



WELLNESS • RECOVERY • RESILIENCE

October 25, 2018 PowerPoint Presentations and Handouts

- Tab 4:**
- **PowerPoint:** Alameda County Behavioral Health Care Services Innovation Plans
 - **Handout:** Position Letters Regarding Alameda County Innovation Plan
- Tab 5:**
- **PowerPoint:** San Francisco - Innovations Learning Project Proposal: Wellness in the Streets (WITS)

Alameda County Behavioral Health Care Services Innovation Plans



MHSOAC Presentation Oct. 25, 2018

Introducing Neuroplasticity to Mental Health Services for Children

INTRODUCING NEUROPLASTICITY TO MENTAL HEALTH SERVICES FOR CHILDREN

Presenting Problem / Need:

- ❑ In Alameda's MHSA Community Planning Process, 71% identified trauma/violence as a priority issue for youth – with a focus on services in schools
- ❑ 19% of Alameda students identified as having emotional/behavioral symptoms (over 150,000 students, 30,000 with symptoms)
- ❑ 67-90% of Alameda students who exhibit emotional/behavioral symptoms have experienced trauma (20,000-27,000 students in K-6)
- ❑ Trauma is a leading cause of neurodevelopmental issues
- ❑ Neurodevelopmental disorders contribute to emotional/behavioral symptoms, interrupted learning, and other poor outcomes
- ❑ Neurodevelopmental interventions are generally available only for families who can pay out of pocket

INTRODUCING NEUROPLASTICITY TO MENTAL HEALTH SERVICES FOR CHILDREN

Proposed Innovation Project:

- ❑ Introduce neurodevelopmental assessment and intervention services in a school setting to increase quality/effectiveness of mental health services provided
 - Train school and BHCS staff in the model (HANDLE®)
 - Refer students with emotional/behavioral symptoms
 - Conduct eligibility screening (with parent permission)
 - Assess eligible students and develop intervention plan
 - Provide interventions every school day for 4-6 months

Holistic Approach to Neuro-Development and Learning Efficiency (HANDLE®) provides training for clinical and non-clinical providers in assessment and specific interventions

INTRODUCING NEUROPLASTICITY TO MENTAL HEALTH SERVICES FOR CHILDREN

What is Innovative? How will it be Evaluated?

- ❑ Introducing neurodevelopmental assessment & intervention into mental health services is a significant change to existing practice
- ❑ **Core Question: Can neurodevelopmental interventions provided in a non-clinical setting for youth with emotional and behavioral disorders reduce their symptoms and improve their functioning?**
 - Increase in school staff/provider knowledge, skills, response and understanding (150 participants)
 - Improvements seen for 200 students receiving interventions:
 - 35-50% improved neurodevelopment
 - 50% improved emotional/behavioral symptoms
 - 25% improve school performance
 - Continued improvement seen in IEP (1 year later)

INTRODUCING NEUROPLASTICITY TO MENTAL HEALTH SERVICES FOR CHILDREN

Total Innovation Budget: \$2,054,534 over four years

Salaries \$943,631	BH Clinical Supervisor (1 FTE) – oversee program, Clinician II (.6-.75 FTE) – oversee trained practitioners Clinicians (.2 FTE x 6 staff) – BHCS in-kind (not in total)
Operating \$80,200	Substitute teachers (while teachers are in training), Materials
Consultants \$762,720	Parent Aides (trained in interventions), Trainers, Evaluator
Indirect \$267,983	15% for BHCS to administer
Total funds for Evaluation: \$443,734 (staff time, outside evaluator)	

INTRODUCING NEUROPLASTICITY TO MENTAL HEALTH SERVICES FOR CHILDREN

If successful, how will it be Sustained?

- ❑ Training of existing school staff will prepare schools to continue some aspects of the project (referrals, limited assessment and interventions)
- ❑ Incorporate neurodevelopmental assessments and interventions into BHCS practice
- ❑ MHSA PEI and CSS funds may be allocated (in alignment with MHSA regulations)

Thank you!

**COMMUNITY ASSESSMENT AND
TRANSPORT TEAM
(CATT)**

COMMUNITY ASSESSMENT AND TRANSPORT TEAM (CATT)

Presenting Problem / Need:

MHSA Community Planning Process identified “persons experiencing mental health crises” as second most underserved population

- Alameda has highest rate of 5150 holds in CA
- 75% of clients on 5150 hold transported to PES did not meet medical necessity for inpatient acute psychiatric services
- People who do not qualify for 5150 hold are not linked to services

Response to those experiencing a crisis is expensive, time consuming, and often does not result in client receiving the appropriate services

There are many agencies that have a role in crisis response, making change complex

COMMUNITY ASSESSMENT AND TRANSPORT TEAM (CATT)

Proposed Innovation Project:

- ❑ Interagency collaboration to implement efficient and effective changes to crisis response system
 - Behavioral Health, Emergency Services, Whole Person Care, 911, law enforcement, city services, and others
 - Partners provide staff time, training and support
 - Conduct Continuous Quality Improvement

- ❑ Implement unique staffing and technology model
 - MH Provider and EMT team in a van to maximize assessment and transport options (5150 or not 5150)
 - Information systems that provide current client records and availability of services to assist with connection to most appropriate services

COMMUNITY ASSESSMENT AND TRANSPORT TEAM (CATT)

What is Innovative? How will it be Evaluated?

- INN: Using interagency collaboration to make timely systems changes to the crisis response system
 - Effectiveness/efficiency in making changes to the system
- INN: A unique staffing/technology model to improve client services and efficiency in the crisis response system
 - # of clients served (est: 10,794)
 - # non-5150 clients transported who engage in planned services (est: 900)
 - 25% reduction in time spent on a crisis response
 - 25% reduction in 5150 transports to ED for med clearance
 - 30% reduction in 5150 holds (for those served by CATT)
 - 30%-50% reduction in time spent by law enforcement/ambulance

COMMUNITY ASSESSMENT AND TRANSPORT TEAM (CATT)

Total Innovation Budget: \$9,878,082 over 5 years

Salaries
\$7,435,761

Teams (BH Clinicians, EMTs), Clinical Supervisor,
Program Specialist – coordinate program

Operating
\$403,875

Phones, fuel, maintenance

Consultants
\$750,000

Peer/Family to assist with data
gathering/analysis, Evaluator

Indirect
\$1,288,446

15% for BHCS to administer

Total funds for Evaluation: \$950,213
(staff, evaluator, peer/family)

Other Funds: MediCal billing, Measure A

COMMUNITY ASSESSMENT AND TRANSPORT TEAM (CATT)

If successful, how will it be Sustained?

- ❑ Share evaluation results with stakeholders to determine what aspects to continue
- ❑ MediCal billing is expected to cover over 60% of ongoing services
- ❑ MHSA Community Services and Supports funds will be considered for balance of service costs
- ❑ Collaboration can be part of ongoing operations of participating agencies

Thank you!

**Emotional Emancipation Circles
for Young Adults
(EEC)**

Emotional Emancipation Circles for Young Adults

Presenting Problem / Need:

- ❑ The CA Reducing Disparities Report on African Americans found key issues to include racism, stigma, and isolation.
- ❑ Also that they did not feel their input was acted on.
- ❑ Alameda County African American young adults identified a need to address isolation and valuing of ethnic identity.
- ❑ BHCS African American clients (ages 18-30) showed significantly less improvement after receiving more hours of service on average than White clients.
- ❑ To reduce disparities, we need culturally responsive services for African American young adults that address the needs they identify and take into account the complexity of their experience (poverty, trauma, racism).

Emotional Emancipation Circles for Young Adults

Proposed Innovation Project:

- ❑ EECs are a community defined practice developed by Community Healing Network and Assoc. of Black Psychologists
- ❑ Tailor EECs to better serve African American young adults (18-30 y.o.)
 - Currently mostly serve adults (30 y.o.+)
 - Alameda Co piloted with young adults: they wanted more, but felt they needed to be tailored
- ❑ Provide 6 EEC series
 - Evaluation from each series informs the next one
 - Test different outreach, schedules and modalities
- ❑ Peer Project Coordinator and Peer Facilitators primary in implementation

Emotional Emancipation Circles for Young Adults

What is Innovative? How will it be Evaluated?

- EECs are a community defined practice
 - Not currently designed for young adult population
 - With limited data on mental health and functional outcomes
- Can EECs be tailored to effectively engage young adults?
 - What changes were made
 - Participation levels and Participant satisfaction
- Can EECs lead to improved outcomes for young adults?
 - 65% report increased well-being, self-worth, connectedness
 - 50% report progress in education, employment, etc
 - 35% report accessing appropriate services
 - 30% better outcomes than non-participants (BHCS clients)

Emotional Emancipation Circles for Young Adults

Total Innovation Budget: \$501,808 over 2 years 6 months

Salaries \$102,374	BHCS Project Administrator (.3 FTE)
Operating \$55,080	Materials, transportation, incentives, Peer Facilitator stipends
Non-Recurring \$5,000	Displays used for all EECs
Consultants \$274,553	Peer Project Coordinator (37 hrs/week), Trainers, Evaluator
Indirect \$64,801	15% for BHCS to administer

Total funds for Evaluation: \$233,463
(Outside Evaluator, Project Staff/Consultant time)

Emotional Emancipation Circles for Young Adults

If successful, how will it be Sustained?

- ❑ Share outcomes with stakeholders (Cultural Competency Advisory Board, Children System of Care, MHSA Stakeholder Com, etc)
- ❑ Work with Community Healing Network and Assoc. of Black Psychologists to integrate learning into EECs
- ❑ MHSA CSS and PEI funds will be considered for continuing the service component

Thank you!

Proposed Motion



MHSOAC approves Alameda County's three (3) innovation projects as follows:

Name of Project: Introducing Neuroplasticity to Mental Health Services for Children

Amount: \$2,054,534

Project Length: Four (4) Years

Name of Project: Community Assessment and Transportation Team (CATT)

Amount: \$9,878,082

Project Length: Five (5) Years

Name of Project: Emotional Emancipation Circles for Young Adults

Amount: \$501,808

Project Length: Two (2) Years, Six (6) Months

Example of a parent information sheet about HANDLE used by a practitioner

HANDLE

Often when a person experiences difficulties in behavior and functioning it is actually because they are doing the best they can within themselves to process the information they get through their senses from the world. When, for whatever reasons – no blame necessary – the information or the ability to process it is disorganized or irregular, the body/brain comes up with 'workarounds' that can look dysfunctional and can seem purposeful. When we are in high stress responses – whether these are motivated by internal or external stimuli, it is harder to connect, learn, and think clearly. We all protect ourselves in unconscious ways and when our bodies/brains do not communicate well together, we can often experience heightened sensitivity/reactiveness to others, anxiety, depression, difficulties in bowel/bladder control, relationship difficulties, speech and learning difficulties, etc. Calming strategies are temporary when the culprit for the stress is disorganized neurodevelopmental functioning. Interventions –social, emotional, and academic – are more effective when based on efficiently working foundational neurodevelopmental systems.

HANDLE is an acronym for Holistic Approach to NeuroDevelopment and Learning Efficiency. It is a paradigm that recognizes the body's wisdom in communicating where inefficiencies in the body-brain connection reside. Once we recognize those inefficiencies, HANDLE provides a unique approach, through a home based movement based activity program {15 min a day usually} that helps to calm, organize and support the body/brain so behavior and functioning can improve. When people can do better, they generally do!

HANDLE activities are simple and individualized to the needs of each client. They are doable and many families find the time spent together doing them improves their relationships. They provide functional and developmental organization from the inside out, while reducing the stress response. The only requirements are a willingness to do the activities consistently, a willingness for things to be different, and a willingness to go slowly and gently so when the body/nervous system is stressed, activities are stopped. How to do all of this is taught and the willingness must be there.

May 10, 2018

To whom it may concern:

I very much support the incorporation of HANDLE into the school system. Before becoming a HANDLE Practitioner and Instructor, I got involved with this modality as a HANDLE Mom. My son was fourteen and "highly functioning on the autism spectrum" when we took on an individualized program for him. He was struggling with learning and attention; he was very uncoordinated; he was isolated socially and angry about it. His self-esteem was very low, as he believed that all his failures had to do with stupidity. Had you asked me at the time if I could imagine him taking college classes, driving, managing his social activities, dating, holding a job, traveling independently – I would have said no. Not maybe.

And yet he's done all of these. A young adult now, he is completing an AA degree this month and is three classes away from completing a second one. He was a juror on one occasion and worked on a farm overseas for several months, living with roommates. He made it to Ethiopia and back in one piece and made a few good decisions when facing bullies and others who tried to take advantage of him. He shops for himself and cooks for himself and balances his check book and manages his social life and work schedule. He drives. He is optimistic. This would not have happened without the gentle, respectful, effective support that he got from his HANDLE program and his HANDLE provider, Sindy Wilkinson.

I have since become a provider of HANDLE services, so I have seen many who benefited from this modality, including, but not limited to, people on the autism spectrum or those suffering from anxiety, depression and bipolar disorder.

I would love to see this support available to all the students who need it, and I welcome your questions.

Thank you for your consideration,

Dror Schneider
3254 Magowan Drive
Santa Rosa, CA 95405

May 9, 2018

I am happy to see that there is a possibility to offer HANDLE training to the teachers of young children in your schools

I am 76 years old and was fortunate to receive a HANDLE program from a friend 16 years ago. Although I was reasonably successful, I had struggled for most of my life with difficulties that I blamed on emotional or psychological issues. The things I learned about myself through this program convinced me that my nervous system had not fully developed when I was a child and that this was the cause of many of my difficulties. The HANDLE process taught me some simple movements and activities to educate the parts of my brain that had missed development all those years ago. It worked. Even today, with the challenges of an aging brain, I can manage better than when I was younger.

I do sometimes wonder how different my life might have been if I had been "HANDLED" when I was a child. I hope that you will give that opportunity to some of the children in your schools. It will help them to be calm and to learn and that will change the course of their lives.

Than you for receiving my opinions and experiences.

Marie McGarrity
m.mcgarrrity@comcast.net

I lived in Alameda County for more than the 12 years my children were in public school; I'm aware of the range of student capabilities and issues. As a retired HANDLE Practitioner, I'm also aware of how HANDLE contributes to all learning, not limited to students with named "problems" that authoritative testing names as a "special" need. Additionally, my daughter has been an elementary school teacher for more than 20 years. Her experiences bolster my conviction that if teachers everywhere had HANDLE training to apply in their classrooms, and someone monitored performance change, district administrators would applaud themselves for having brought this approach into their schools.

When you validate that hypersensitivities, and distress over unusual behaviors, and a need to move, and distractibility... etc... impede use of what's taught, you will welcome HANDLE as a means to calm all such interference. I urge you to validate all that. Instead of thinking of single-child needs, acknowledge the reality that all of us can make our lives easier. The classroom setting would uniquely benefit because as teachers apply HANDLE principles and practices, the impact isn't perceived as "therapy" but as a kind of infrastructure for making best use of a curriculum.

Absent neurophysiological and emotional readiness, learning can be seriously blocked. HANDLE programs create that readiness. Please help your teachers help your students to do their best.

Marlene Bluestone Suliteanu

For information about the Holistic Approach to NeuroDevelopment and Learning Efficiency check out www.handle.org

From: Mike Wilson [mailto:wilson.mtw17@gmail.com]

Sent: Wednesday, May 02, 2018 8:56 PM

To: Mental Health Services Act <MHSA@acgov.org>

Subject: HANDLE evaluation

Hello,

It has come to my attention that Alameda County is evaluating HANDLE and I wanted to share a few things with you.

HANDLE treatment changed my family's future. It saved my son's life and opened up a world we never imagined.

Some would say that my son was on the spectrum and while it would be very easy to assume that he was on the very low side of the spectrum, it is true that he had many difficulties as a young boy. Through very careful attention from our HANDLE practitioner and diligent follow through by my wife and I, we were able to help our son become a different person.

Here is an essay he wrote describing his experience before and after HANDLE. I truly hope you will find a way to allow this process to be a part of your system.

Sincerely,

Mike Wilson

My Story... by Alex Wilson

If you asked me to think back to my earliest memories and describe myself I would have to say that I always felt that something was a little off. I never felt connected to the larger group of kids around me. I was alone and I couldn't figure out why. It's impossible in our culture to be different and left alone at the same time. The attention you get when you're different will eventually break you down.

School was torture. I wonder how I learned anything because I was so miserable. Every day I would come home, head to my room and cry. I was miserable. Never a day went by that I didn't spend time crying and feeling utterly hopeless.

Concentrating in class was nearly impossible. I was constantly in trouble with the teacher because I just couldn't pay attention no matter how simple the concepts were. Distractions came easy but it wasn't because I didn't care. I could read and retain information easily enough on my own, but in a larger learning environment there were just too many things going on in the classroom.

My son has been doing HANDLE therapy for almost a year now and I have seen the improvement in both school and home. I was able to learn more about how his body works in one HANDLE assessment than I have in all his psychological assessments combined. He likes doing the activities and he has seen the change in himself. He had gone into his appointment very hyper and unfocused. He couldn't sit still. As soon as we did the HANDLE activities he instantly had a calm body and mind. He was able to focus for 30 minutes. It was like seeing a completely different child. It happened like that at another appointment too. He came in really upset and agitated and instantly calmed and was happy after doing the activities. I am usually the skeptical parent but I truly believe in HANDLE Therapy. I have seen a drastic change within minutes of doing the activities. I don't know any other therapy that can do that. In addition, his teachers have said that he has more focus and has been able to remember more. He used to also have his aide write almost all his assignments. He is now writing everything himself. I am so glad he is doing HANDLE Therapy and I am so thankful for his therapist, Cindy. My son has been known to not connect with his therapist but he has with her. She is really great with him. I think that is really important.

Nicolette

Mom to 12 year old with Bipolar, ADHD, Anxiety, Auditory Processing Disorder, Speech and Language Disorder

Hello -

I am writing to urge support for the Alameda County Behavioral Health Care Services 2019-2023 Innovation Plan, specifically for program number four, Introducing Neuroplasticity to Mental Health Services for Children.

As a parent of a child with neurodevelopmental issues that manifested as severe behavioral problems in elementary school, it is clear that schools are not equipped to understand or address the growing number of children who face the academic and social challenges caused by underdeveloped neural pathways. HANDLE, the intervention being proposed, has succeeded where every other approach could not, and over the course of a year helped my son to overcome the excruciating discomfort that had caused him to act out in destructive ways and to alleviate the massive shame that accompanied his behavior for years.

Our HANDLE practitioner, Sindy Wilkinson, is part of the BHCS team who would bring the approach to Alameda County schools. With her help, my husband and I have learned to do a HANDLE program with our son and the results have not only been personally astonishing but have greatly impacted his academic outcomes: able to manage his emotions and better navigate his physical surroundings, my son has gone from multiple incidents that caused him to miss several hours of classroom instruction to none. At the end of fifth grade, he completed roughly 50 percent of his work, and as he ends his sixth-grade year, that is now 100 percent. His early school years would have been so much easier not only for him but for his teachers, the school staff and administration and his classmates, if the underlying neurodevelopmental causes of his behavior and the fairly simple exercises to support his development were more widely known and understood.

Not every case of emotional disturbance or disruptive behavior may be due to neurodevelopmental issues, but children acting out in ways that are disrupting their school and home environments would be better served by considering this cause along with the more mainstream diagnoses whose treatment is harder to access and may only treat symptoms for a limited time. Imagine if this intervention could be applied to just a fraction of the children who currently qualify for special education and other health services - the long-term effects would change the trajectory of their academic and social success and reduce the need for ongoing services, lightening the burden on these already-limited resources.

I cannot urge support of this innovation plan strongly enough and hope to see HANDLE in many schools someday.

Thank you,

Sybil Wartenberg
Lafayette, CA



San Leandro Unified School District

May 23, 2018

Board of Education

Diana J. Prola
President

Monique M. Tate
Vice President

Lance James
Clerk

Victor Aguilar, Jr.
Member

Evelyn González
Member

Peter Oshinski
Member

Leo Sheridan
Member

Michael McLaughlin, Ed.D.
Superintendent

Rosanna Mucetti, Ed.D.
Deputy Superintendent
Educational Services

John Thompson, Ed.D.
Assistant Superintendent
Human Resources

Kevin Collins, Ed.D.
Assistant Superintendent
Business Services

To: Mental Health Services Oversight and Accountability Commission

San Leandro Unified School District (District) is excited to implement Alameda County Behavioral Health Care Services' "Introducing Neuroplasticity to Mental Health Services for Children" project. The District serves a socio-economically and ethnically diverse population of approximately 9000 students. The impact of trauma, behavioral, and emotional issues is a daily challenge for our students, families and staff. This project is an innovative approach to addressing the students' needs in an affordable and convenient way. Most often neuro-developmental interventions can only be accessed through out-of-pocket specialty programs, which many of our families cannot access.

The District has committed to implementing this program in one elementary school to begin with, including ensuring school staff participates in the necessary training and activities. The District believes this investment will result in better outcomes for students and more effective use of staff time. Once the project is up and running and the impact of the program is reviewed, we are interested in expanding the model to other schools in the district.

We are committed to this program's success, including reaching out to other school districts and helping to spread the word about our experience and learning.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael McLaughlin".

Dr. Michael McLaughlin
Superintendent
San Leandro Unified School District



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
CAROL F. BURTON, MSW, INTERIM DIRECTOR

Alexander Jackson, LCSW
Transition Age Youth Division Director
Child and Young Adult System of Care
2000 Embarcadero Cove, Suite 400
Oakland, California 94606
Office: (510) 567-8123
Fax: (510) 567-8130
E-Mail: alexander.jackson@acgov.org

May 21, 2018

To: Mental Health Services Oversight and Accountability Commission

This letter is sent on behalf of Alameda County Behavioral Health Care Services (BHCS) Transition Age Youth (TAY) Division in support of the Community Assessment and Transport Team (CATT) project. TAY experiencing mental health issues are at risk for mental health crises. We know that many times a young person experiencing early signs of psychosis come into contact with crisis services, but are not successfully engaged in planned services. We are working to better address this, and believe that the CATT project will be a great contribution. We fully support taking a collaborative approach to systems improvement. Often systems improvement is slow, but the approach proposed in this project offers the opportunity to learn how to do it more quickly.

In addition, the CATT service model is one that is more likely to help TAY get the services they need. Families report many difficulties when they call 911 regarding their child. Having a team arrive in an unmarked car that can take the time to work with the youth and the family to de-escalate the situation, as well as do a thorough assessment, will lead to much more successful outcomes, as well a better experience for the client and family. Most importantly the team will be able to take the client to the services they need, whether or not they are appropriate for a 5150 hold. This will greatly increase the likelihood they get connected to services effectively.

The BHCS TAY Division will gladly participate in these collaborative efforts. We expect that what is learned through this project will improve crisis and planned services for our young clients.

Sincerely,

A handwritten signature in black ink that reads "Alexander Jackson".

Alexander Jackson, LCSW
TAY Division Director
Behavioral Health Care Services





Candy DeWitt
Voices of Mothers and Others
1028 Buena Vista Ave.
Alameda, CA 94501

May 24, 2018

To: Mental Health Services Oversight and Accountability Commission

Re: Community Assessment and Transport Team model

I am the parent of a beautiful son who through no fault of his own became ill with the terrible illness of schizophrenia at the young age of 18. Sadly because of our inability to get sustained care in our current mental health system our family story ended in a great tragedy. Our son now sits at Napa State Hospital after being found Not Guilty By Reason of Insanity. The personal loss we have all suffered is unimaginable and the financial cost to our system is enormous.

At the time our son became ill I knew very little about serious mental illness and even less about our health care system. I soon learned very quickly about both. Our family repeatedly experienced a lack of coordination among crisis services during psychiatric emergencies that directly impacted the outcome of care for our son. This is not uncommon among the family-experience. I strongly believe the Community Assessment and Transport Team model that is being considered is critically important because agencies who are able to work together to develop a seamless process for individuals will help to ensure that people in mental health crisis get the services they deserve.

Having a team arrive in the course of a psychiatric emergency to assess and transport persons to the appropriate service in an unmarked vehicle would be also be a great improvement over the current procedure of police involvement. Police are often not trained on how to respond to persons who may be experiencing delusions, paranoia or hallucinations and for this reason situations can escalate and sometimes end up in heartbreak. In addition, calling the police for help for your loved one when in mental health crisis creates distrust and often harms the family relationship a bond that is vital to the care and support needed of loved ones for years to come if not the rest of their lives.

There are many changes we need to make in our system before we stop the revolving door of our hospitals and jails for our most severely mentally ill and so they instead get the help they so desperately need. However the opportunity to try this new approach of a Community Assessment and Transport Team is one solution that is certain to make a difference for individuals and their families.

Please support this proposal.

VTY

Candy DeWitt

voicesofmothersandothers@gmail.com 510.527.8770 510.523.3239



May 17, 2018

To: Mental Health Services Oversight and Accountability Commission

Fourteen years ago my son was in the early stages of his illness and refusing to meet with doctors. When he experienced his first psychotic break and began engaging in behaviors that put him at risk, his doctor recommended we call for a 5150. Unfamiliar at the time with this process, I thought a mental health professional would come to our house to meet with him. Instead, police showed up, handcuffed my son, and took him away in an ambulance. I will forever remember the disbelief in my son's eyes as he was escorted away; we have never recovered the trust that was lost that day and on so many others when we have felt we had no other recourse than to make that call for an intervention. Unfortunately, these desperate calls rarely result in sustained care that would justify the trauma that they cause. There has historically been little coordination between the varying levels of the system, and thus there is little continuity of care. Police who bring patients to Psychiatric Emergency Rooms often find that the individuals are back on the streets before their shifts are even over. Or a patient may be held for crisis stabilization services for days or weeks and then put back on the street with a prescription and a BART pass and without being connected to follow-up outpatient services.

Emergency Room services are the most expensive services available, and they should be reserved for those for whom they are truly needed. For others, a referral to a less restrictive placement may be more appropriate and would be less traumatic. It would also lessen the burden on Acute Inpatient facilities so they can hold individuals needing longer term inpatient care until sub-acute beds become available for them.

I feel strongly that the Community Assessment and Transport Team model can help various agencies work together to develop a more seamless process for individuals to get to the service that they need. Having a team arrive in the course of a psychiatric emergency that can assess and transport to the most appropriate service, in an unmarked van, is a better alternative than the current one which relies so heavily on police responders and the criminal justice system. The challenges with the crisis response system have been going on for a long time and new approaches are long overdue. As part of a larger re-alignment within the Behavioral Health System, it could help to end the revolving door of 5150s and arrests that does so little to alleviate the suffering of those with serious and untreated mental illness. But to be truly effective, this new program must be accompanied by other changes to the system such as increasing the number of inpatient beds to meet the demand of our demographic size, and the improvement of these facilities and the services they offer so that they provide more therapeutic settings for those who use them, enabling them to return rehabilitated to their families and communities.

Thank you for considering this proposal.

Sincerely,

Patricia Fontana-Narell

Voices of Mothers co-founder
prfontana@comcast.net

voicesofmothersandothers@gmail.com 510.527.8770 510.523.3239



Mental Health Services Oversight and Accountability Commission

Community Assessment and Transport Team (CATT) Proposal

Alameda County Emergency Medical Services (ALCO EMS) is an integral partner with Behavioral Health Care Services (BHCS) and Paramedics Plus in developing the Community Assessment and Transport Team proposal. Alameda County chose to conduct 5150 transports via ambulances to reduce the stigma and risks associated with law enforcement transport. That was a significant improvement to the crisis system, but has resulted in many hours of EMS services engaged in psychiatric crisis response.

We expect the CATT model to improve the crisis system in a number of ways. A key aspect will be the focused collaboration among agencies involved in the system to work together to identify problems and test out solutions rapidly. Most of the time individual agencies work in silos, or when collaboration happens it happens much more slowly than necessary.

The CATT project pairs Paramedics Plus Emergency Medical Technicians (EMTs) with mental health providers to conduct assessments and transport. EMTs can conduct the necessary assessments to triage clients, as well as being able to transport clients to a wider variety of services than paramedics are legally able to. Adding technology like ReddiNet and shared client records will allow us to test out the full potential capacity of CATT to get clients to the most appropriate service quickly and efficiently.

We are excited to be a part of this program and are working closely with ALCO EMS to deliver an excellent service model.

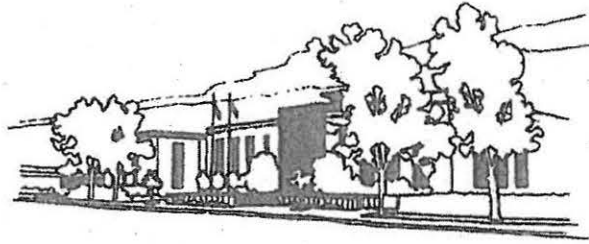
Sincerely,

Rob Lawrence

Rob Lawrence
Chief Operating Officer
Paramedics Plus

City of San Leandro

Civic Center, 835 E. 14th Street
San Leandro, California 94577
www.sanleandro.org



June 18, 2018

Mental Health Services Oversight and Accountability Commission
ATTN: MHSOAC Commissioners
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Commissioners:

It is with great enthusiasm that the City of San Leandro supports Alameda County's application for MHSA funding for the Community Assessment and Transport Team (CATT).

The City of San Leandro experiences the third highest 5150 emergency transport and repeat hold in Alameda County. Currently, our police department is the only personnel that may 5150 individuals in San Leandro. The City is committed to the health and human services needs of our community. In fact, 99 percent of our police force and 100 percent of the dispatch staff has completed the Crisis Intervention Training (CIT). Although the police are a very important part of the emergency system, they should respond to crises as deemed necessary. A potential mental health crisis without public safety concerns should be addressed by mental health professionals.

Additionally, the City of San Leandro commissioned a human services gap analysis and found 5150/mental health crises is one of the priority issues to be addressed by the City and County partners. Recently the City was awarded the California League of Cities/Helen Putnam Award for Innovation and Economic Development as a result of the close collaboration between the police and human services department and several community-based organizations to address homelessness. We are well-positioned to move forward with the County to implement the CATT.

The CATT team allows for a more appropriate emergency response for individuals to receive mental health services and enter into a system of care. Further, it will allow for the team to provide ongoing linkages for services. This is especially significant for those persons that are in a psychiatric crisis and not eligible for a 5150 hold. We would be eager to partner and leverage the findings from this project to other parts of the mental health system.

We very much look forward to your consideration and approval of MHSA funds for the CATT.

Sincerely,

Jeff Tudor, Chief
Police Department

Jeanette Dong, Director
Recreation and Human Services Department

Pauline Russo Cutter, Mayor

City Council:

Pete Ballew

Deborah Cox

Ed Hernandez

Benny Lee

Corina N. López

Lee Thomas





Hospital Council
of Northern & Central California

Excellence Through Leadership & Collaboration

June 20, 2018

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Members of the Commission:

On behalf of the Hospital Council of Northern and Central California and our hospital members in Alameda County, I am writing in support of the Alameda County Behavioral Health Care Services' application to fund the Community Assessment and Transport Team (CATT) project.

Currently, hospital emergency departments are experiencing high volumes, including a significant increase in the number of patients experiencing a mental health crisis. Taking care of these patients is complicated, time-consuming, and often requires a level of clinical expertise that many hospital emergency departments do not have readily available.

With the requested funding, Alameda County will be able to significantly improve its crisis services by having a professional team respond to an individual in the course of a psychiatric emergency, assess the individual, and transport them to the most appropriate service – potentially avoiding the need for an unnecessary emergency room visit.

The CATT project is an important and innovative step forward toward ensuring that individuals needing psychiatric services get the right care at the right time and place. We strongly support this project, which will greatly benefit our patients and the communities we serve as hospitals.

If you have any questions regarding this letter of support, then please do not hesitate to contact me at 925-746-1550 or rrozen@hospitalcouncil.org.

Sincerely,

Rebecca Rozen
Regional Vice President

May 31, 2018

To: Mental Health Services Oversight and Accountability Commission

The Community Healing Network (CHN) and the Association of Black Psychologists (ABPsi) look forward to working with Alameda County BHCS to implement Emotional Emancipation Circles (EECs) for young adults.

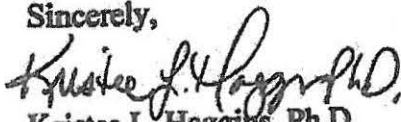
Given the majority of EEC participants are over 30 years old, this project is a great opportunity to widen the appeal of the circles for younger participants, providing an opportunity to change the course of people's lives earlier. This project will significantly add to the evaluation data on EECs by focusing on mental health and functional outcomes for participants. Doing so will allow the relevance of the EEC model to be better documented. Overall this project can lead to a wider use of the EECs among populations of African ancestry that could benefit from a community-defined evidence practice approach.

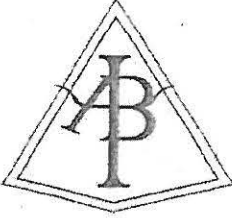
CHN and ABPsi have worked together to develop the curriculum and training for facilitators for EECs for over 10 years. The EECs have grown out of a need identified in the African American community for an ethnically focused practice that addresses their cultural experiences. EECs have been developed by and for African Americans to strengthen their racial and ethnic identity by connecting with other people of African ancestry and together transforming negative associations to positive associations. The circles provide tools and culturally relevant experiences to help heal negative self concepts, confront negative cultural messages, and contribute to the well-being of the African American community.

As an EEC Trainer, I am committed to supporting the implementation of the BHCS project by providing consultation, training and support as needed. We expect the learning from this project to contribute to increased use of EECs within mental health contexts. As the Coordinator of Safe Black Space Community Healing Circle and leader of efforts in Sacramento to get over 30 EEC facilitators trained in May 2018, I am interested in cross learning and support. Facilitators in Sacramento will implement EECs over the next six-twelve months to support the local community in response to racial trauma experienced as a result of the killing of Stephon Clark by the Sacramento Police.

Now more than ever, given the current racial climate in which we live, efforts such as these are necessary. Alameda County BHCS will play a significant role in positively impacting the lives of young Black youth with this project.

Sincerely,


Kristee L. Haggins, Ph.D.
EEC Trainer
Safe Black Space Coordinator



THE ASSOCIATION OF BLACK PSYCHOLOGISTS, INC.
7119 ALLENTOWN ROAD, SUITE 203
FT. WASHINGTON, MD 20744
TEL: (301) 449-3082 FAX: (301) 449-3084

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Education & Training Chairs

May 31, 2018

To: Mental Health Services Oversight and Accountability Commission

Attention: Ms. Kristen Gardner
kgardner@alum.mit.edu

Dear Ms. Gardner,

It is with extreme pleasure and excitement that I submit this letter of support. The Community Healing Network (CHN; <http://www.communityhealingnet.org/>) and Association of Black Psychologists, Inc. (ABPsi; www.abpsi.org) are looking forward to working with Alameda County BHCS to implement Emotional Emancipation CirclesSM (EECsSM) for young adults. A large majority of participants are over 30 years old. This project is a great opportunity to widen the appeal of EECsSM for young adult participants of African ancestry, providing an opportunity to change the course of people's lives earlier. Also, this project will significantly add to the evaluation data of EECsSM. Though the EECsSM are not designed to provide mental health services, it can be postulated that participants do experience increased coping skills in relation to psychological stressor. More specifically, participants may be better consumers of mental health services where warranted. By focusing on mental health and functional outcomes for participants, the relevance of the EECSM model will be better documented. Overall, this project can lead to a wider use of the EECSM model among populations that could benefit from this culturally-centered community-defined approach.

The CHN and ABPsi have worked together to develop the curriculum and training for facilitators for EECs for over 10 years. The EEC model has grown out of a need identified in African American communities worldwide for an ethnically focused practice that addresses their experiences centered on culturally-affirming healing processes. It has been developed by and for persons of African ancestry to strengthen ethnic identity formation, which has been shown to be essential for optimal development/wellness, as well as a protective factor in the face of complex trauma and racial stress.

In closing, on behalf of CHN and ABPsi, I applaud the leadership of Alameda County BHCS in embracing this innovative community

defined practice. It sets the stage for other counties to follow. Know that my colleagues and I are committed to implementing the BHCS project by providing consultation, training, and support as needed. We expect the learning from this project to contribute to the increased use of EECs within holistic mental health and wellness contexts.

Please do not hesitate to contact me if any questions or additional information warranted.

Sincerely,

A handwritten signature in black ink that reads "Theopia Jackson". The signature is written in a cursive style with a long horizontal flourish at the end.

Theopia Jackson, PhD
2017-2019 President Elect
The Association of Black Psychologists, Inc.
t.jackson@abpsi.org
(925) 786 - 6815



**BAY AREA CHAPTER OF THE ASSOCIATION
OF
BLACK PSYCHOLOGISTS**

**P.O. Box 29665
Oakland, CA 94604**

To: Mental Health Services Oversight and Accountability Commission

The Cultural Healing Network (CHN) and Association of Black Psychologists (ABPsi) are looking forward to working with Alameda County BHCS to implement Emotional Emancipation Circles (EEC) for young adults. A large majority of participants in the training are over the age of 30 years. This project is a great opportunity to widen the appeal of EECs for younger participants, providing an opportunity to change the course of people's lives earlier. Also, this project will significantly add to the evaluation data on this community-defined approach. By focusing on mental health and functional outcomes for young participants, the relevance of the EEC model will be better documented. Overall this project can lead to a wider use of the EEC model among populations that could benefit from it.

CHN and ABPsi have worked together to develop the EEC curriculum and training for facilitators for over 10 years. The EEC model has grown out of a need identified in the African American community for an ethnically focused practice that addresses their experience in this culture. It has been developed by and for African Americans to strengthen their racial and ethnic identity by connecting meaningfully with other African Americans and together challenging and transforming the historically negative associations to positive associations. This experience provides tools and experiences to heal emotional trauma connected to negative self-concepts, to confront negative cultural messages, and contribute to the well-being of communities of African ancestry.

We are committed to implementing the BHCS project by providing consultation, training and support as needed. We expect the learning from this project to contribute to increased use of EECs within mental health contexts.

Sincerely,

Tony Jackson

Dr. Tony Jackson (Heru)

President, Bay Area Chapter of the Association of Black Psychologists

San Francisco - Innovations Learning Project Proposal

Wellness in the Streets (WITS)



Wellness in the Streets Overview

- i. Presenting Problem / Need
- ii. Proposed Innovation Project to address need
- iii. What is innovative about the proposed Innovation Project?
- iv. How will the proposed solution be evaluated (learning questions and outcomes)?
- v. Innovation Budget
- vi. If successful, how will Innovation Project be sustained?

Presenting Problem / Need

- The San Francisco 2017 Homeless Count identified 7,499 homeless individuals
 - 63% reporting a psychiatric or emotional condition
 - 45% reporting Post Traumatic Stress Disorder (PTSD)
 - 65% reporting alcohol or substance use
- In mid-2017, a diverse group of peers conducted a Community Needs Assessment
 - Surveyed the needs of unhoused individuals
 - Identified significant barriers to accessing services
 - Recognized the need to have someone connect at their current location on the streets



Peer Specialists who conducted the Community Assessment

Proposed Innovation Project to Address Need

A team of 4.0 Full-Time Equivalent (FTE) formerly homeless peer counselors

- Build relationships with unhoused individuals on the streets
- Assess individual needs
- Provide short-term and long-term peer interventions
- Serve 465 clients per year, totaling 2,090 over 5 years



Wellness Planning Groups
Motivational Interviewing
Crisis Planning Groups
Support System Development
Mental Health Education Groups
Seeking Safety Support Groups
Socialization Skills Development
Harm Reduction Skills Training
Coping Skills Development
Appointment Support
Reconnecting with Loved Ones
Stages of Change Model

Innovative Components

- Peer-to-peer interventions with unhoused individuals directly on the streets have rarely been tested
- Current homeless outreach programs attempt to link clients to physical services with a low-rate of follow-through due to multiple barriers
- Manual-based and evidence-based peer modalities including WRAP, Seeking Safety and others have rarely been tested in a group setting within the community like a local park, coffee shops or the streets
- Peer interventions directly on the streets have never been tested in San Francisco with San Francisco's unique and diverse communities
- We will evaluate in real-time using quick evaluation tools after each interaction and immediately adjust the program accordingly



Evaluation - Learning Questions and Projected Outcomes

A thorough evaluation plan with clear goals, questions, outcomes, and measurements tools have been developed.

Learning Questions include:

- Do street-based mental health peer-to-peer activities that address the immediate needs and wants of unhoused individuals help to increase their personal wellness (i.e. social connectedness, better quality of life, etc.)?
- What components of the peer-based interventions and tools are most positively received by San Francisco residents who are homeless?
- What engagement strategies work best to facilitate collaboration and communication between mental health peer specialists and homeless residents on the streets?

OUTCOMES

Increased social
connectedness

Increased quality of
life

Increased feelings of
self-worth

Increased motivation
to engage in
behavioral health
services

Innovations Project Sustainability

If components or the entire project is found to be effective....

- The team will utilize data reports to assess the outcomes, interventions, population needs and opportunities
- The analyzed data will be presented to the MHSA Advisory Committee, mostly comprised of community members and behavioral health consumers
- The findings and feedback from the MHSA Advisory Committee will be used to construct a rationale for the continuation of funding
- Alternate funding sources may be sought after by enhancing citywide collaborations as a way to expand services reimbursements or resource sharing



SF-MHSA Peer Specialists

Questions?



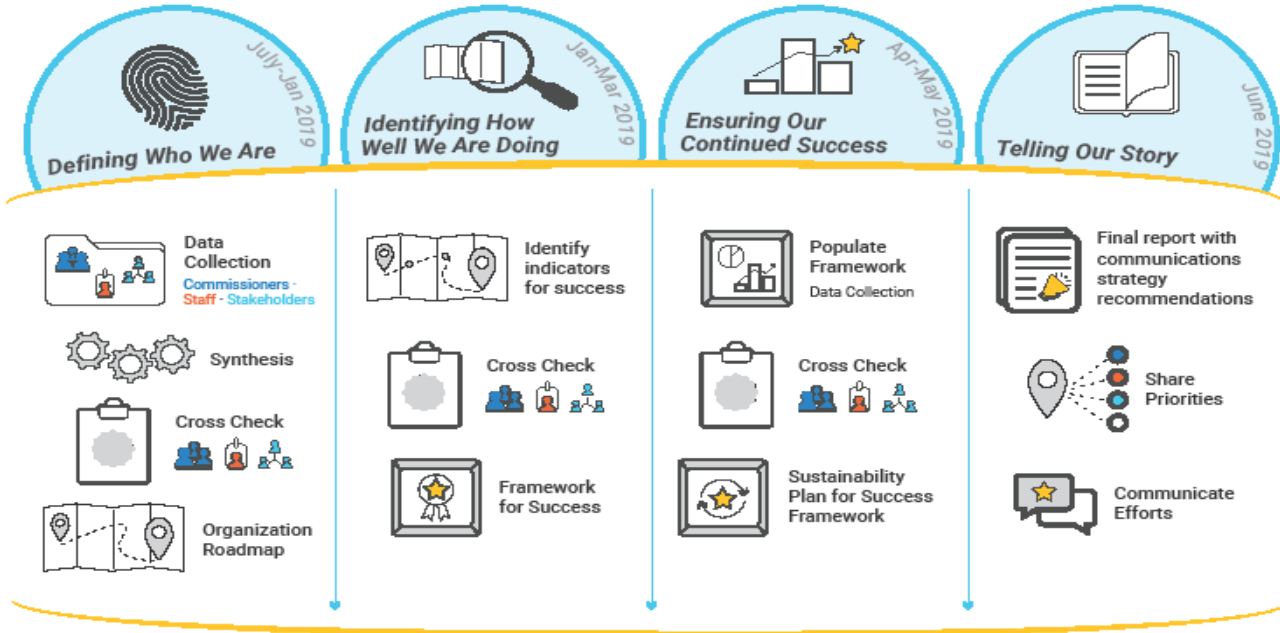
When 'I' replaced with 'We', even the
illness becomes wellness.

— *Malcolm X* —

Proposed Motion: The MHSOAC approves San Francisco County's Innovation plan as follows:

- **Name:** Wellness in the Streets
- **Amount:** \$1,750,000
- **Project Length:** Five (5) Years

Strategic Plan Process Map Summary



Activities in October 2018

The Commission’s September 26, 2018 meeting generated valuable input to the strategic planning process, in terms of how Commissioners see their contributions to the MHSOAC’s success, how participants view the unique role of the Commission, and what success looks like for the MHSOAC. In particular, participants found the experience of visioning together with Commissioners to be a major step toward creating shared outcomes for the MHSOAC. Following this meeting, Applied Survey Research (ASR) worked closely with the Commission’s project design team to carry out the following:

- Formulate a list of open-ended and close-ended questions regarding the Commission’s purpose, unique role, values, short-and long-term desired results, key strategies, stakeholders and ways of sharing progress with stakeholders;
- Identify a list of key stakeholders to be interviewed, and conduct individual interviews;
- Create an on-line survey with the same questions, shared with over 1200 individuals on the Commission’s distribution list and with others;
- Create and launch an online survey with staff;
- Summarize common themes across interviews and surveys to reveal the most important desired results for the Commission, as well as supporting values and activities.

Next Steps in November 2018

In November, ASR’s task is to use the input gathered to create a preliminary roadmap regarding MHSOAC’s most important results, values and strategies. This Roadmap will be shared with the Commission on November 15, 2018 for feedback and refinement.