



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



WELLNESS • RECOVERY • RESILIENCE

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MHSA STAKEHOLDER GROUP

Friday October 26, 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
<p><i>The MHSA Stakeholder Group advances the principles of the Mental Health Services Act and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.</i></p>	<p><i>We maintain a focus on the people served, while working together with openness and mutual respect.</i></p>	<p>The MHSA Stakeholder Group:</p> <ul style="list-style-type: none"> • 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.

1. Welcome & Community Announcements (2:00)
2. Stakeholder Mission Statement & Design Team Alliance (DTA) (2:10)
3. MHSA Stakeholder Group Member Nominations Update (2:30)
4. Stakeholder Input Opportunity: Online Survey for INN Mental Health Technology (2:45)
5. DRAFT FY2018- 2019 MHSA Plan Update – Presentation on MHSA Components (3:00)
 - a. Introduction from Deputy Director
 - b. Summary of Changes from Previous MHSA Plan Update
 - c. Draft Community Services & Supports (CSS) Plan Update
 - d. Draft Workforce, Education & Training (WET) Plan Update
 - e. Draft Innovation (INN) Plan Update
 - f. Draft Capital Facilities & Technology (CFTN) Plan Update
 - g. *Prevention & Early Intervention Plan Update will be presented on 11/16/18*
6. Timeline for Community Input Process on FY18/19 MHSA Plan Update (3:45)
 - Oct 26, 2018 MHSA Stakeholder Group-Presentation of Draft Plan Update Components
 - Nov 16, 2018 Stakeholder Input
 - Dec 6, 2018– Jan 7, 2019 Released for public comment period
 - January 7, 2019 Mental Health Advisory Board presentation
 - TBD Board of Supervisor – Health Committee presentation
 - TBD Board of Supervisor – Full Board Approval
7. Meeting Debrief (3:55)

NOTE: Due to the Thanksgiving Holiday, the next Stakeholder Meeting is scheduled on November 16, 2018.

Attached Documents

1. MHSA Designed Team Alliance (DTA)
2. Draft FY18/19 MHSA Plan Update Introduction from Deputy Director
3. Draft FY18/19 MHSA Plan Update - Summary of Changes from Previous FY18/20 MHSA Three Year Plan
4. Draft FY18/19 MHSA Plan Update - Community Services & Supports (CSS)
5. Draft FY18/19 MHSA Plan Update - Workforce, Education & Training (WET)
6. Draft FY18/19 MHSA Plan Update - Innovation (INN)
7. Draft FY18/19 MHSA Plan Update - Capital Facilities & Technology (CFTN)

MHSA Stakeholder Group DESIGNED TEAM ALLIANCE

What is the Desired Atmosphere or Culture of MHSA Stakeholder Group?	
Informed	Feeling of Safety
Emotionally supportive	Probing
Collaborative	Effective
Honest	Reflective
Productive	Critically Thinking
Warm	Instructive
Engaged	
In order to Thrive, how do we want to be in the MHSA Stakeholder Group?	
Trust	People able to listen to different perspectives
Accepting/open to ideas of others	Strategic
Diversity matters	Taking responsibility
Open/inclusive	Mutual respect
How do we deal with Conflict or Difficulty when it arises within the MHSA Stakeholder Group?	
Assume good intent	Being ok with conflict- not try to fix it
Accept different perspectives	Listening
Being patient, don't interrupt	Agree to disagree & move on w/ what we agree on
Trying to find the "lowest common denominator" and move forward	Where there are disparities, be able to call them out "Name it"

DESIGN LEADERSHIP ALLIANCE

What do Stakeholders need from Group Leaders (Tracy/ Linda)?	
Responsive	Transparency
Follow through	Concrete goals
To be informed	Purpose
Clear expectations for effective participation	Respecting timelines
To feel like there are “No dumb questions”	Meeting reminders
Explain Acronyms (provide Acronym dictionary)	Refreshments
Be a resource	Outlook invites
Provide MHSA meeting minutes	Hard copies of Agenda/Materials mailed
Provide handouts	Sensitivity
Help committee be better informed about challenges, priorities and responsibilities	
What do Group Leaders Need from the Stakeholders?	
Agenda respect	Be responsive
Respect time	Helping w/ community connection
Start at 2 p.m.	Understanding Linda & Tracy don't have full decision-making power
“Step in, Step Out”	

MHSA Stakeholder Group Roster/ Composition

(Rev. 10-26-18)

First Name	Last Name	Agency/Affiliation	Gender/ Orientation	Consumer	Family	Provider	MH Board	Priority Pop Rep	Age: All	Age: C/Y	Age: TAY	Age: Adults	Age: Older Adults	Geographic: All	N	C	S	E
Alane	Friedrich	Mental Health Board	Female				1		All						N			
Viveca	Bradley	Pool of Consumer Champions	Female	1				Diverse/ Cultural Ethnic Grp; Homeless w/ SMI	All			OA			N			
James	Scott	Reaching Across	Male	1					All							C	S	E
Julia	Eagan	Telecare	Female			1			All				A					
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		Underserved	All						N			
Leah	Weinzimer	Partnerships for Trauma Recovery	Female			1		Underserved			A				N			
Elaine	Peng	NAMI, FERC	Female	1				Underserved	All								S	
Stakeholder Representation			TOTALS	3	2	4	1	5	5	0	1	3	2	1	5	2	3	1
Resrepresentation %				30%	20%	40%		24%	50%	0%	5%	30%	20%	5%	50%	20%	30%	10%

MHSA Stakeholder Guidelines	Membership
1. Currently 12 members. Need total of 21 Members	Total number of members required: 21
2. 25% Consumers; 25% Family members; 25% Providers.	Number of current members : 10
3. MHSA Stakeholder Group includes representation for:	
a. The five Alameda County Supervisorial districts	
b. Older Adult, Adult, TAY, and Children age groups	
f. Consumers	
g. Families	
h. Community Based Organizations (CBOs)	
i. Homeless population with Serious Mental Illness (SMI)	
j. Underserved populations	
k. Primary Care Providers	
l. Diverse Cultural and Ethnic groups	

Recommendations:

1. Decrease members to 15.
2. Recruit new stakeholders to represent:
 1. Children/ Youth
 2. TAY
3. Underserved Ethnic Populations: Latino, Afghan, Pacific Islander communtieis