)	Prevention & Early Intervention (2008)	Workforce, Education & Training (2009)	Capital Facilities & Technology (2009)	Innovative Programs (2010)
31 ongoing programs	20 ongoing programs	9 programs and strategies	1 site / EHR project	Multiple short-term projects
\$55.0M annually	\$26.3M annually	\$7.6M over 10 years	\$16.2M over 10 years	\$2.4M for 18-month projects



# COMMUNITY SERVICES & SUPPORTS

## FY18-20 Plan Changes



### 1. Full Service Partnerships – Expansion and RFP

Total 14 teams with up to 50 clients per team

### 2. MH Services focused towards the African American Community

- Re-entry Mental Health Services
- Support Services at MHSA Housing sites
- Training/ TA on accurate diagnosis & treatment and healing practices

### 3. Older Adult Service Team

FY18-19 New Older Adults Service Team will serve approx. 60 clients/ mo.





# PREVENTION & EARLY INTERVENTION Programs



Prevention	Early Intervention	Outreach	Access & Linkage	Stigma and Discrimination	Suicide Prevention
<ul style="list-style-type: none"> <li>• Underserved Ethnic &amp; Linguistic Populations</li> <li>• Wellness Centers</li> <li>• African American Focused Svs</li> <li>• Post Crisis Peer Mentor</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• First Onset</li> <li>• TAY Resource Center</li> </ul>	<ul style="list-style-type: none"> <li>• Early Childhood</li> <li>• OA Peer Support</li> <li>• School Based</li> <li>• Wellness &amp; Recovery</li> </ul>	<ul style="list-style-type: none"> <li>• School Based Access (COST teams)</li> <li>• ACCESS language lines</li> </ul>	<ul style="list-style-type: none"> <li>• Everyone Counts Campaign</li> <li>• Overcoming Internalized Stigma</li> <li>• Lift Every Voice and Speak Speakers Bureau</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis Line</li> <li>• Teen Text Line</li> <li>• School and Community Gatekeeper Training</li> <li>• Trauma Informed Care</li> </ul>

# PREVENTION & EARLY INTERVENTION

## FY18-20 Plan Changes



- Underserved Ethnic & Linguistic Populations
- African American Culturally Responsive Services

- RFP in FY 17/18

### Request For Proposal released in FY17-18:

- Expansion of Ethnic and Underserved Linguistic Populations (UELP) will serve:

Afghan, African, Asian, Native American, Native Hawaiian/Pacific Islander, Filipino, South Asian and Southeast Asian

- New PEI Programs focused on the African American Community



# WORKFORCE EDUCATION TRAINING

## FY 18-20 Plan Changes



- FY 17-18: Completing its ten-year block grant from the Mental Health Services Act
- Completing assessment of workforce and training needs with BHCS county and contracted community based organizations (CBOs) through an online survey and focus group to gather feedback from stakeholders.
- Data from the WET assessment will determine the next phase of Workforce and Training for BHCS.



# INNOVATIVE PROGRAMS

## FY18-20 Plan Changes



### Innovative Proposals

1. Supportive Housing Land Trust
2. Community Assessment and Transport Team
3. Cannabis Education for TAY with Mental Health Challenges
4. TAY Emotional Emancipation Circles
5. Intro Neuroplasticity to Mental Health

***All INN proposals will require approval of the  
Mental Health Services Oversight & Accountability Commission.***



# INNOVATIVE PROGRAM

## FY16-17 Program Outcomes



### Round Four Innovation Grant Projects

1. Mental Health Technology Applications (RFP in progress)
2. Behavioral/Mental Health Career Pathways for High School and Undergraduate Student
  - Working with Underrepresented Student Populations
  - Innovative Partnerships
  - Funding Models and Sustainability Reporting
  - Industry Preparation And Participation In Behavioral/Mental Health Pathways
  - De-Stigmatizing Behavioral/Mental Health Careers
  - Mentorships





# INNOVATIVE PROGRAMS

## FY18-20 Plan Changes



### Round Five Innovation 18-month Grants

1. API/ Refugees: RFP to be released in 2018
2. Suicide Prevention, Zero Suicide Initiative
3. Evaluation of Children's Mental Health Outcomes
4. Trauma Informed Systems in Schools
5. Juvenile Justice Center – Team Based Group Model
6. API Mental Health Empowerment Conference



# INNOVATIVE PROGRAMS

## Planning Process



Alameda County INN Grant Cycle ends after Round 5 Project due to 2010 INN Plan completion

### INN Program Guidelines – Rev. 2015

- ❖ INN Proposals require Mental Health Oversight & Accountability Commission Approval
- ❖ Up to 5 Year Implementation
- ❖ Data Collection on participant demographics
- ❖ Evaluation & Sustainability Planning
- ❖ Stakeholder Involvement



# INNOVATIVE PROGRAMS

## Project Approval Process



### FY18-19 Innovative Project Timeline (tentative)

March:	Staff develop draft INN Proposals
April - May:	Stakeholder Input Meetings on INN Proposals
June - July:	Board of Supervisors Approval
June - July:	INN Proposal Presentation to MHSOAC
	INN Plan Submittal to State



# INNOVATIVE PROGRAMS

## Proposals In Development



1. Supportive Housing Land Trust
2. Community Assessment and Transport Team (CATT)
3. Cannabis Education Program for TAY with Mental Health Challenges
4. Introducing Neuroplasticity to Mental Health – A Holistic Approach to Intervening with Children
5. TAY Emotional Emancipation Circles



# MHSA STAKEHOLDER COMMITTEE

## Role & Responsibilities



## MISSION

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.

## FUNCTIONS

The MHSA Stakeholder Group:

- *Reviews* the effectiveness of MHSA strategies
- *Recommends* current and future funding priorities
- *Consults* with BHCS and the community on promising approaches that have potential for transforming the mental health systems of care
- *Communicates* with BHCS and relevant mental health constituencies



**Alameda County Mental Health Services Act Stakeholder's Meeting**  
**January 26, 2018 • 2:00 pm - 4:00 pm**  
**Alvarado Niles Room, 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606**

Meeting called to order by Chair **Linda Leung Flores** (BHCS Staff)

**Present Representatives:** Viveca Bradley (POCC), Margot Dashiell (AC Family Coalition), Karen Grimsich (City of Fremont), Elaine Peng (NAMI Chinese/ FERC), Liz Rebensdorf (NAMI), Linda Leung Flores (BHCS, MHSA Sr. Planner) and Terri Kennedy (BHCS, MHSA Division).

**Phone-in participants:** Scotty James called in but was disconnected.

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>Introductions and Overview of Agenda Items (Linda Leung Flores)</b>	Linda briefly reviewed the agenda items for the MHSA Stakeholder's Meeting and began the attendee introductions	
<b>Stakeholder Committee agency updates</b>	<p><b>City of Fremont (Karen G.):</b> Fremont is becoming an "Age Friendly City". They surveyed 1,000 Older Adults, using the date for a city plan community meeting.</p> <p><b>NAMI (Liz R.):</b> NAMI just started their "Family to Family" Class; NAMI is also hosting a retreat in a month.</p> <p><b>NAMI Chinese (Elaine P.):</b> NAMI Chinese just started their "Family to Family" class in Chinese</p> <ul style="list-style-type: none"> <li>• Cantonese class is in Oakland</li> <li>• Mandarin class is in Fremont</li> </ul> <p>*Both classes are full</p> <p>Also encouraging members to attend an event in Cupertino in support for Governor candidate John Chang.</p> <p><b>African American Family Outreach Project (Margot D.):</b> Tomorrow is the 2<sup>nd</sup> of 5 MHSA funded meetings for the African American Family Outreach project. It will be held at the East Oakland Senior Center on Sat., January 27<sup>th</sup> from 10 a.m. to 4 p.m. Currently have 75 participants signed up, and the Mayor of Oakland is set to attend.</p> <p><b>Committee Member Update (Linda L.F.):</b> Penny Bernhisel has been hired on at BHCS as the AOT Director, she will no longer be participating as a Stakeholder committee member.</p>	
<b>Review of Stakeholder Committee Make-Up and New Member Recruitment</b>	<ul style="list-style-type: none"> <li>• The committee reviewed the current make-up of the Stakeholder Committee to see what populations need more representation. Discussed potential contacts who may be a good fit.</li> </ul>	<ul style="list-style-type: none"> <li>• Linda will set up interview times with Steering Committee members and applicants.</li> </ul>

<i>ITEM</i>	<i>DISCUSSION</i>	<i>ACTION</i>
	<ul style="list-style-type: none"> <li>The committee also reviewed two recent submissions of Stakeholder member applications during the meeting. After review, the group voted to proceed with the interview process with the Steering Committee for both applicants.</li> </ul>	<ul style="list-style-type: none"> <li>Current Stakeholder Committee members are to continue to refer and recruit applicant</li> </ul>
<b>MHSA 3 year Plan Stakeholder Input</b>	<p>The MHSA 3 year Plan is now posted for 30 days for public comment. The Stakeholders were sent the plan to review prior to today's meeting.</p> <p><b>Comments/concerns shared out in the group: (Liz R.)</b></p> <ul style="list-style-type: none"> <li>The plan is presented in a way that is beautiful, organized and clear.</li> <li>Housing issues- for clients and staff (causes staff turnover). Encourage affordable housing.</li> <li>API Population- low level of penetration with providing MH services who are API Medi-Cal recipients, is only 2%.</li> <li>Results- People recognizing, acknowledging, realizing they need help vs. denying services/cannot engage them. It's not ALL stigma preventing people from getting the help they need. What can we do?</li> <li>It's good to see the challenge areas for MH services in Alameda County.</li> <li>There is a lot of overlap/providers doing the same things. It would be helpful to connect these providers with "like services" by category (PEI, FSPs, etc.) no more silos</li> </ul> <p><b>(Karen G.)</b></p> <ul style="list-style-type: none"> <li>We're underserving the Older Adult Population</li> <li>INN project change from 18 months to 3 years. How does that work for those going beyond 18 months?</li> </ul> <p><b>INN Projects:</b> To clarify: The 18 month timeline is NOT a state guideline for INN projects, it was something proposed by the County. Those 3 INN projects posted on the 3 year plan were intended to start, they must go to the Oversight and Accountability Committee (OAC) for approval.</p> <p><b>(Margot D.)</b></p> <ul style="list-style-type: none"> <li>RE: INN project with Kate Jones (MH Crisis Ambulance project to divert people from 5150s and hospitalization at John George Pavilion) She understands the intent of the project, but not the selected</li> </ul>	<ul style="list-style-type: none"> <li>Any further comments on the plan must be made in writing via email to <a href="mailto:MHSA@acgov.org">MHSA@acgov.org</a> or by attending the Mental Health Board presentation on Friday, February 16<sup>th</sup>.</li> <li>Encourage other community members to come to the Mental Health Board meeting to give input on the MHSA plan.</li> </ul>

<i><b>ITEM</b></i>	<i><b>DISCUSSION</b></i>	<i><b>ACTION</b></i>
	<p>service area/locale (San Leandro/Hayward). Based on the statistics, why is it being started in an area of the county that doesn't have high numbers of 5150s/hospitalizations?</p> <ul style="list-style-type: none"> <li>• She feels that this program would be most helpful if based in North County (as Oakland has the highest number of incidents).</li> <li>• We need more/continuous follow-up and site visits at Wellness Centers.</li> <li>• When INN projects end, it often leaves consumers with no other resource.</li> </ul> <p><b>(Viveca B.)</b></p> <ul style="list-style-type: none"> <li>• In agreeance with Margot's comments about the selected service area for the MH Ambulance INN project.</li> <li>• Can we shift the service to Oakland after 1 ½ years in the suggested service area?</li> <li>• In regard to the INN projects, we need to continue those services that work. We need to find a way to sustain those that have proven successful, as it seems like a waste of time and money. Additionally, it can be very detrimental to the consumers who are utilizing these services when they end abruptly. There needs to be a link to providers who can pick up the programs after the INN contract is up.</li> </ul> <p><b>(Linda. F.)</b></p> <ul style="list-style-type: none"> <li>• Re. the MH Ambulance INN project or Community Assessment &amp; Transport Team (CATT), BHCS will consider program expansion into Oakland if these are successful pilot projects and OPD and the City of Oakland are willing to partner with BHCS.</li> </ul> <p><b>Group Recommendations for INN projects:</b></p> <ul style="list-style-type: none"> <li>• Share with providers the benefits of the services that are being provided by the INN projects, have providers show them where/how to access them.</li> <li>• At the INN Conferences, have the CBOs in attendance complete a survey on what INN projects they'd like to see more of.</li> <li>• There needs to be a process implemented to link providers with INN services that work, that also match their needs. A BHCS service "Match maker" to help INN services sustain. Create a "pipeline".</li> </ul> <p><b>(Linda F.)</b></p> <ul style="list-style-type: none"> <li>• We can include the participant surveys as a form of evaluation for the INN 4 Learning Conference on the Mental</li> </ul>	

<i><b>ITEM</b></i>	<i><b>DISCUSSION</b></i>	<i><b>ACTION</b></i>
	Health Technology projects. However, Round 4 INN Learning Conference would be the last learning conference as we know it since BHCS is transitioning from the 18 month grants model to multi-year projects (up to 5 years). These projects require MHSOAC approval for funding. Evaluation will be required for each of these projects as well.	

**Next Stakeholder meeting: Friday, February 23<sup>rd</sup> from 2-4 p.m., Alvarado Niles Room.**

**MHSA Stakeholder Group  
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