alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER GROUP MEETING CALENDAR, 2024 v3

** This schedule is subject to change. Please view the MHSA website for calendar updates.

DATE	TIME	LOCATION	MEETING THEMES
January 26, 2024	1:00-3:00pm	Zoom	• Canceled
February 23, 2024	1:00-3:00pm	Zoom	• Update from each Stakeholder member. • Review of the Stakeholder's roles • Brief review of MHSA Update Plan FY24/25 • ACBH Administrative Updates • Presentations in Spring 2024 • CPPP Display book
March 22, 2024	1:00-3:00pm	Zoom	• TBD
April 26, 2024	1:00-3:00pm	Zoom	• TBD
May 24, 2024	1:00-3:00pm	Zoom	• TBD
June 28, 2024	1:00-3:00pm	Zoom	• TBD
July 26, 2024	1:00-3:00pm	Zoom	• TBD
August 23, 2024	1:00-3:00pm	Zoom	• TBD
September 27, 2024	1:00-3:00pm	Zoom	• TBD
October 25, 2024	1:00-3:00pm	Zoom	• TBD
November 22, 2024	1:00-3:00pm	Zoom	• TBD
December 27, 2024	1:00-3:00pm	Zoom	• TBD

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

WELLNESS • RECOVERY • RESILIENCE

2000 Embarcadero Cove, Suite 400
Oakland, California 94606
510-567-8100 / TTY 510-533-5018

MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, February 23, 2024 (1:00-3:00pm)

ZOOM MEETING TELECONFERENCE: Join Zoom meeting

United States (Toll Free): 877-336-1831; Access Code: 350574

MISSION	VALUE STATEMENT	FUNCTIONS
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.	*We maintain a focus on the people served, while working together with openness and mutual respect.*	The MHSA Stakeholder Group: • *Reviews* the effectiveness of MHSA strategies. • *Recommends* current and future funding priorities. • *Consults* with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care. • *Communicates* with ACBH and relevant mental health constituencies.

1. Meeting Begins 1:00
2. Update from each member (2 minutes per person) 1:05
3. Review of the Stakeholder Group's role 1:20
    - Questions/Recommendations/Concerns
4. Brief review of the MHSA Update Plan FY24/25 1:35
    - Share Results from Listening Session & Surveys
    - Discussion Public Comment Outreach strategies and recommendations
5. ACBH Administrative Updates 2:15
    - BHSA updates
    - Meeting logistics
6. Presentations in Spring 2024 2:20
7. CPPP Display book 2:25
8. Open forum 2:35
9. Meeting adjourns 3:00

Documents Attached:

1. Meeting Agenda
2. MHSA FY24/25 Report Changes
3. CPPP Listening Session Demographics
4. CPPP Listening Session Rankings
5. CPPP Listening Session Overall Themes
6. CPPP Survey Overall Themes

New Changes to the MHSA Annual Plan Update FY24/25

MENTAL HEALTH SERVICES ACT: FY24/25 ANNUAL PLAN UPDATE
Table of Contents

Message from the Director 7
ACBH Mission & MHSA Guiding Principles 8
Executive Summary 11
Plan Update from FY 23-24 16
MHSA Funding Summary 23
Alameda County Profile 35
MHSA Community Program Planning Process (CPPP) 41
MHSA Community Input & Public Comment Summary 61

A. COMMUNITY SERVICES & SUPPORTS (CSS) PROGRAM SUMMARIES 81

Full Service Partnership (FSP) Programs

FSP 16 Alameda Connections 0-8 93
FSP 17 East Bay Wrap 8-18 96
FSP 3 Supportive Housing Services for TAY (STAY) 98
FSP 21 Prevention, Advocacy, Innovation, Growth & Empowerment (PAIGE) 100
FSP 4 Greater HOPE 103
FSP 10 Rental Subsidies and Landlord Liaison Program- Abode Services 105
FSP 10 Project Hope Mobile Van Program (Tri City Area) 107
FSP 10 Housing Solutions for Health 109
FSP 10 Housing Support Program (HSP) 111
FSP 10 North County Housing Connect, Housing Navigation Program 114
FSP 10 Rental Subsidies and Landlord Liaison Program – BACS 116
FSP 10 Berkeley Housing: USV/ Harrison House Singles 119
FSP 10 Casa Maria Safe Haven Shelter 121
FSP 10 South County Homeless Housing (A Street Shelter) 123
FSP 10 Supported Independent Living 125
FSP 10 Crossroads 127
FSP 10 Flexible Housing Subsidy Pool – Rental Assistance Program 130
FSP 11 Community Conservatorship (CC) Program 132
FSP 12 Assisted Outpatient Treatment (AOT) Program 134
FSP 13 CHANGES 137
FSP 14 STRIDES 139
FSP 18 Homeless Engagement Action Team (HEAT) 142
FSP 20 Lasting Independence Forensic Team (LIFT) 145
FSP 22 Justice and Mental Health Recovery (JAMHR) 149
FSP 19 Circa60 151

Introduction
Fiscal
Demographics
CPPP
CSS
PEI
INN
WET
CFTN
PMI
Appendices

In our effort to make the plan Easy to find, Easy to read and Easy to use:

- **Tabs on each page of the Report**
- **Tabs are hyperlinked**

New Changes to the MHSA Annual Plan Update FY24/25

1. WORKFORCE EDUCATION & TRAINING (WET) STAFFING

Provides infrastructure to manage the development, implementation, and evaluation of all Workforce Education & Training (WET) programs and initiatives. Spearheads partnerships with community-based organizations, peer-run agencies, educational institutions, and local, regional, and state agencies.

FY 22/23 PROGRAM OUTCOMES

- ACBH Interim WET Manager hired May 2023. Recruitment for a permanent WET Manager began September 2023.
- ACBH WET Training Officer hired May 2023 to provide training support for department & CBO's.
- WET is under the leadership of the ACBH Director who provides valuable support, stability, & guidance through recruitment and staffing transitions.

FY 22/23 PROGRAM IMPACT AND/OR EVALUATION

- No impact.

FY 22/23 PROGRAM CHALLENGES

- In the past 2 years, both the WET Manager & Training Manager retired. The unit is in the process of staff development and restructuring.
- The WET Manager position remains vacant. The new Training Officer is establishing documentation protocols to reduce loss of knowledge as transitions continue to occur.

ANTICIPATED CHANGES FOR FY 23/24

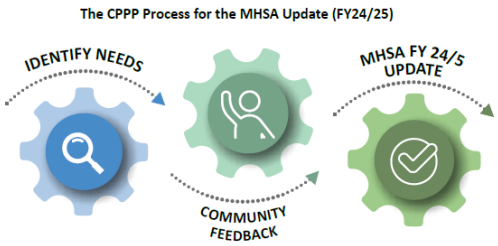
- Increase capacity for training and workforce-related programming.
- ACBH has created new positions to support training efforts: Training Coordinator, Workforce/Pipeline Coordinator, & Administrative Assistant
- ACBH WET, in collaboration with ACBH's Office of Ethnic Services, plans to hire a consultant to help create an integrated Behavioral Health Equity Plan (BHEP) (formerly known as the Cultural Competency Plan) and WET Needs Assessment. The project will begin early 2024.
- The WET Needs Assessment will focus on gathering data on (1) current workforce needs specifically looking at cultural and language needs for our entire system, (2) recruitment and retention strategies, (3) pipeline programs at high school, college, and graduate school levels, & (4) training needs per CLAS standards.
- ACBH WET in collaboration with ACBH's Health Equity Division will support the ACBH Trauma Informed Systems (TIS) initiative. WET staff will become certified staff trainers of the TIS Curriculum which was designed specifically for Alameda County.

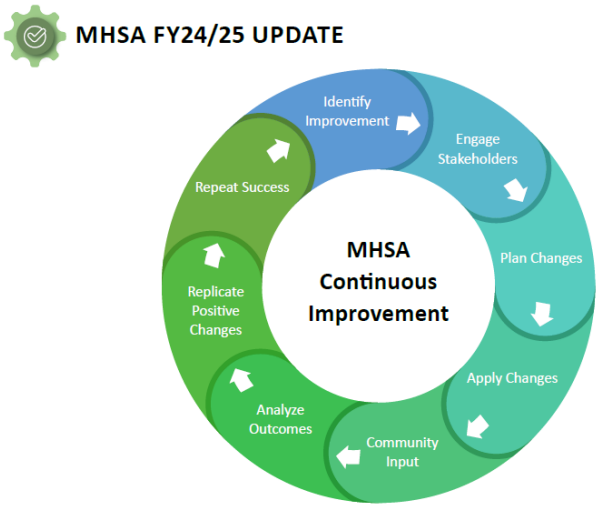
The WET Section is an example of what could come next year.

This is a more condensed format with double columns.

New Changes to the MHSA Annual Plan Update FY24/25

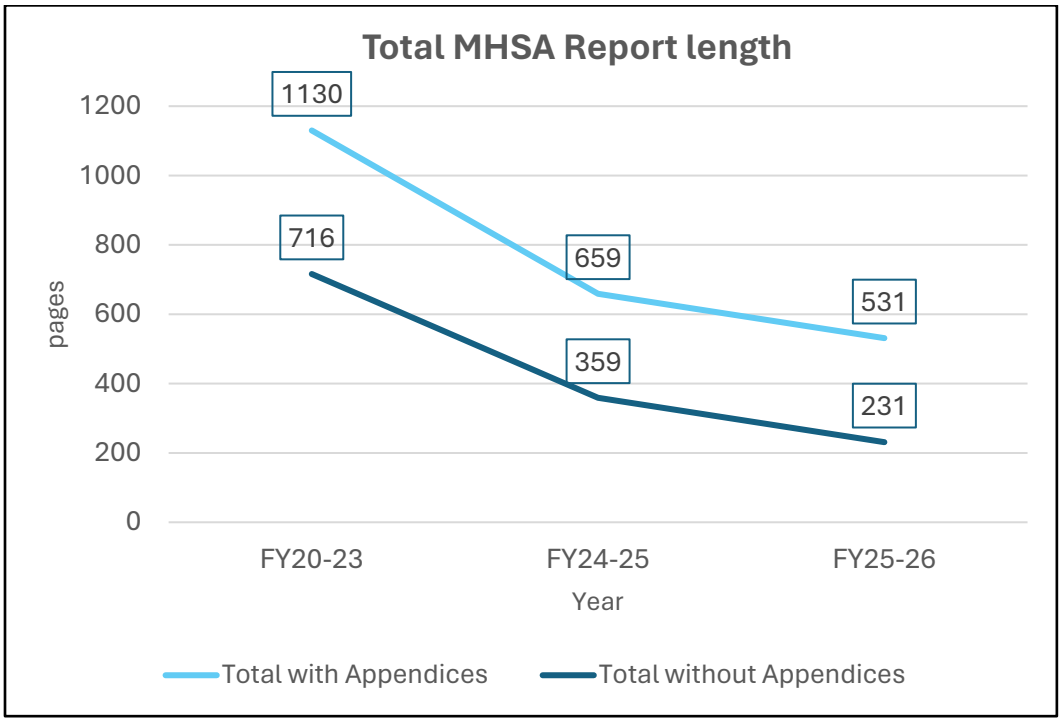
Communication Strategies	• ACBH & ACMSA website • Various Outreach channels • Inclusive feedback strategies
Advisory Committee	• Identify priorities • Monitor Implementation • Provide continous feedback
Program Planning	• Assess needs & develop service models • Review program proposals • Select qualified providers
Program Implementation	• Collaborate with participants to establish goals • Peer engagement in program governance • Stakeholders & consumers input for program planning/monitoring
Evaluation	• Peer & family engagement in evaluation efforts • Collect & analyze data on participant satisfaction • Data influencing decisions on programs and allocated funds





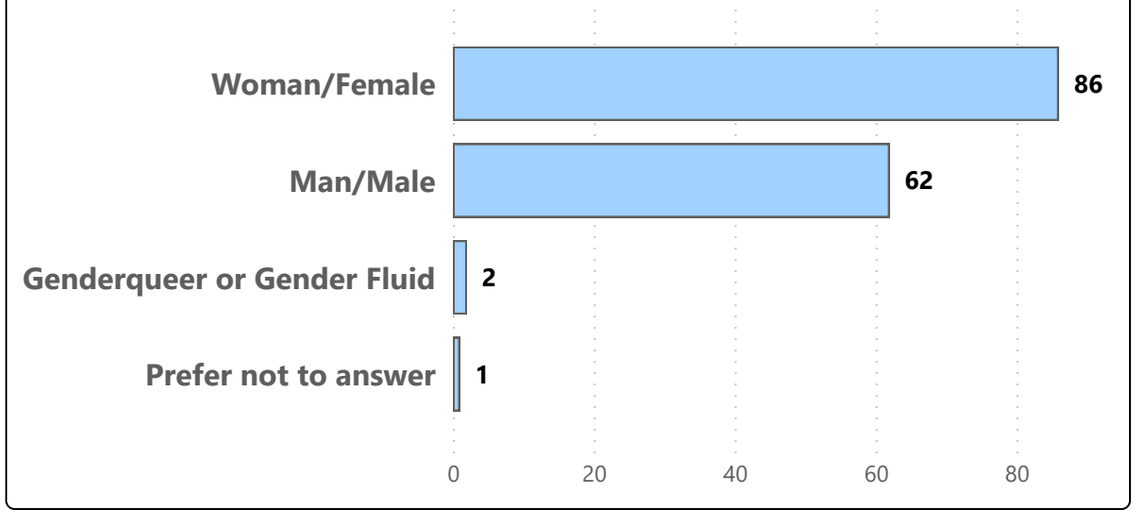
SmartArt graphics throughout the plan. These graphics are more visually appeasing as opposed to continuous text.

New Changes to the MHSA Annual Plan Update FY24/25



The MHSA team shortened the length of the MHSA report from 716 pages to 359 pages. The MHSA team is continuing to enhance reporting templates and procedures to further shorten the report in subsequent years.

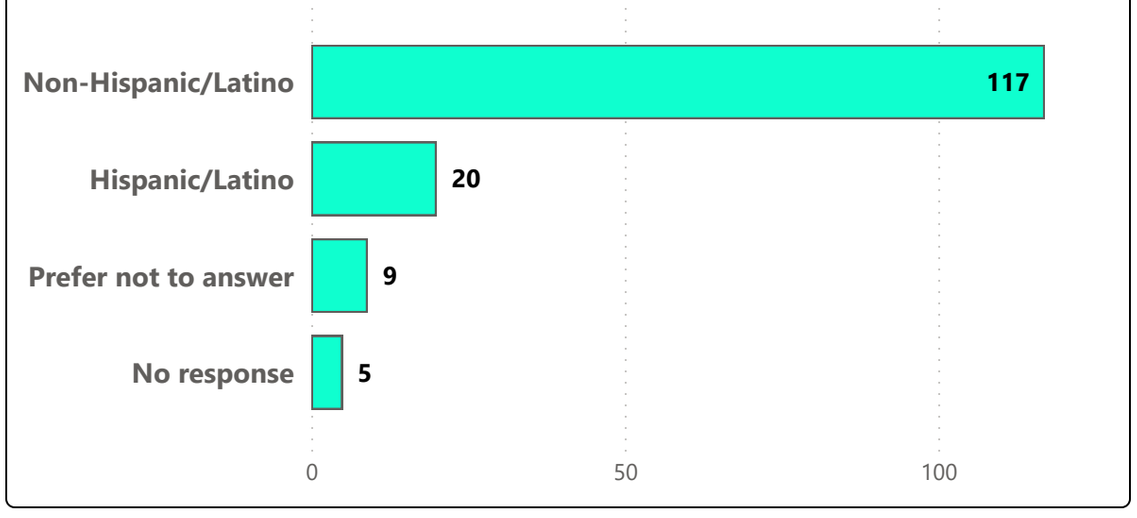
Respondents by Gender



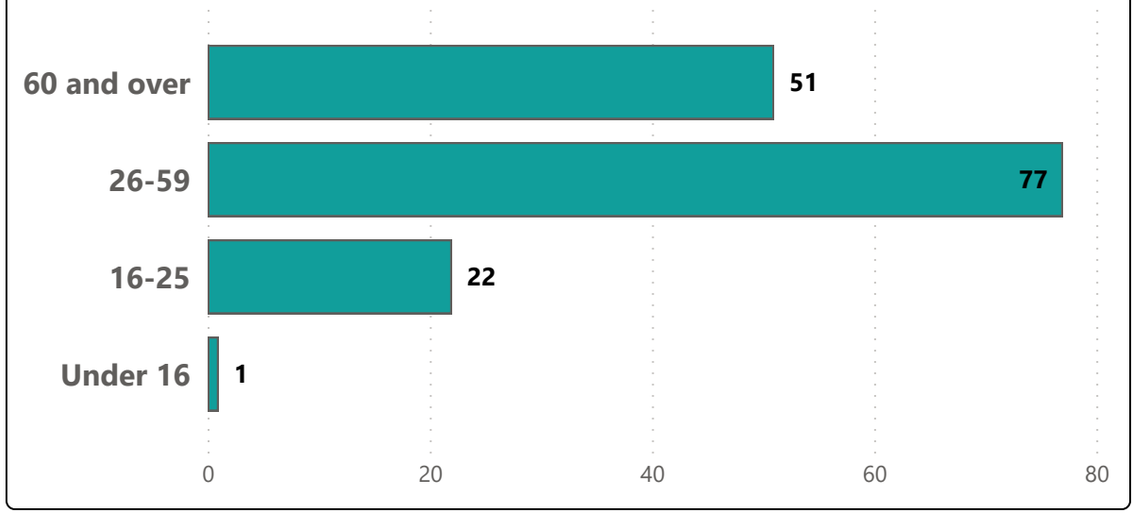
151

Respondents

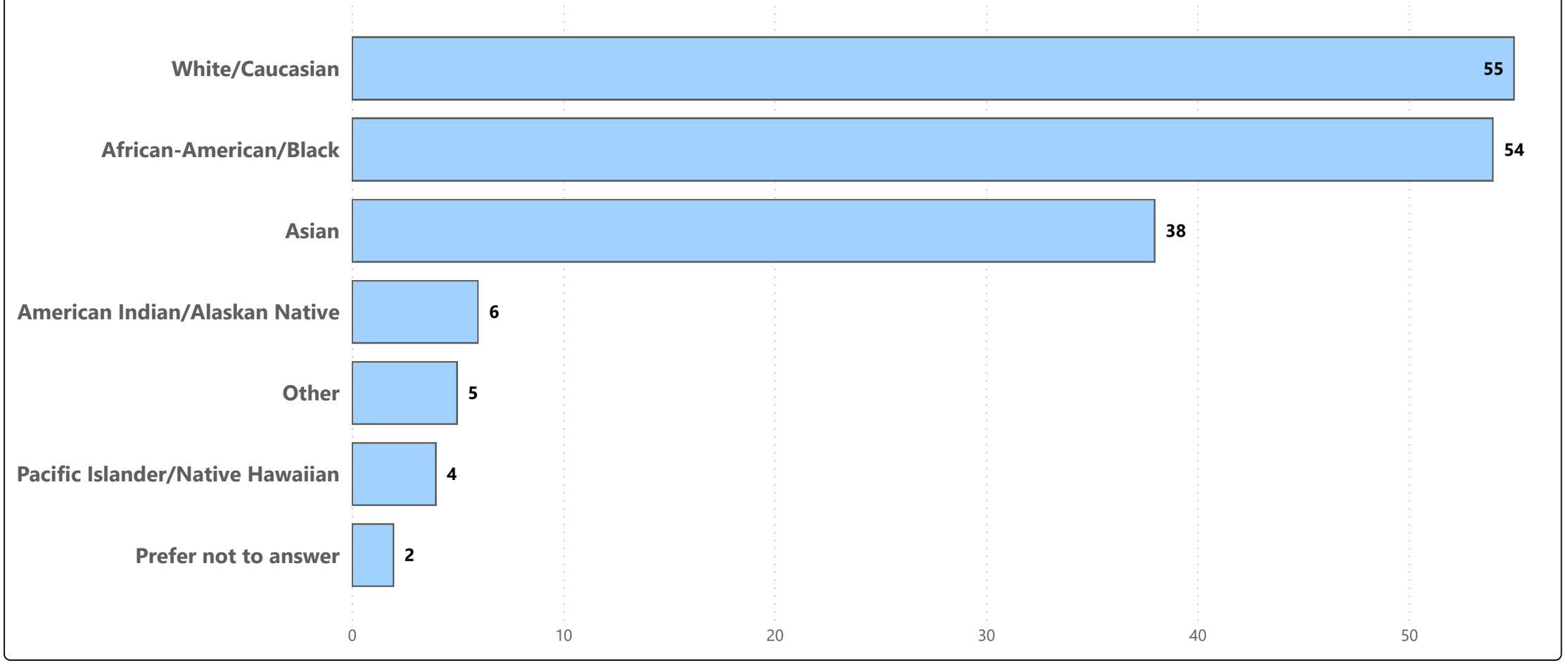
Respondents By Ethnicity

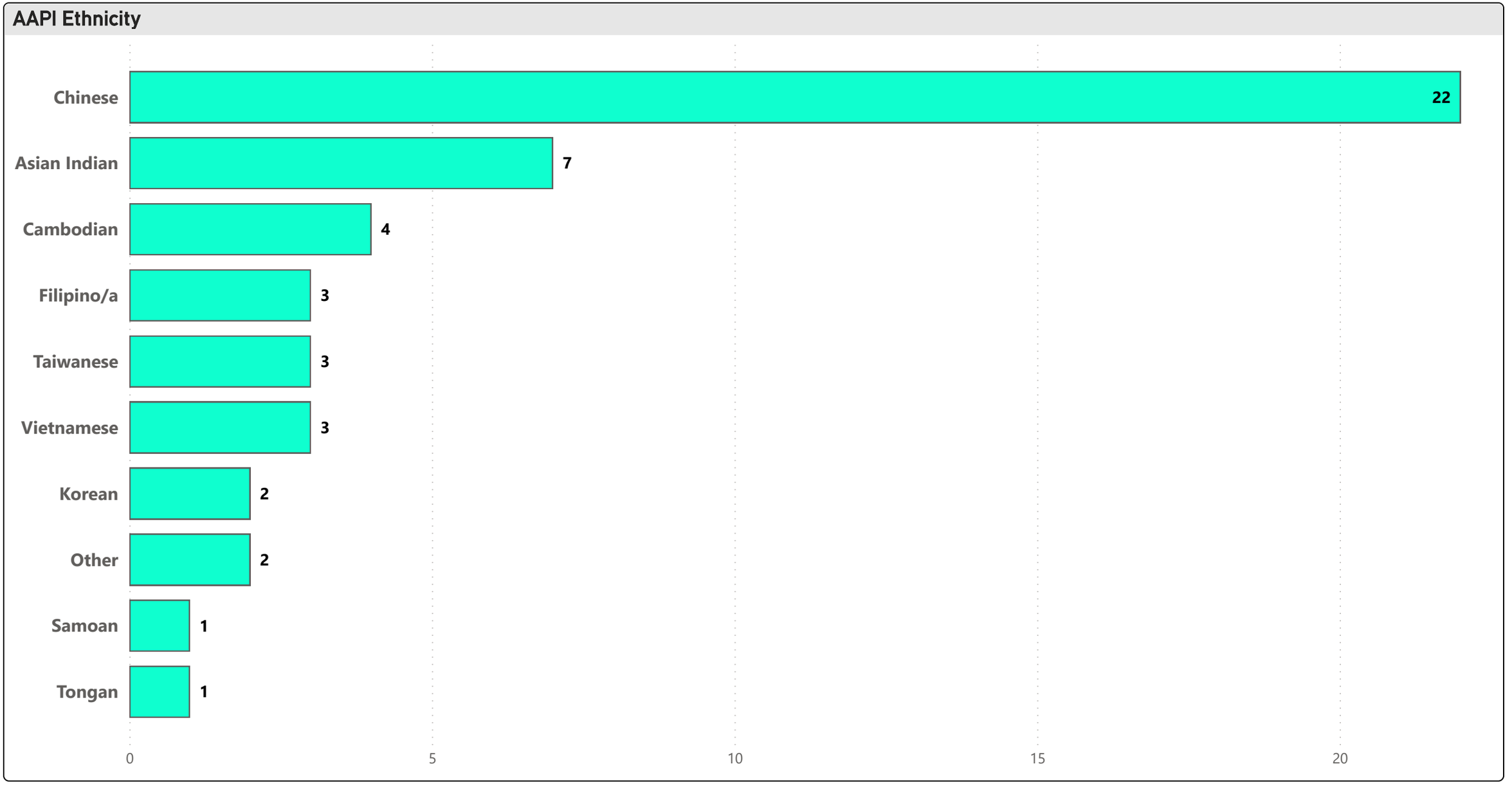


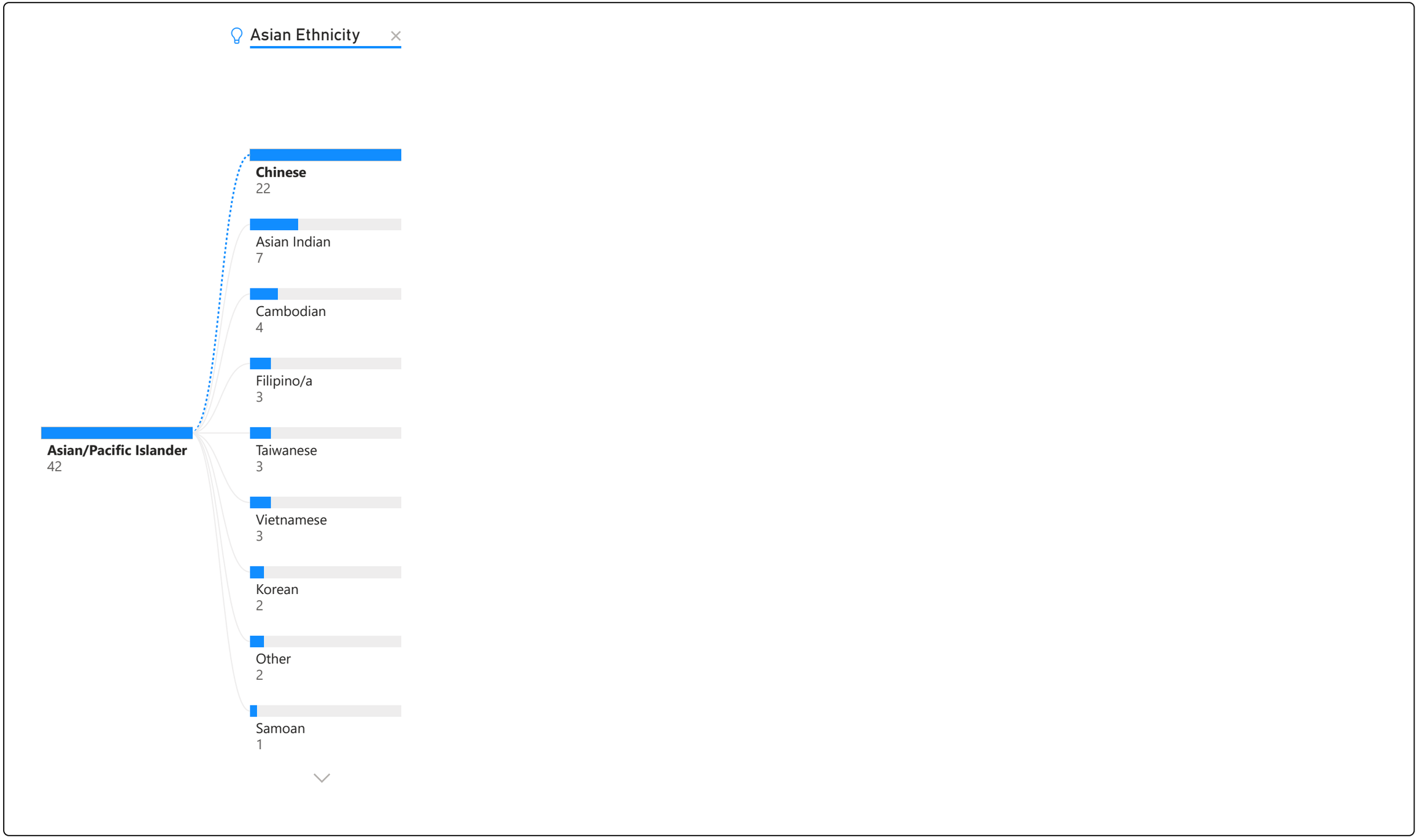
Respondents By Age Range



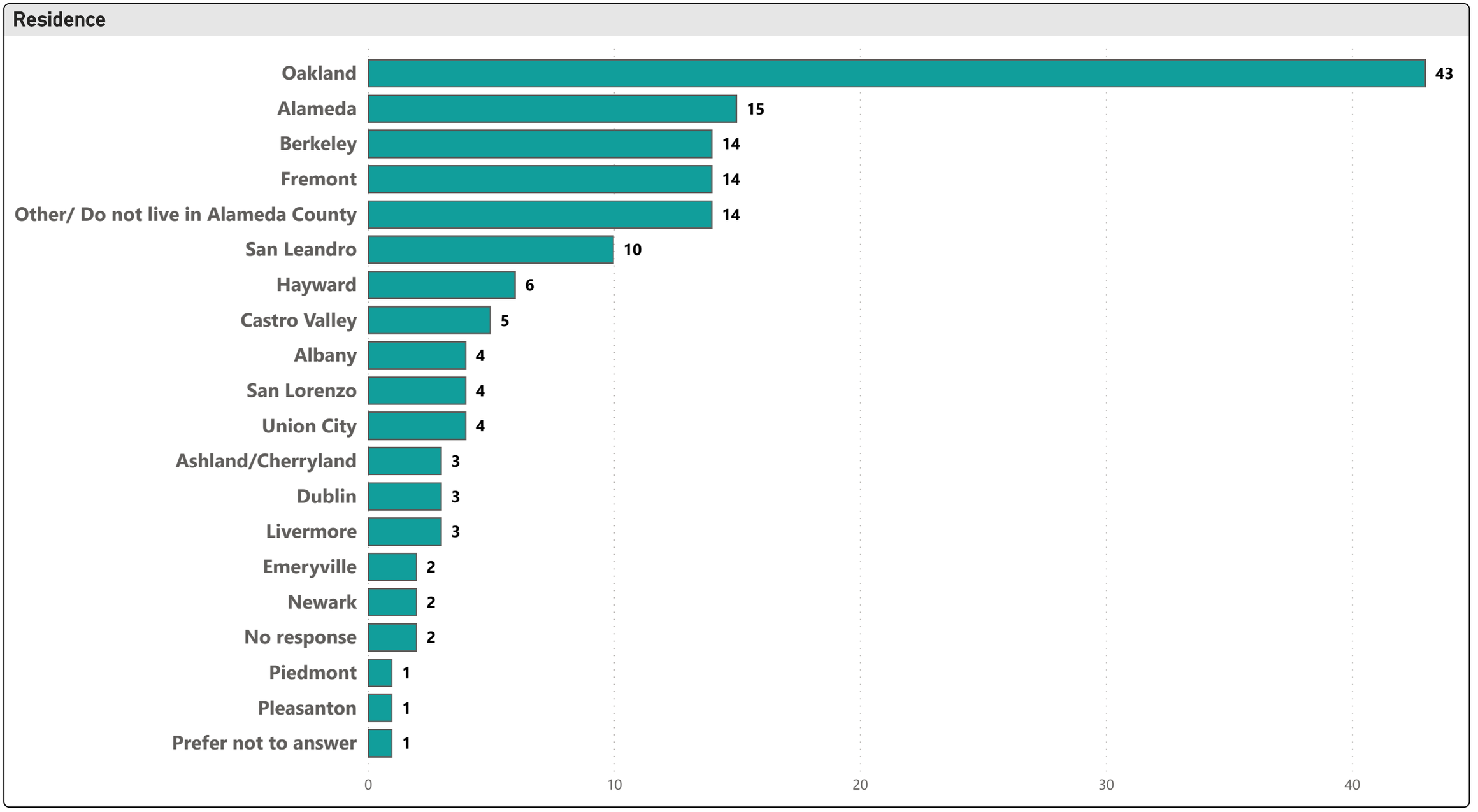
Respondents By Race



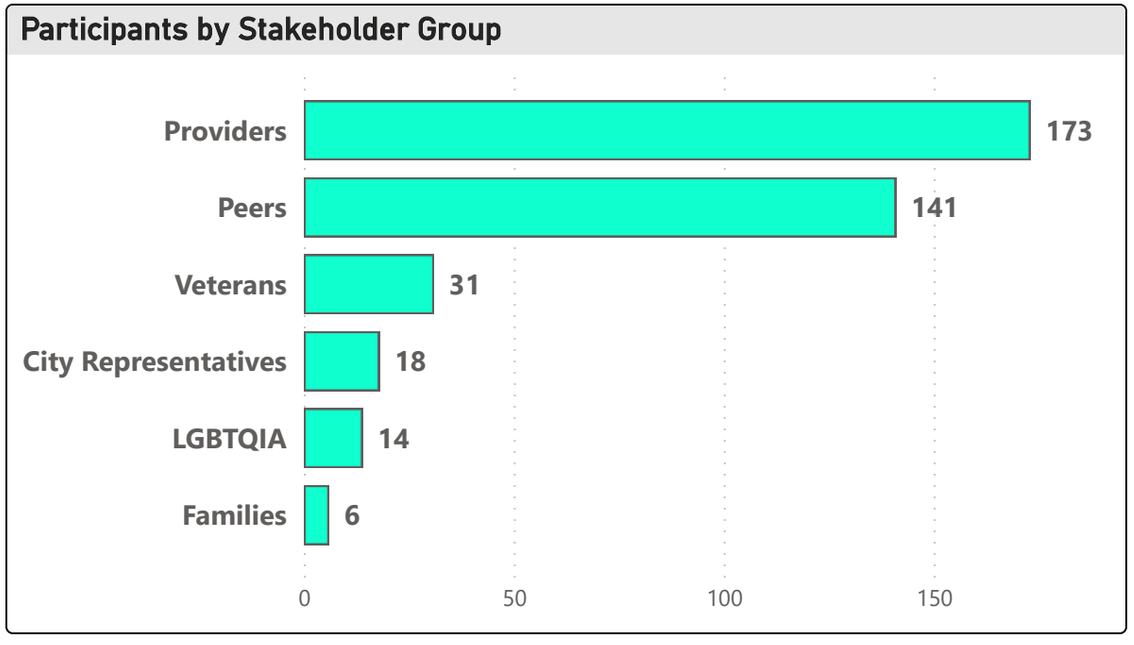

AAPI Ethnicity
Chinese
22
Asian Indian
7
Cambodian
4
Filipino/a
3
Taiwanese
3
Vietnamese
3
Korean
2
Other
2
Samoan
1
Tongan
1
0
5
10
15
20

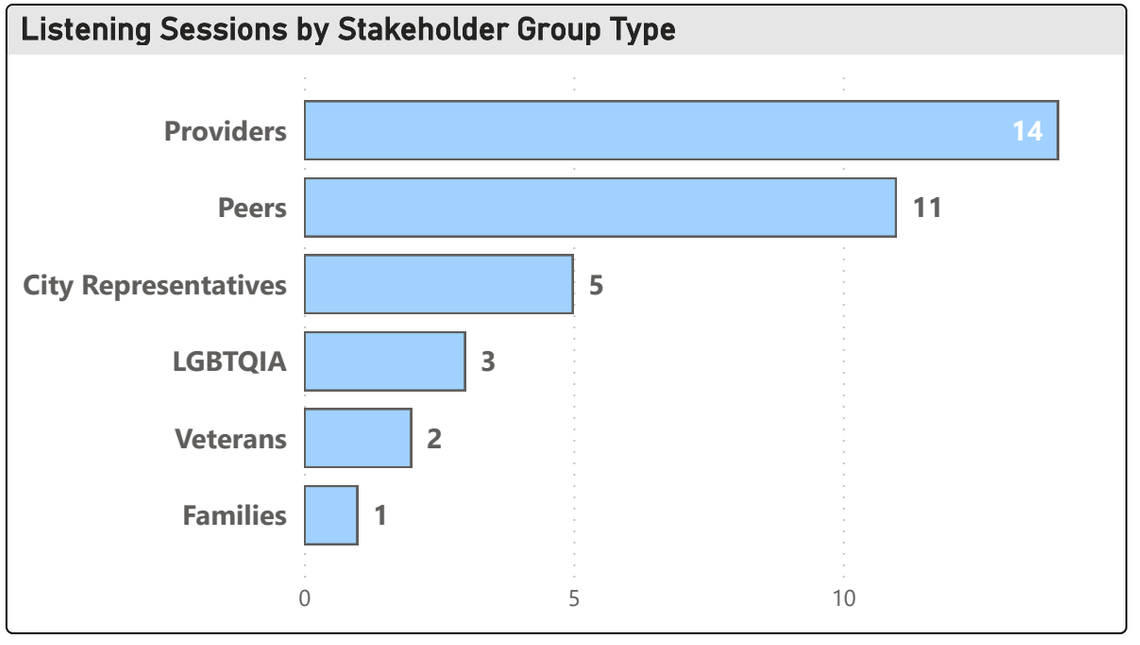

Asian Ethnicity
Asian/Pacific Islander
42
Chinese
22
Asian Indian
7
Cambodian
4
Filipino/a
3
Taiwanese
3
Vietnamese
3
Korean
2
Other
2
Samoan
1

Residence

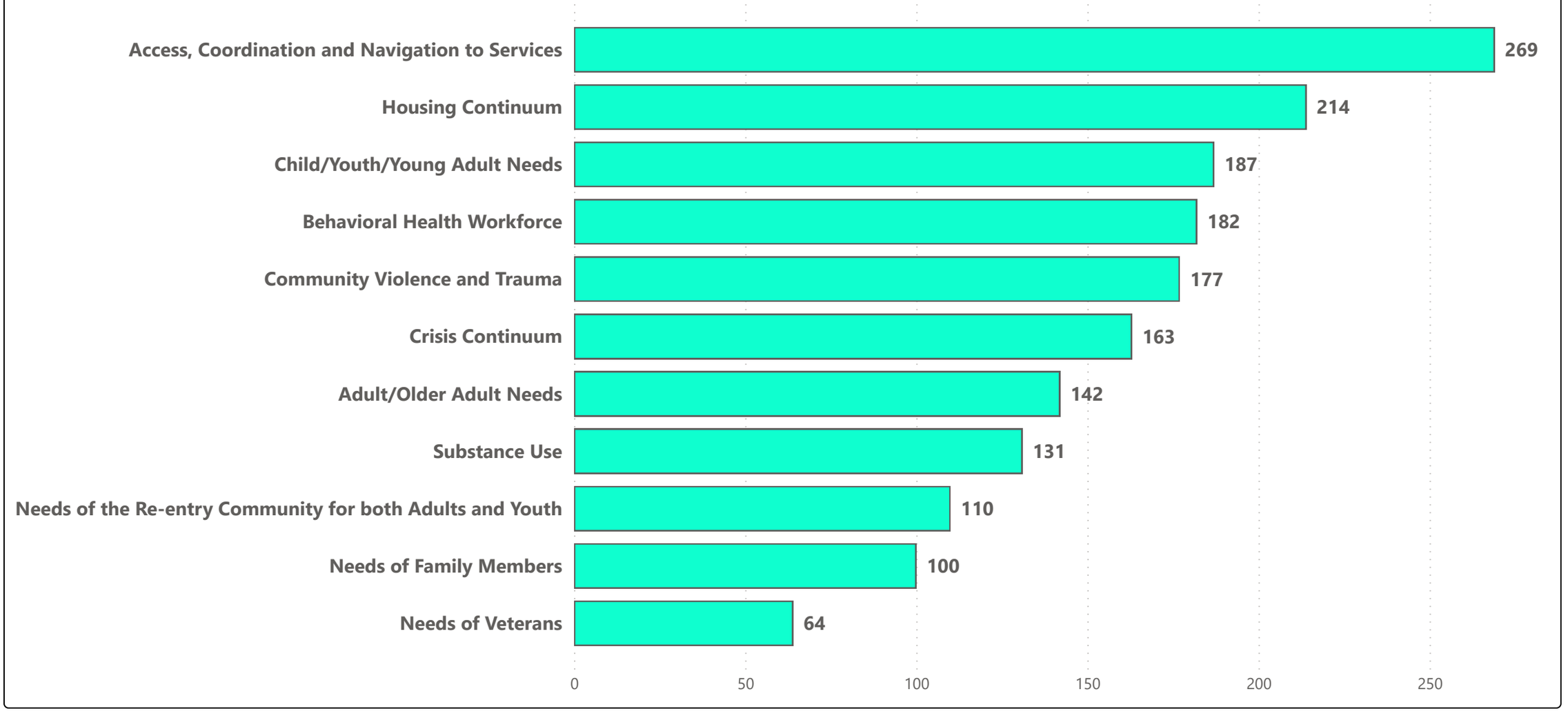

Oakland 43
Alameda 15
Berkeley 14
Fremont 14
Other/ Do not live in Alameda County 14
San Leandro 10
Hayward 6
Castro Valley 5
Albany 4
San Lorenzo 4
Union City 4
Ashland/Cherryland 3
Dublin 3
Livermore 3
Emeryville 2
Newark 2
No response 2
Piedmont 1
Pleasanton 1
Prefer not to answer 1
0
10
20
30
40

383	36	7
Participants	Listening Sessions	Stakeholder Group Types

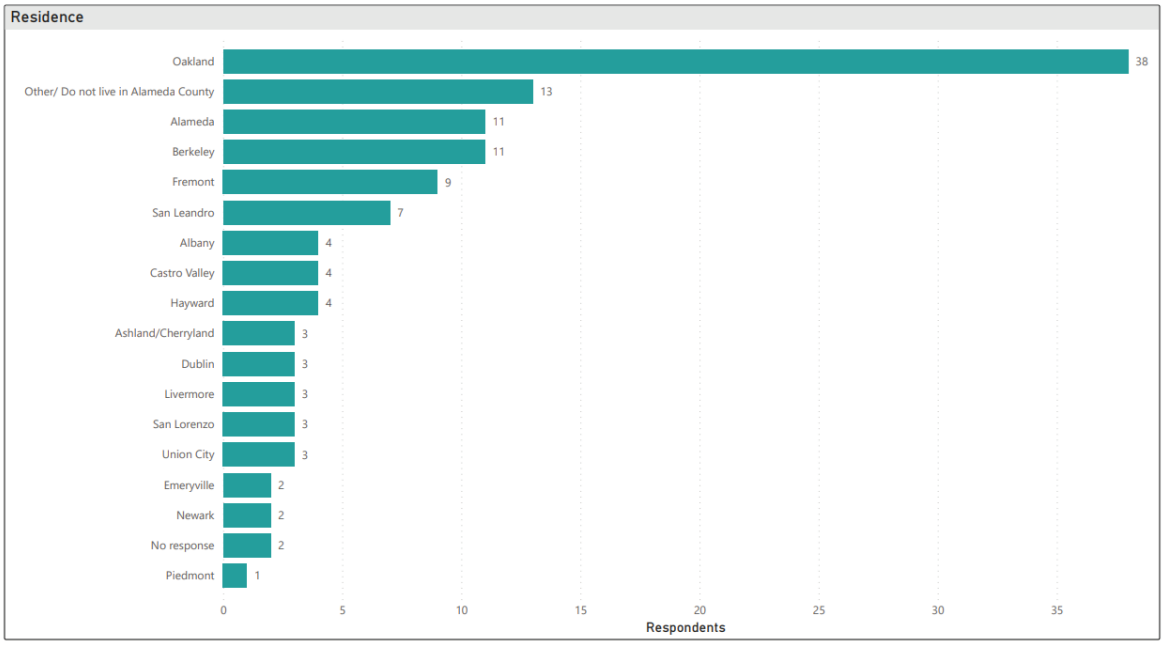




Area of Need Ranking: Greatest to Least



MHSA Listening Session Themes



During the listening sessions, stakeholders provided input on mental health services and various priority areas of need. The following reoccurring themes were identified across all listening sessions:

Access to Services: Ensuring clear processes for accessing mental health services, including non-law enforcement solutions and 24/7 availability.

Peer Support: Promoting the role of peer support specialists with lived experiences in aiding clients and providing immediate assistance.

Housing Interventions: Addressing the housing needs of individuals with mental health challenges, including supportive housing and services.

Specialized Support for Vulnerable Populations: Addressing specific needs of populations like LGBTQ individuals, veterans, re-entry citizens, and foster care children.

Youth Empowerment: Supporting programs that incentivize young adults to seek mental health resources and empowering youth through education in the schools and other community settings.

Stigma Reduction: Addressing stigma related to mental health, especially for children and youth, and promoting acceptance of mental health care across different cultures.

Cultural Sensitivity: Recognizing the need for culturally sensitive and appropriate services, including bilingual support and LGBTQ clinicians.

Workforce Support: Emphasizing the importance of support systems for the workforce, including training, self-care, and incentives.

Trauma-Informed Work: Emphasizing trauma-informed approaches, such as Crisis

Intervention Team (CIT) training, to enable informed and culturally responsive services.

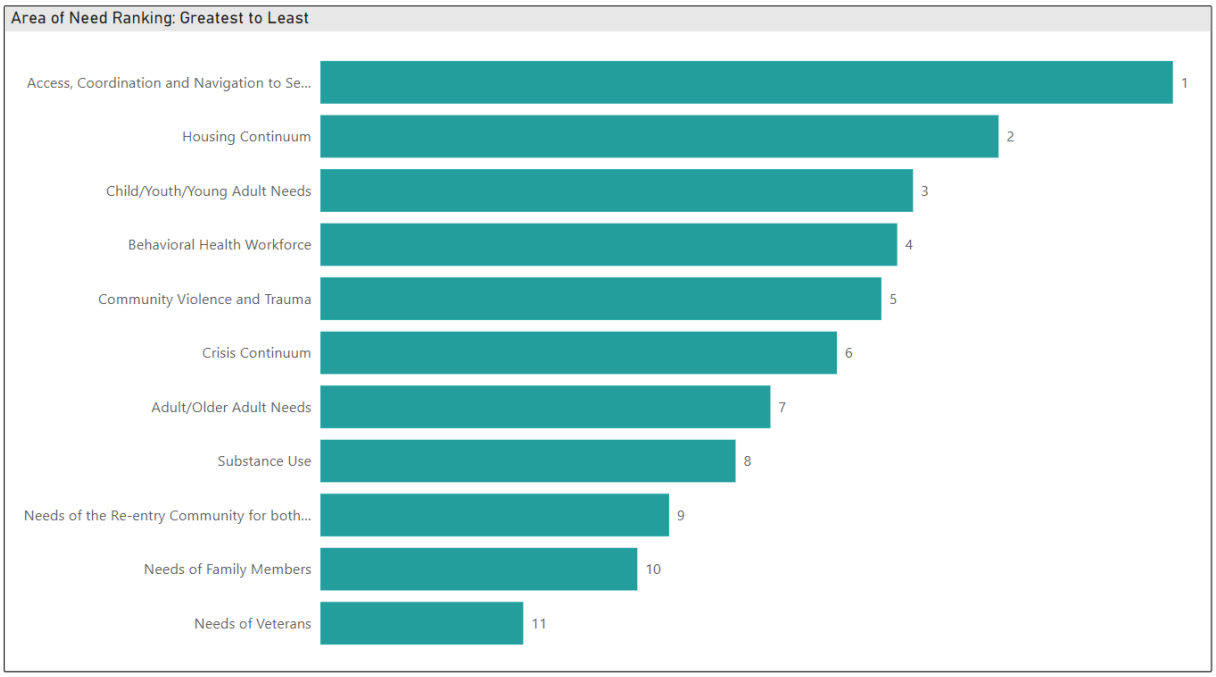
Data and Transparency: Emphasizing the need for data analysis, transparency in decision-making, and advocacy for funding to support mental health services.

Community Safety Initiatives: Addressing the need for initiatives and strategies to address community violence and enhance overall safety.

Collaboration with Law Enforcement: Emphasizing the importance of collaboration between mental health services and law enforcement to ensure community safety and appropriate responses to crises.

Crisis Support Teams: Advocating for the presence of mobile crisis support teams on the streets to respond in a timely manner to and prevent escalation of violence during crisis mental health situations.

Listening session participants **1).** reviewed the provided 11 areas of need, **2).** ranked their top 3 areas of need and **3).** discussed their reasons for selecting each. Participants also provided possible strategies and solutions to address each of these needs. The results of that ranking show the following to be the top ranked areas of need (in rank order):



Area of Need	Strategies and Solutions
1. Access, Coordination and Navigation to Services	• Establish community navigation centers as one-stop shops to provide access, coordination, and navigation to various services. • Support, fund and increase programs that utilize community navigators, promotores, and peer support services to improve patient access and navigation of services.

	• Implement culturally sensitive and appropriate outreach strategies to effectively engage diverse communities. • Develop a comprehensive digital platform and master directory containing contact information, assessment details, and available resources for mental health services. • Prioritize bilingual services to support multiple languages in the growing client base and improve accessibility for diverse communities.
QUOTES: "There needs to be more promotion on the mental health stigma to inform people from different cultures it is acceptable to receive mental health care." "There should be a clear process on where people can go for services or who they can talk to on a personal level that they can trust."	
2. Housing Continuum	• Increase prevention and early intervention programs to avoid homelessness. • Provide safe/welcoming places with direct services and housing for those with mental health challenges, aiming to prevent additional trauma. • Provide emergency housing lasting a minimum of 6 months, followed by long-term supportive housing. • Support housing interventions with additional funding for operational support to meet the needs of the community that include comprehensive and wraparound services. • Establish accountability and check-and-balance mechanisms in housing programs and services. • Ensure transparency in decision-making processes related to housing.
QUOTES: "People with serious mental illness have one of the highest needs for permanent and/or supportive housing." “There needs to be more service enriched housing programs, this is a greater need than just shelter. These housing programs can address the mental health needs of clients they house.”	
3. Child/Youth and Young Adult needs	• Increase and improve engagement strategies for youth by incorporating creative and fun activities like art, music, and movement recognizing the therapeutic benefits of these. • Address the diverse needs of children, youth, and young adults from marginalized communities such as immigrant youth, unaccompanied minors, LGBTQ youth and those in the foster care system. • Strengthen support systems by educating family members and parents on mental health issues and providing spaces for dialogue and offering tools for parents to understand youth issues more comprehensively. • Advocate for programs in school and other community spaces that promote mental health awareness, seeking help and identifying mental health issues among youth. • Increase youth workshops, townhalls events such as youth leadership summits to discuss various mental health topics, healing and resources. • Provide tangible means to youth that can support their stabilization and encourage them to reach out to mental health resources while aiming to break the mental health stigma. Resources such as stipends, respite care and other practical needs etc.

QUOTES:

"Healing the parents is important to heal the child, [so we need] more events to incorporate youth and family together."

"[We need to] engage with youth to empower them and for them to know how special they are. When people believe they're precious they will act precious".

4. Behavioral Health Workforce	• Address workforce shortages by incentivizing the recruitment of individuals from diverse backgrounds that reflect the client population. • Develop partnerships and pipelines to work with schools and other non-traditional agencies to train, recruit and hire mental health workers (clinical and non-clinical) • Expand peer support programs and paid training opportunities and internships to increase access to mental health jobs for people who have lived experiences and direct ties to the community. • Provide funding to aid in training programs that will equip staff with the necessary skills for their roles, especially around cultural competency. • Provide self-care opportunities for staff to enhance their ability to serve effectively and emphasize the need for a support system in the workforce to prevent burnout and ensure staff well-being. • Provide support services and resources for the workforce when staff members also experience crisis.

QUOTES:

"Workforce shortages and challenges such as recruiting counselors that reflect the client diversity plus the scarcity of BIPOC psychiatrists are issues that limit hiring."

"We need more trauma informed training for providers, so people can continue to be informed, continue to examine their biases, can provide culturally responsive services."

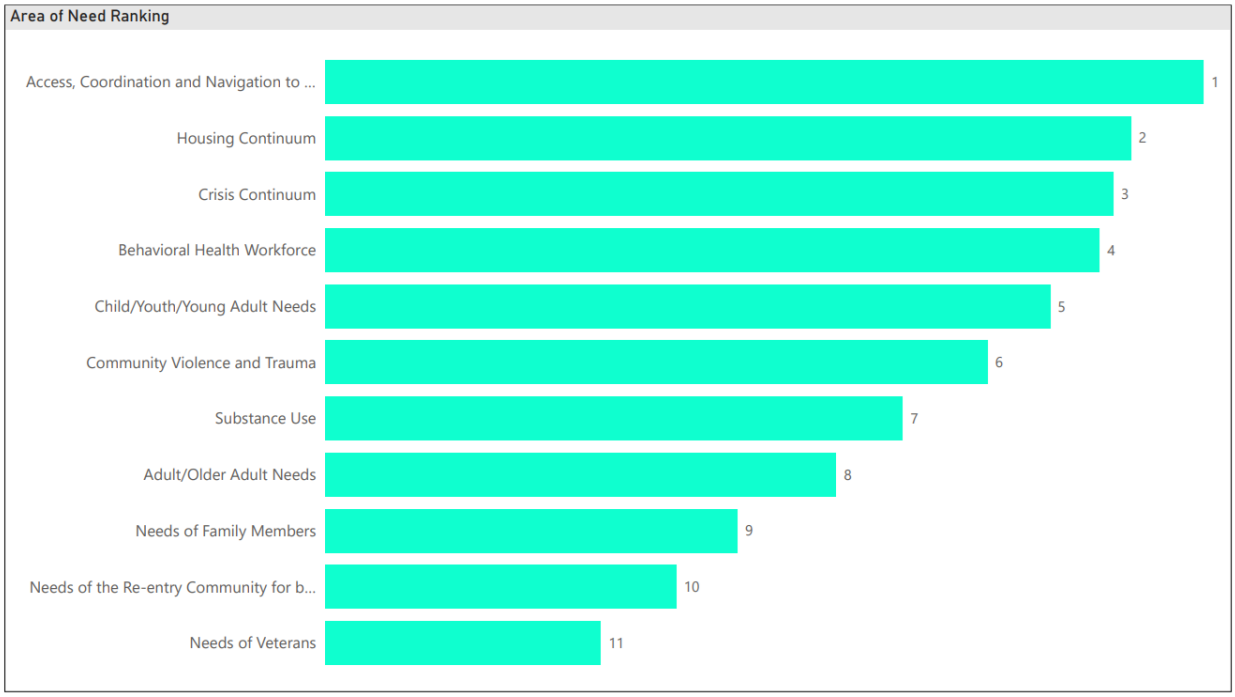
All listening session feedback was documented, summarized and analyzed to ensure that major themes, strategies, and solutions were captured. Using the socioecological model (see image below) participant responses were placed into 5 categories (1. Individual, 2. Interpersonal, 3. Organizational, 4. Community and 5. Public Policy) to demonstrate the various efforts that can be made to address the complex issues Alameda County faces with regard to mental health service delivery at various levels.

The top 4 areas of need were reviewed and analyzed in more depth, as shown above. While most of the listening session feedback collected, focuses on addressing organizational and community needs at the programmatic level (which was expected since participants comprised mostly of providers from partnering agencies), there were a vast number of solutions and strategies provided that identified the need to bring families and social networks into play to increase interpersonal resilience. There is also a clear connection between how local and state policy affect service delivery at every level.

MHSA Survey Results

The 18 question Community Input Survey is a tool that MHSA uses to facilitate identifying key areas of interest and concerns about mental health in Alameda County. The Community Input Survey is robust and an important part of the Community Planning Process for the MHSA Update FY24/25. The survey was available on the www.achmsa.com website and in paper format from October 28, 2023 – December 31, 2023. In previous years, participants have had an impact by contributing recommendations and in some years led to new MHSA funded programs, such as the CATT (Community Assessment Transport Team) and the Supported Community Housing Land Trust. The survey was available in English, Spanish, and Chinese. To create the survey questions the MHSA team partnered with ACBH stakeholders and community stakeholders. The survey questions focused on gathering community feedback on program effectiveness, cultural competence, consumer satisfaction levels and recommendations for service improvement. One section of the community input survey allows participants to rank the 11 categorized community needs in order of importance and provide strategies and solutions See Figure 9 for ranking results.

Figure 9: Areas of Need Ranking: Greatest to Lease (n=611)



Below are the top ranked community needs and their most common identified strategies and solutions (per survey results):

1. Access, Coordination and Navigation (score)
2. Housing Continuum (score)
3. Crisis Continuum (score)
4. Behavioral Health Workforce (score)

Rank #1: Access, Coordination and Navigation to Services

The mental health system continues to face complex and multi-faceted challenges that often affect access, coordination, and navigation of services. Survey respondents identified potential strategies and solutions to improve our current system.

Strategies and Solutions
• Develop clear and transparent referral processes to ensure individuals are directed to the most appropriate services. • Centralized care coordination teams: Establish dedicated teams to navigate patients through the system, coordinate appointments, and advocate for their needs. • Continue to increase outreach and awareness of mental health services in the community. • Increase the number of programs and resources available that accept insurances like Medi-Cal and Medicare and can offer mental health services. • Address language barriers to ensure that services can be provided directly to non-English speaking residents.

Participants reflected these concerns in the free response portion of the survey and shared the following:

- “Access is important for individuals seeking help, especially to those historically marginalized communities who may need a nudge to trust services in the community. There should be constant outreach to let them know what's available and the power of accepting assistance with mental/behavioral health needs.”
- "People should prioritize the most vulnerable in our society who go through these things because they are also the least well-equipped to deal with a challenge like a mental health crisis. Getting the word out about conditions that can happen to people in their formative years is very important, so there are fewer sad situations out there."
- "Just having access and guidance to navigate the hurdles for services and programs can be overwhelming and providing clear and open access would help many seeking help."
- "Community health navigators are vastly important, along with health promoters that are representative of folks' backgrounds, to do outreach, educate about resources, and support with referrals into the system as otherwise many folks are unable to access the programs that do exist."

Rank #2: Housing Continuum

Housing continues to be at the forefront of addressing the needs of residents overall, but especially those experiencing or at risk of mental health issues. Providers and residents, alike, can see the direct connection between meeting this basic need and the ability to access, receive and maintain mental health services in the county. Survey respondents identified potential strategies and solutions to improve access to housing.

Strategies and Solutions
• Provide more funding allotted to provide no-cost housing for the unhoused with mental health issues and expand housing subsidies to support very low-income individuals.

- Support programs to identify those with risk of becoming unhoused and providing mental health services prior to homelessness.
- Collaborate with city and other public entities to negotiate the use of vacant land for housing.
- Form safe housing communities with specific supports, resources and services to meet the need of unhoused residents with mental health issues.
- All housing efforts should include supportive service systems that keep people housed.

Participants reflected these concerns in the free response portion of the survey and shared the following:

- "By addressing housing first, other important needs can be addressed more quickly and effectively."
- "There is too much attention being paid to 'affordable housing'; people who are homeless are so far away from being able to afford affordable housing as they do not have nearly enough income."
- Providing dignified housing is healing and allows a person to think of other needs if their shelter, hygiene and food needs are met. When temporary housing leads to subsidized permanent housing with services [this] could end homelessness for that individual.
- “There needs to be ‘housing villages’ established with simple, safe living quarters, full support staff educated in severe mental illness challenges, structured activities on site, housekeeping, volunteer force that would accompany people on appts and help keep them organized, and in good health. Partner with institutions to intern social workers, even horticultural and architectural planning students for developing functioning social space. Structured environments with full blown calendar of work-based day programs. Provide "serenity rooms" and yoga, art therapy to help people feel stimulated and useful.

Rank #3: Crisis Continuum

There is a need for immediate support for crisis intervention and an improvement in the delivery of crisis services. As the county becomes more familiar with the needs of residents that require crisis mental health services, there is a drive to increase crisis intervention services and to create a more intentional and comprehensive crisis continuum that responds to immediate needs but also addresses the long-term well-being of individuals experiencing a crisis. Survey respondents identified potential strategies and solutions to improve services to residents experiencing a mental health crisis.

Strategies and Solutions

- Prioritize community driven crisis mental health services that can reach residents faster and partner with law enforcement, only if necessary.
- Expand after-hour and weekend crisis mental health services, such as 24/7 hotlines or mobile programs with trained providers that can provide immediate assistance.
- Provide crisis stabilization beds for anyone who does not meet 5150 criteria but is still in crisis and requires immediate care.
- Crisis mental health workers need to be able to case manage and coordinate linkages to follow-up care.

Participants reflected these concerns in the free response portion of the survey. Selected quotes are below:

- "Addressing people in crisis is very important. Key to this is to have a non-police response. Keeping people out of jail and treating them in the community is very important."
- “[We need] volunteers to take on crisis hotlines to have people readily available for those in need of assistance. Also provide them with sufficient training to prepare for any arising issues.”
- “[We need to] Invest in specialized mobile crisis teams composed of mental health professionals, peer support workers, and crisis counselors who can respond to crisis situations directly in the community.
- “Establishing Mobile Crisis Outreach Teams in every region, consisting of specially trained mental health specialists partnered with plain-clothes law enforcement and/or EMTs without lethal weapons. The goal is balancing compassionate care with safety by having the right responders available 24/7 to meet mental health crises where and when they arise.”

Rank #:4 Behavioral Health Workforce

Addressing workforce challenges in mental health services continues to be of critical importance. While other areas of need were ranked higher, this area was tied and connected to all other areas of need presented to ensure the efforts to improve mental health delivery are successful and sustainable. Survey respondents identified potential strategies and solutions to create a stronger more stable behavioral health workforce.

Strategies and Solutions
• Increase overall pay scales for the mental health workforce to reflect the cost of living in their service area. Salaries should be competitive and sufficient to attract strong candidates and retain staff. • Consider different types of providers beyond clinical degrees and equate value and compensation for lived experience held by staff. • Explore alternative provision of services, such as telehealth, mobile visits, home visits, and more. • Increase opportunities for community residents and youth to receive certifications in non-emergency/crisis response, community safety, care navigation and referral linkages. • Collaborate with local schools to develop employment pipelines via volunteer opportunities, internships and other educational programs that can create a path to mental health careers. • Develop more standardized, extensive, and continued training that is accessible to providers.

Participants reflected these concerns in the free response portion of the survey. Selected quotes are below:

- "Mental Health positions need to be plentiful and pay a sustainable wage. No one should be making under 80k to hold these jobs. If there is not adequate staffing, who are properly trained and well paid, it will make everything else fall through."
- "Better paying jobs and ongoing support for folks entering the workforce that may not have all the work/professional skills and may also have mental health challenges. Ongoing mentoring for folks at the workplace that may also involve on-site therapy or mentoring check-ins."
- "Support career pathways for wellness and health in schools from high school, college, post-graduate degrees. Give school incentives for people to enter these fields and give peer mentoring counseling experiences."
- “This is the most important area because without a competent and effective workforce of compassionate, culturally educated people, we cannot accomplish any behavioral health goals. I feel like training more older adults in this area and offering peers specialist training in

residential/housing developments will expand the workforce exponentially and allow older adults to grow in this field, ultimately contributing to their own well-being and lessening the effects of elder abuse and dis-ease.”