

COUNTY-LEVEL STRATEGIES FOR SUPPORTING FAMILIES

Equitable/Person-Centered Care



This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.



[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

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Agenda

Family Support on the Ground

- Discuss services and supports available at the county level.

County Spotlights

- Hear from Riverside County and Alameda County about what they do to support families and how they are transitioning that support to CARE.

[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

- Family Support on the Ground
 - Discuss services and supports available at the county level.
- County Spotlights
 - Hear from Riverside County and Alameda County about what they do to support families and how they are transitioning that support to CARE.

Objectives

At the end of the session, participants will have an increased ability to:

- › Identify strategies and best practices for family support that could be implemented at the county level.
- › Consider ways in which current programming to support families can be transitioned to or adapted for CARE.

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Presenters



BARRY J JACOBS, PSYD
PRINCIPAL
HEALTH MANAGEMENT
ASSOCIATES



SUZANNE DAUB, LCSW
PRINCIPAL
HEALTH MANAGEMENT
ASSOCIATES

[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Today's training will be led by Barry Jacobs and Suzanne Daub.

Barry J. Jacobs, from Health Management Associates, is a clinical psychologist and family therapist who has authored several books and dozens of articles on enhancing support for family caregivers. Dr. Jacobs provided more than 500 presentations about caregiving for family caregivers, community groups, and medical and mental health professionals. He is an expert in behavioral health integration, complex care management, enhancing family caregiver engagement and supports, practice transformation, team-based care, and provider wellness. He brings to HMA his knowledge and decades of clinical practice experience for individuals, couples, and families.

Suzanne Daub, from Health Management Associates, is a licensed clinical social worker with over 30 years of clinical practice and over 25 years of experience integrating physical health and behavioral health. She provides supports to behavioral health organizations on defining and maximizing their value as well as overhauling their clinical

and revenue structure. Suzanne is a nationally recognized trainer providing technical assistance for clinical and non-clinical providers, staff, and volunteers in evidence-based interventions.

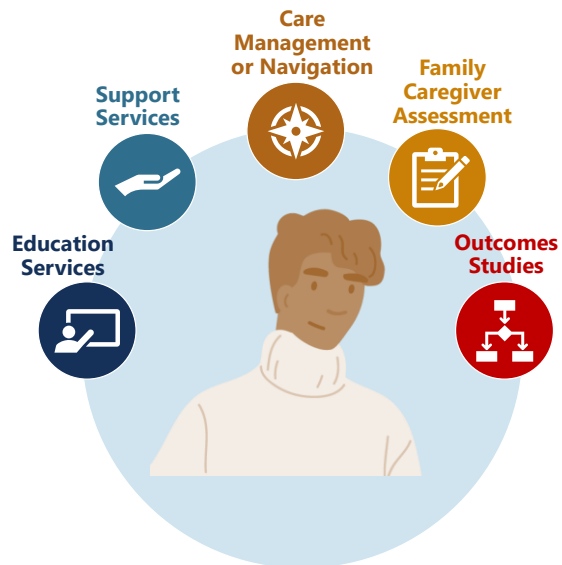


[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

This first section discusses broad services and supports provided in counties across California.

County-Level Supports for Families

- » Many county behavioral health (BH) agencies have developed various programs and services tailored to assist families. County teams can inventory existing services and assess family needs, staff availability, and community organizations to provide support for CARE.
- » Examples of services and supports for family members include:



DHCS | HMA

[Slide Image Description: This slide includes examples of services and supports that could be provided at the county level.]

Many county behavioral health (BH) agencies have developed various programs and services specifically tailored to assist families under a number of initiatives. It could be helpful to inventory services and supports already being used in your county to support families and consider ways that you could use or adapt those specifically for CARE.

It isn't possible for a county BH agency to offer every possible service and support. County BH leadership and staff should assess the family needs in their county, available staff, and community-based organizations that could provide support.

Education Services: Education services refer to workshops, seminars, informational pamphlets, or other methods of communicating information. Such services can benefit individuals with a family member participating in the CARE process by helping them better understand their relative's disease. Topics could include:

- Schizophrenia spectrum and other psychotic disorders.
- Treatments.
- Benefits and entitlements.

- Legal advice.

Support Services: Support refers to support groups, connections to programs and therapies, or other methods. Support services can help families by connecting them to resources that can sustain their well-being as they aid relatives in the CARE process.

Support could include:

- County-led family support groups.
- Temporary relief services.
- Day programs.
- Family therapy.
- Mobile crisis teams.
- Community-based organizations.

Care Management/Navigation: Care management and navigation refer to service connection, case management, navigation services, and other methods. These can support families in coordinating, managing, and guiding relatives in the CARE process.

Care management and navigation could include:

- Service connection.
- Case management.
- Family navigation services.
- 24/7 crisis hotlines.

Family Caregiver Assessment: A family caregiver assessment is an evaluation process aimed at understanding the needs, challenges, and strengths of family members who provide care for individuals with chronic illnesses, disabilities, or mental health conditions. The goal is to identify the support required by these family caregivers to maintain their well-being and effectiveness in their caregiving roles. For families with a relative in the CARE process, a family caregiver assessment serves as a valuable tool for nurturing a positive environment, ensuring they receive needed assistance and can continue to support their family member.

- Structured interviews.
- Assessment tools.

Outcomes Studies: Outcomes studies refer to satisfaction surveys, outcome analyses, and other methods. For families with a relative in the CARE process, outcomes studies can play a role in improving quality of care and services and ultimately lead to better outcomes and experiences for all involved. Outcomes studies could include:

- Family satisfaction surveys.
- Outcomes analysis.

Family Services Reported by Counties

- » HMA asked county BH agencies about their family support services.
- » Received responses from 28 of 53 agencies.
- » Responses suggested range of family support services widely provided.



Most Frequently Reported Services:

- Information about mental illness and other diseases.
- Assistance applying for benefits and entitlements.
- Information about medications, treatments, and other therapies.
- Legal information (e.g., regarding guardianship, power of attorney, and patients' rights).
- Connections to services for health-related social needs (e.g., transportation, housing).
- Access to mobile crisis teams.
- Connections to community-based organizations.

Areas of Opportunity:

- Seminars and workshops on tactical topics (e.g., communication, de-escalation).
- Analysis of family intervention outcomes.
- Online support groups and forums.
- Temporary relief services or other respite care.

[Slide Image Description: This slide includes survey results from county BH agencies around their current support service offerings.]

Survey Results:

- HMA asked county BH agencies about the family support services in five categories:
 - Education.
 - Support.
 - Care management/navigation.
 - Family assessment.
 - Outcome measurement.
- Received responses from 28 of 53 departments.
- Responses suggested range of family support services widely provided.

Most Frequently Reported Services:

- Information about mental illness and other diseases.
- Assistance applying for benefits and entitlements.
- Information about medications, treatments, and other therapies.
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- Temporary relief services or other respite care.

If you're interested in learning more about what these types of services/support entail, please email [**info@CARE-Act.org**](mailto:info@CARE-Act.org).



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

Now, we are going to turn to representatives from county BH in Riverside and Alameda to share more about what they are doing to support families and how they plan to transition or adapt this to support families during the CARE process.

Family Support in Riverside



**SHANNON
MCCLEREY-HOOPER**

Deputy Director of Peer
Support Services, Riverside
University Health System -
Behavioral Health

Current Programs

- » Peer-led family advocate program with 50 – 60 peers. Two for CARE.

Challenges and Solutions

- » Provide trainings and encourage boundary setting to avoid raising false hope.
- » Encourage clinicians to engage with families.
- » Share resources that can help families build natural supports beyond advocates.
- » Provide robust benefits packages to help recruit qualified staff.

Best Practices for Engaging Families

- » Incorporate peers from beginning to engage families.
- » Provide resources including designated family advocate numbers and emails, presentations from subject matter experts, and encourage participation in NAMI walks.
- » Train staff on culturally responsive approaches and family advocacy.
- » Be present and meet families where they are.

[Slide Image Description: This slide includes a photo of Shannon McCleerey-Hooper, as well as boxes indicating the family support landscape in Riverside, challenges/strategies, and lessons learned.]

Shannon is a Deputy Director of Peer Support Services, Riverside University Health System - Behavioral Health. She is longstanding peer support leader in the Riverside University Health System. Riverside relies on the Deputy Director's oversight, so peer providers in the system of care are providing services in all behavioral health programs, adhering to the evidence-based practice of peer support, as defined by SAMHSA and the Medi-Cal Peer Support Code of Ethics. As a peer herself, she oversees all aspects of peer-provided services system wide.

Current Riverside Programs:

- Peer-led family advocate program with 50 – 60 peers. Two are assigned to CARE. Peer supports can bill for family support. The program's strength is in being able to match the family with a peer who can support them on the ground. This frees up the rest of the team to focus on the person with serious mental illness (SMI).
- **Not just commiseration: Understanding and guidance to help *families recover*.**
 - Teach wellness practices that help the whole family unit improve.

- Resources include NAMI, Home Based Support Services, etc.

Challenges and Solutions

- Due to poor boundaries and lack of peer training, family advocates can inadvertently set up unrealistic expectations and hope for families. Provide trainings and encourage boundary-setting to avoid setting unrealistic expectations.
- Clinicians often focus on the person with SMI. There may be a belief about timing of family support. A family advocate can still do outreach and engagement. Encourage clinicians to engage with families where possible.
- Families tend to get attached to their advocate, which prevents them from building natural supports in the community. Providing additional resources can help families to build natural supports beyond advocates.
- Low pay (\$21 per hour) can be a barrier for folks looking to work in family advocate roles. Robust benefits packages can help to recruit qualified staff.

Best Practices for Engaging Families:

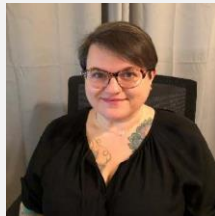
- Clinical supervisors on the ground have Consumer Peers, Family Advocates (Adult Services), Parent Partners, and Transition Age Youth (TAY) Consumer Peers (in Children’s Services) that are assigned to their treatment teams. This allows them to connect the appropriate peer provider with the person being served. **When we assign the Family Advocate to the family members, we instantly enhance engagement of the family from the beginning and throughout a crisis.**
- **Provide resources including designated family advocate 1-800 number and designated email.** In Riverside, this led to 186 referrals in the first three months from our psychiatric emergency treatment center and our mobile crisis teams. **Provide quarterly presentations from subject matter experts to educate families.** Consider inviting families to get involved in NAMI walks.
- Train staff on culturally responsive approaches and family advocacy during foundational training.
 - **Teach advocates about how to have a meaningful conversation despite no release of information (ROI).**
 - Provide peers with a mentor and expect senior staff (peers) to support their peers to reduce vicarious trauma. “You are never out there on your own.”
- Be present and meet people where they are. Families will almost always want to engage when they understand that the family advocate has been right where they are now – they can help them.

Family Support in Alameda



RASHAWNDA M. LEE-HACKETT

Manager, Office of Family Empowerment, Alameda Health Behavioral Health Department



RENÉE PACE

Program Specialist, Adult/Older Adult System of Care, Alameda Health Behavioral Health Department

CARE Process Timing

- » Alameda is planning to implement CARE on December 1, 2024.
- » Preparation efforts will begin in full swing on September 1, 2024.

[Slide Image Description: This slide includes a photos of Rashawnda M. Lee-Hackett and Renée Pace, as well as a box indicating CARE process timing in Alameda County.]

Rashawnda M. Lee-Hackett has over two decades of professional and personal experience in behavioral health. She is the interim Manager for the Office of Family Empowerment, Health Equity Division, at Alameda County Behavioral Health Department. In her current role, she plans, develops, and manages the family relations activities across a multitude of behavioral health care services programs and/or divisions, as well as with community-based organizations and the family community. She provides leadership in integrating family perspectives in BHCS policies and decision-making, and for the expansion of the emphasis on wellness, recovery and optimal functioning and quality of life for people with mental illness throughout the system of care. In addition to her current role, Rashawnda provides systemwide leadership to the new workforce of Certified Medi-Cal Peer Support Specialists and is responsible for program planning, development, evaluation, training, implementation and technical assistance for the Office of Peer Support Services' Peer Support Workforce Program. Ms. Lee-Hackett is both a mental health professional and advocate who uses her lived/living experience to inform her work in service to the community of Alameda County.

Reneé Pace has an impressive depth and breadth of experience working at Alameda County Behavioral Health. She is a program specialist for the Adult/Older Adult System of Care at Alameda Health Behavioral Health Department. In her current role, she focuses on the department’s Wellness Centers, Benefits Advocacy, and In-Home Outreach Teams, as well as assists with the subacute Utilization Management pilot. Renee is a seasoned project manager and a billing and benefits expert. Most recently, Renee has been involved with billing system transformation.

Care Process Timing:

- Alameda is planning to implement CARE on December 1, 2024.
- Preparation efforts will begin in full swing on September 1, 2024, to allow for three months of startup.

Family Support in Alameda



Current Programs

- » Offering family support services for over a decade.
- » In Home Outreach Teams connect individuals to services – two for CARE.

Challenges and Solutions

- » Endorse family members as Certified Family Member Peers to address financial barriers.
- » Provide trainings to ensure families understand CARE and manage their expectations.

Best Practices for Engaging Families

- » Take a trauma-informed approach to interacting with families.
- » Simplify systems and descriptions of services and supports.
- » Leverage CARE as an opportunity to connect with the community.
- » Coordinate and collaborate with family organizations.
- » Use family partners to support family members throughout CARE.
- » Incorporate family members in county-level CARE rollout.

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[Slide Image Description: This slide includes a photo of a building in Alameda County, as well as boxes indicating the family support landscape in Alameda County, challenges/strategies, and lessons learned.]

Current Alameda Programs:

- Alameda’s Office of Family Empowerment has been running for over a decade, offering support services, targeted trainings, peer support, co-learning with families, support groups, and working with people in place (e.g., a family partner at a hospital).
- Alameda has four In-Home Outreach (IHOT) teams that provide intensive community outreach and engagement to engage treatment-reluctant and treatment-resistant people to connect them to services. These teams include a family partner, peer specialist, and a supervisor case manager role. Referrals come from the community (e.g., family, police, neighbor) and require a location, first and last name, and date of birth. The IHOT team will engage the individual and build rapport and discuss their wants and needs, with an end goal to voluntarily connect them to services within Behavioral Health or Substance Use Disorder.

Challenges and Solutions

- Alameda is an early adopter to permitting family members to do billing as Certified Family Member Peers. Consider opportunities for family members to bill as Certified Family Member Peers to avoid financial concerns and barriers in their support efforts.
- To avoid confusion around roles and opportunities within CARE, provide targeted trainings. Alameda brings in guest speakers on trainings, such as consultants helping with CARE, to ensure families understand CARE. This can also help to manage their expectations around their role and opportunities within the process.

Best Practices for Engaging Families:

- Recognize that families often experience grief and trauma. Grief can be tied to the disconnect they feel between what they thought their family member's life would be and what it currently is. Keep in mind that families are ultimately concerned for their loved one's safety and to leverage trauma-informed approaches when engaging them.
- Simplify systems and descriptions of services and supports. Alameda has been working to better simplify its system and describe to the community what it does, who it serves, and how it serves individuals.
- Along with better describing its system, Alameda is looking at CARE as an opportunity to be in front of the community and talk about their services in a simple way. Consider leveraging CARE as an opportunity to connect with the community and talk about services.
- Coordinate with existing family organizations to strengthen opportunities to connect with families. For example, Alameda County regularly coordinates with its NAMI affiliates, Families Advocating for the Seriously Mentally Ill (FASMI), and the Family Education and Resource Center (FERC).
- Use family partners to help support family members throughout the CARE process. All of Alameda's IHOT teams have a family partner to help support family members through the process, as well as learn healthy boundaries, and understand available referrals and services.
- Incorporate family members in county-level CARE rollout. Alameda has five stakeholder groups, with the largest having at least one family member to support the rollout of CARE Act.

Ideas in Action

How does your county plan to apply or adjust existing services to support the implementation of the CARE program?

» **Riverside:**

- Attach a peer team to Riverside's CARE program.
- Post the [Family Resource Guide](#) on the Riverside Behavioral Health website.

» **Alameda:**

- Designate two IHOT teams to the CARE process.
- Build out targeted trainings for the community and Self-Help Centers.
- Work with community partners to ensure the community accesses resources.
- Champion the voice and needs of the community.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

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Riverside:

- Attach a peer team to Riverside's CARE program.
- Post the [Family Resource Guide](#) as a resource on the Riverside Behavioral Health website. Senior-level peers can also present the resource at monthly meetings.

Alameda:

- Designate two IHOT teams to the CARE process that will continue to build rapport and trust within the community.
- Building out targeted trainings for the community and Self-Help Centers.
- Working with community partners to ensure the community accesses resources and information.
- Champion the voice and needs of the community, e.g., encouraging language supports.

Objectives

At the end of the session, participants will have an increased ability to:

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Next Steps

- » Visit [CARE-Act.org](https://www.care-act.org) for resources (including recordings of past trainings) and to submit questions/technical assistance (TA) requests.
- » [Complete this form](#) to join the communication listserv.
- » Email info@CARE-Act.org to access the County-Level Family Supports Brief.



[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

Questions?

[CARE-Act.org](https://www.care-act.org) | info@CARE-Act.org



[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is [CARE-Act.org](https://www.care-act.org) and our email address is info@CARE-Act.org.