

## MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, June 24, 2022 (2:00-4:00pm)

GO TO MEETING TELECONFERENCE: <https://global.gotomeeting.com/join/511501621>

United States (Toll Free): 1-646-749-3129; Access Code: 511-501-621

ASL interpreters: Janice Evans & Robbie Smith

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"> <li>• <i>Reviews</i> the effectiveness of MHSA strategies</li> <li>• <i>Recommends</i> current and future funding priorities</li> <li>• <i>Consults</i> with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care</li> <li>• <i>Communicates</i> with ACBH and relevant mental health constituencies.</li> </ul>

- |   |      |
|---|------|
| 1. Welcome and Introductions                            | 2:00 |
| 2. Swords to Plowshares Presentation: Amy Fairweather   | 2:15 |
| 3. OESD 33 Deaf Community Counseling Svs: Selah Davison | 2:30 |
| 4. General Updates & Announcements                      | 3:00 |
| - Leg Update  |      |
| - Calendar/Next meeting                                 |      |
| - County Selection Committee (CSC) opportunities        |      |
| - CARES   |      |
| 5. Wrap-Up  | 3:50 |
| 6. Meeting Adjournment                                  | 4:00 |

### Documents Attached:

- Meeting Calendar 2022
- Agenda
- PPT
- Leg Summaries: AB 1999 & 2480

## MENTAL HEALTH SERVICES ACT (MHSA)

### STAKEHOLDER GROUP MEETING CALENDAR, 2022 rv5

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\*\* This schedule is subject to change. Please view the MHSA [website](#) for calendar updates.

DATE	TIME	LOCATION	MEETING THEMES
January 28, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> <li>• Program Spotlight: Mental Health Peer Coach</li> <li>• Annual Plan Update</li> <li>• MHSA Community Planning Meetings (CPM) Outreach &amp; Focus Group</li> </ul>
February 25, 2021	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> <li>• MHSA Goal Setting/Finding A Common Link</li> <li>• Program Spotlight: STRIDES</li> <li>• Review Operating Guidelines</li> </ul>
March 25, 2022	2:00-4:00pm	GoToMeeting	<ul style="list-style-type: none"> <li>• Presentation: ACT Fidelity</li> </ul>
April 22, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> <li>• CPPP/INN recommendations</li> <li>• Program Spotlight: INN Proposals (Project Indigo)</li> </ul>
June 24, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> <li>• Program Spotlight: Veterans Services &amp; OESD 33/Deaf Community</li> <li>• Quarterly Data Review: Veterans</li> </ul>
July 22, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> <li>• Compliance- HIPAA for family members</li> <li>• Program Spotlight: AA Hub</li> </ul>
August 26, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> <li>• Leg Review: AB2022</li> </ul>
September 23, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> <li>• Program Spotlight: Annual Plan Review &amp; CPPP Data</li> </ul>
October 28, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> <li>• Leg Information: LPS/Conservatorship</li> </ul>
November 18, 2022**	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> <li>• Presentation: Supportive Housing</li> <li>• Program Spotlight/Presentation: MHSA Policy &amp; Legislation Review</li> <li>• End of Year Celebration/Retreat</li> </ul>



WELLNESS • RECOVERY • RESILIENCE

# Mental Health Services Act Stakeholder Meeting

Facilitator:

Mariana Real, MPH, MCHES | MHSA Sr. Planner, Alameda County Behavioral Health

**Go To Meeting**  
**June 24, 2022 | 2:00PM**

# HELLO

MY NAME IS

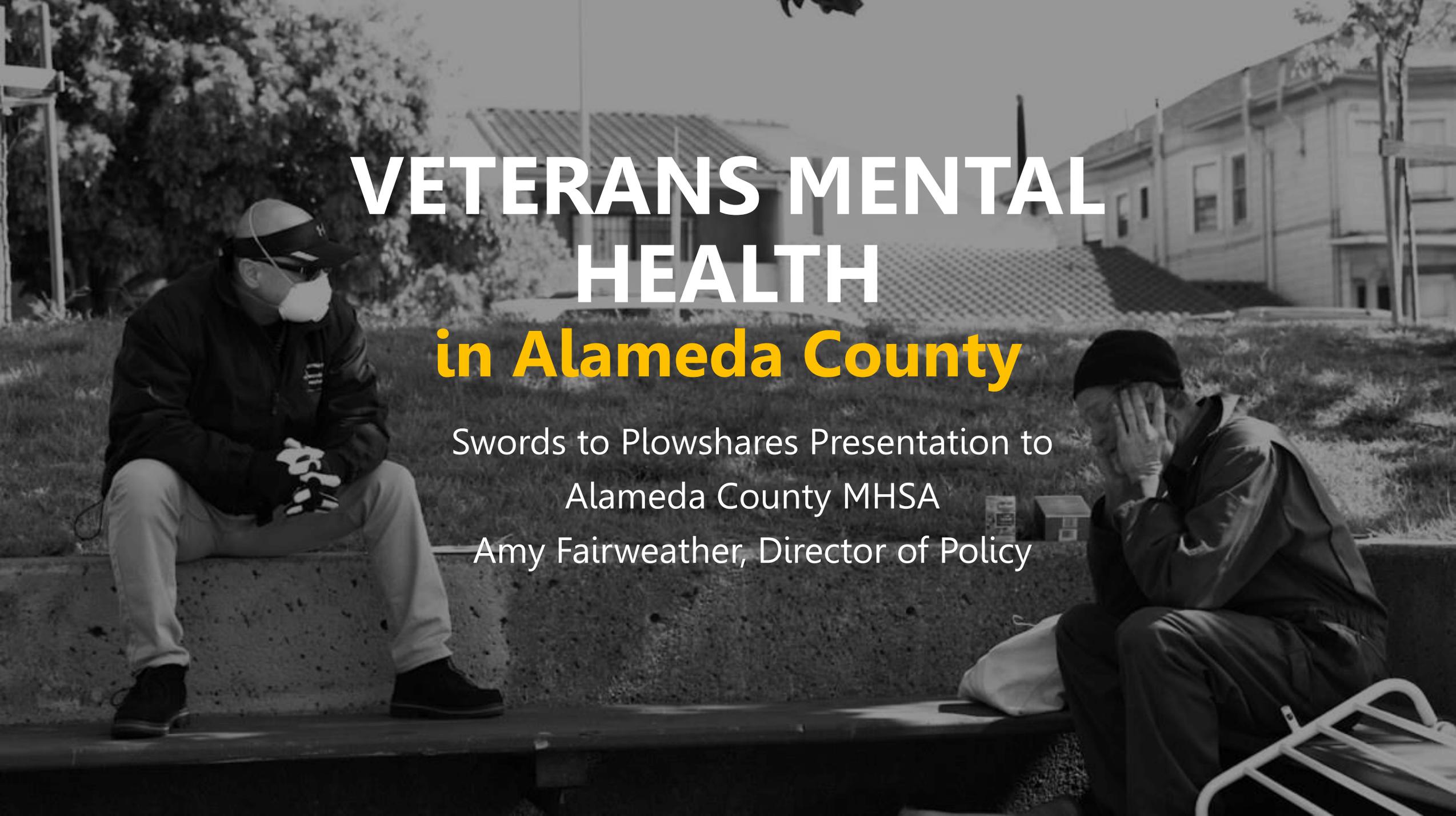
ICEBREAKER:

**What is **ONE** thing (item/food/experience) you thought you wouldn't like that you now enjoy?**

# Meeting Agenda

- Welcome & Introductions
- Presentation: Veterans
- Presentation: OESD 33 DCCS
- General Updates
- Wrap Up / Meeting adjournment





# VETERANS MENTAL HEALTH in Alameda County

Swords to Plowshares Presentation to  
Alameda County MHSA

Amy Fairweather, Director of Policy

# VETERANS MENTAL HEALTH AND HOMELESSNESS in Alameda County

- California has the highest distribution (30%) of the national homeless veteran population.
- Oakland-Berkeley/Alameda County Continuum of Care (CoC) has the 4th highest number of homeless veterans, and second highest (78.8%) percentage of unsheltered homeless veterans.
- Mental health issues are the primary cause cited for homelessness among unsheltered veterans.
- Psychiatric or emotional conditions were the number one health condition among the county's homeless veterans (at 50% of unsheltered and 63% of sheltered veterans).
- The most frequently experienced conditions also included post-traumatic stress disorder (43% of unsheltered and 21% of sheltered) and substance use (36% of unsheltered and 15% of sheltered).

# **INCARCERATED VETERANS in Alameda County**

A 2012 study of incarcerated veterans in Alameda County found incarcerated veterans have a higher prevalence of adverse mental health than the typical jail population:

- 64% reported a mental health diagnosis.
- 75% of incarcerated veterans who participated in the study reported substance abuse problems as well.

# VETERANS AND Mental Health Needs

- Veterans have a higher rate of poor mental health compared to nonveterans and women veterans have a poorer mental health compared to their male counterparts.
- Cultural and bureaucratic bars prevent veterans from accessing VA healthcare and benefits.
- Not all veterans are eligible for VA mental health services.
- Stigma associated with mental healthcare including fears about the effect on a military advancement are barriers.



# MENTAL HEALTH NEEDS

## among Underserved Veteran Populations



- LGBTQ+ veterans are estimated to have twice the rate of depression as other veterans<sup>v</sup> and are more likely as other veterans to screen positive for posttraumatic stress disorder (PTSD), as other veterans.
- Veterans aged 65 years and older are TWICE as likely to have a diagnosis of a major depressive disorder than the general population of the same age.
- Women veterans have higher rates of lifetime and past-year post-traumatic stress disorder than male veterans, and both nonveteran men and women.
- 40% of women homeless veterans have experienced military sexual trauma, and veterans who experienced MST are over twice as likely to experience homelessness.
- Veterans who have experienced homelessness are almost twice as likely as non-veterans who have experienced homelessness and 11 times as likely as other veterans to report lifetime suicide attempts.

# MENTAL HEALTH NEEDS: Race and Race-Based Trauma



- Rates of military-related PTSD in Black veterans are twice that of white veterans and rates for Latinx veterans are 50% higher compared to white veterans.
- Black veterans are less likely to have their service-connected disability benefits claims approved for PTSD.

# RACIAL DISPARITIES and Bad Paper

- Other Than Honorable (OTH) discharges preclude access to benefits and healthcare.
- Black veterans and Latinx veterans are more likely to be discharged from the military less than honorably.
- Mental health conditions often influence behavior that leads to an OTH discharge.
- Black service members are far more likely to be subject to court-martial and NJP.
  - Air Force: 1.71 times (71%) more likely
  - Navy: 1.40 times (40%) more likely
  - Army: 1.61 times (61%) more likely
  - Marine Corps: 1.32 times (32%) more likely

# VETERANS MENTAL HEALTH and Public Health Service Delivery

- Veterans receiving mental health services from community providers need treatment that takes into account their military background, transition experiences, particular mental health risks, and service-related mental health conditions.
- There are missed opportunities to screen for veteran status, make appropriate referrals and assist veterans in overcoming barriers to VA care.
- PTSD has been found to be associated with development of heart disease and other physical health conditions including gastrointestinal disease, fibromyalgia, chronic fatigue syndrome, and musculoskeletal disorders.



**VETERAN  
RESOURCES  
in Alameda  
County**

**Alameda County  
Veterans Services Office**

Assistance with accessing VA benefits and services.

Eastmont Town Center  
6955 Foothill Blvd. Ste.143  
(1<sup>st</sup> Floor)  
Oakland, CA 94605  
510-577-1926

**VA Oakland Outpatient Clinic**

Medical, surgical and ancillary health services

2221 Martin Luther King Jr. Way  
Oakland, CA 94612  
Main phone: 510-267-7800  
Mental health clinic: 510-587-3400

**VA Oakland Behavioral  
Health Clinic**

Mental Health Care

525 21st Street  
Oakland, CA 94612  
510-587-3400

**Oakland Vet Center**

Counseling for veterans who served in combat and their families, trauma-related counseling, MST services, referrals for other needs.

7700 Edgewater Drive  
Suite 125  
Oakland, CA 94621  
Main number: 510-562-7906

# About Swords to Plowshares

Established in 1974, Swords to Plowshares is a community-based not-for-profit 501(c)(3) organization. We are dedicated to supporting nearly 3,000 homeless, low-income, and at-risk veterans in the Bay Area every year.

We offer employment and job training, supportive housing programs, permanent housing placement, counseling and case management, and legal services.

## **Oakland Service Center**

330 Franklin Street  
Suite 100  
Oakland, CA 94607

Monday to Friday  
8:30am-4:30pm

If you are a veteran inquiring about services, please call [\(415\) 727-VETS \(8387\)](tel:4157278387)



# Sources

1. John R Blosnich, Vickie M Mays, and Susan D Cochran, "Suicidality among Veterans: Implications of Sexual Minority Status," *American Journal of Public Health* 104, no. S4 (2014): S535–37, <https://doi.org/10.2105/AJPH.2014.302100>.
2. Joseph A Boscarino, "Posttraumatic Stress Disorder and Physical Illness: Results from Clinical and Epidemiologic Studies," *Annals of the New York Academy of Sciences* 1032, no. 1 (2004): 141–53.
3. Don M Christensen and Yelena Tsilker, *Racial Disparities in Military Justice: Findings of Substantial and Persistent Racial Disparities within the United States Military Justice System* (Washington, DC: Protect Our Defenders, 2017), [https://www.protectourdefenders.com/wp-content/uploads/2017/05/Report\\_20.pdf](https://www.protectourdefenders.com/wp-content/uploads/2017/05/Report_20.pdf).
4. Department of Housing and Urban Development (HUD) 2019 Annual Homeless Assessment Report (AHAR).
5. Mark W. Hoglund and Rebecca M. Schwartz, "Mental Health in Deployed and Nondeployed Veteran Men and Women in Comparison With Their Civilian Counterparts," *Military Medicine* 179, no. 1 (January 1, 2014): 19–25, <https://doi.org/10.7205/MILMED-D-13-00235>.
6. Duncan MacVicar. Profile of 100 Incarcerated Veterans February 2012, California Veterans Legal Task Force.
7. Maureen Murdoch et al., "Racial Disparities in VA Service Connection for Posttraumatic Stress Disorder Disability," *Medical Care* 41, no. 4 (2003): 536–49. <https://www.jstor.org/stable/3767765>.
8. US Department of Veterans Affairs, "LGBTQ+ Veteran Suicide Prevention," General Information, accessed September 10, 2021, <https://www.womenshealth.va.gov/WOMENSHEALTH/OutreachMaterials/LGBTWomensHealthCare/LGBTVeteranSuicidePrevention.asp>.
9. Keren Lehavot et al., "Post-Traumatic Stress Disorder by Gender and Veteran Status," *American Journal of Preventive Medicine* 54, no. 1 (January 2018): e1–9, <https://doi.org/10.1016/j.amepre.2017.09.008>.
10. J Pavao, JA Turchik, JK Hyun, et al., "Military Sexual Trauma Among Homeless Veterans," *Journal of General Internal Medicine* 28 Suppl 2 (2013).
11. Protect Our Defenders, Military Sexual Assault Fact Sheet. Protect Our Defenders.
12. Richard A Kulka et al., *Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study*. (Brunner/Mazel, 1990).
13. Viola Vaccarino et al., "Post-Traumatic Stress Disorder and Incidence of Coronary Heart DiseaseA Twin Study," *Journal of the American College of Cardiology* 62, no. 11 (2013): 970–78.



# Deaf Community Counseling Services

## A program of Felton Institute

DCCS now and DCCS in the future!

Presented by Dr. Lynn Vaino, Director of Program Operations  
and Selah Davison, DCCS Program Director



# Snapshot

## I. DCCS Overview

- What DCCS stands for
- Services we provide

## II. Partnership

- Collaboration with agencies
- Online Training Program

## III. Client Engagement

- Client Case Load status

## IV. Workforce Development

- DCCS Internship Program
- Online Training Program

## V. Program Needs

Q&A

# History

**1967-** the University of California- San Francisco with the support of Deaf professionals established UCSF Center on Deafness (UCCD).

UCCD became independent and recognized as a 501(c)(3) organization and later changed its name to Deaf Community Counseling Services (DCCS).

**2012-** Felton Institute accepted DCCS under its wings for continuation of care to the Deaf and Hard of Hearing community in San Francisco and Alameda counties.



## What DCCS stands for?

- Innovative
- Integrative
- Impactful
- Identity
- Investment



# DCCCS



DEAF COMMUNITY COUNSELING  
SERVICES

OVERVIEW



# Our Mission

Felton Institute's Deaf Community Counseling Services (DCCCS) program empowers Deaf and Hard of Hearing clients to live self-sufficient lives through a transformative focus on their overall well-being.



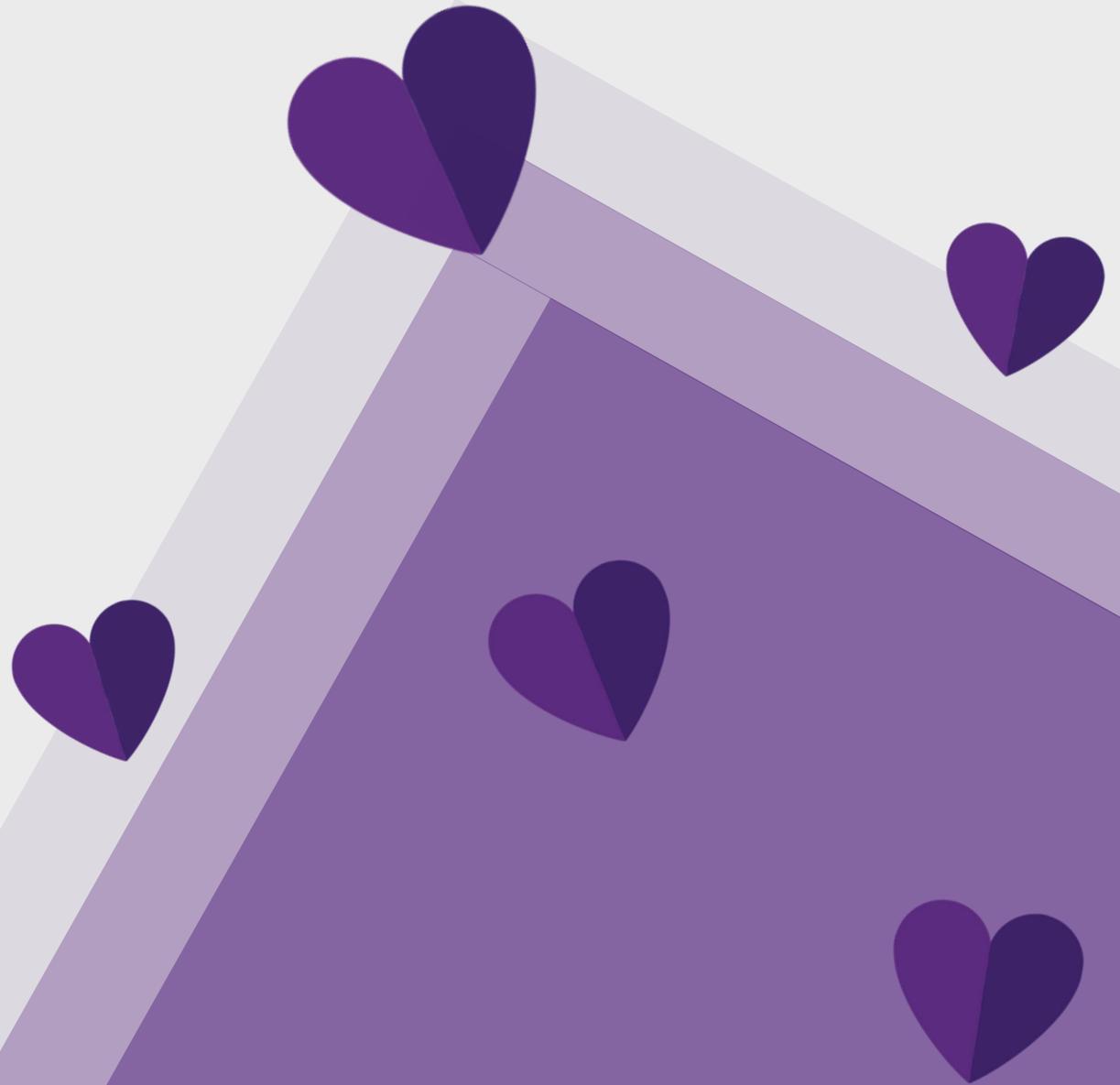


# Vision

We support and educate the community on the importance of healing through a comprehensive lens, integrating care for their cognitive, emotional, and behavioral health.

# Types of Services

- Mental Health Services
  - Psychotherapy
  - Rehabilitation Counseling
  - Crisis Intervention
- Case Management
- Peer Support Services
- Medication Support
- Educationally-Related Mental Health Services (ERMHS)
- Consultation, Education, and workshops
- DCCS Access Line (Felton Institute)



# TARGET POPULATION

## Deaf

- is a Deaf person who exclusively uses American Sign Language and identifies with the Deaf community that has its own culture.

## Hard of Hearing

- deaf person who is identified as (a) hard of hearing or “culturally hearing”, (b) identifies strongly with the hearing community, and (c) does not use sign language.

## Bicultural Deaf

- lives in both Deaf and hearing worlds and adapt to their cultural attitudes, behaviors, values, etc. This group tends to “live in between spaces.”

## Late Deafened

- A person who lose his or her hearing after the person accommodated to the sounds of life. An alien identity that forces the person to acknowledge their need to learn how to

## CODA

- Hearing child and of deaf parent(s) who are immersed in Deaf community. Many CODA adults adopted Deaf culture, norms, and language as their own and thrives in both hearing and

## DeafBlind

- A Deaf person who is legally blind. There is a new language of touch called ProTactile ASL (plus Haptics, fingerspelling, and Braille.

## Hearing

- An abled-bodied person who relies on speaking English. They may have partners, spouses, or colleagues who are Deaf and have immersive experience in the Deaf community.

# Integrated Care Model

**DCCS is committed to apply Integrated behavioral health care through the transformative lens.**

**Integrated behavioral health care,** a part of “whole-person care,” is a rapidly emerging shift in the practice of high-quality care in the domains of healthcare and mental health.”

*Shirley's story*



# LOCATIONS



San Francisco

1500 Franklin Street

Berkeley

3075 Adeline St., #105A

Alameda

1005 Atlantic Ave

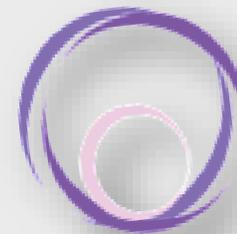
San Leandro

13847 E. 14th St.  
Suite 205

II.

# PARTNERSHIP

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DeafHope



**Camp Host**  
Taylor Family FOUNDATION  
CAMP ARROYO  
Livermore, CA

**DCARA**  
CAMPBLOOM

A DCARA Family Camp for Deaf and Hard of Hearing (DHH) children, CODA and their families living in Northern California.

**AGE**  
6 months to 11 years old

10 Families will be picked via lottery

**WHEN**  
Friday, June 24 - Sunday, June 26, 2022

**LOCATION**  
5535 Arroyo Rd Livermore, CA 94550

**CONTACT RENU WHETSTONE**  
campbloom@dcara.org  
VP: (510-244-1982)  
campbloom.org | dcara.org | @dcara1962

**TO REGISTER**  
<http://dcara.org/DCARACampBloom2022>  
**REGISTER BY APRIL 22, 2022**

Deaf Counseling Advocacy and Referral Agency would like to recognize The Taylor Family Foundation for hosting our Camp Bloom held at The Taylor Family Foundation at Camp Arroyo this year. The Taylor Family Foundation's mission is to preserve the wellness and enhance the quality of life for children in Northern California with life-threatening and chronic illnesses, disabilities and youth at-risk through unique therapeutic experiences and support. For more information, please visit [www.tff.org](http://www.tff.org)

HAPPY MOTHER/PARENT'S BRUNCH DAY

I LOVE YOU



2022  
10AM-2PM

SATURDAY — MAY 7  
1075 62ND ST  
OAKLAND, CA 94608

ADVANCED PURCHASE THROUGH WEBSITE REQUIRED



**Felton DCCCS** DeafHope  
Deaf Community Counseling Services

ART THERAPY  
Mother's Day  
Special Event

IN-PERSON EVENT  
Need a break from errands? Let's participate!

Date: Wednesday, May 4th  
Time: 10:00 AM-12:00 PM  
Place: Felton Institute/DCCS  
Alameda, CA 94501  
Admission: FREE!  
*\*Snacks are provided, please bring your own drink.*

INTERESTED IN PARTICIPATE?  
Please register for a special event by contact:

Joyce Cortes: [jcortes@felton.org](mailto:jcortes@felton.org), VP: 510.254.5371  
Selah Davison: [sdavison@felton.org](mailto:sdavison@felton.org), VP: 415.255.5849

Register how? Send email to Joyce Cortes  
**DEADLINE TO REGISTER: Tuesday, May 3rd at 5:00 PM**



# ADARA Conference

## Albuquerque, New Mexico

### March 13-17, 2022

- More than 300 participants from various states attended the ADARA conference
- Vocational Rehabilitation Counselors, Therapists, Business Managers, Strategists, Clinical Directors, Regional Managers, interns, graduate students, and familiar faces.



# Networking at ADARA Conference 2022





## ONLINE TRAINING

- Ease into onboarding process by gaining basic knowledge about DSM-5, evidence-based interventions, and other relevant topics,
- Graduate Trainees to earn indirect hours as part of their internship requirement
- Professionals who provide direct services can use this training to earn CEUs





## BENEFITS of ONLINE TRAINING

- 70% revenue and 30% commission to 360 Academy LLC. Reduce DCCS interpreting expense
- Self-paced for interns
- Develop pipeline to Felton Institute-DCCS workforce development (internships and/or employment)



III.

# CLIENT ENGAGEMENT

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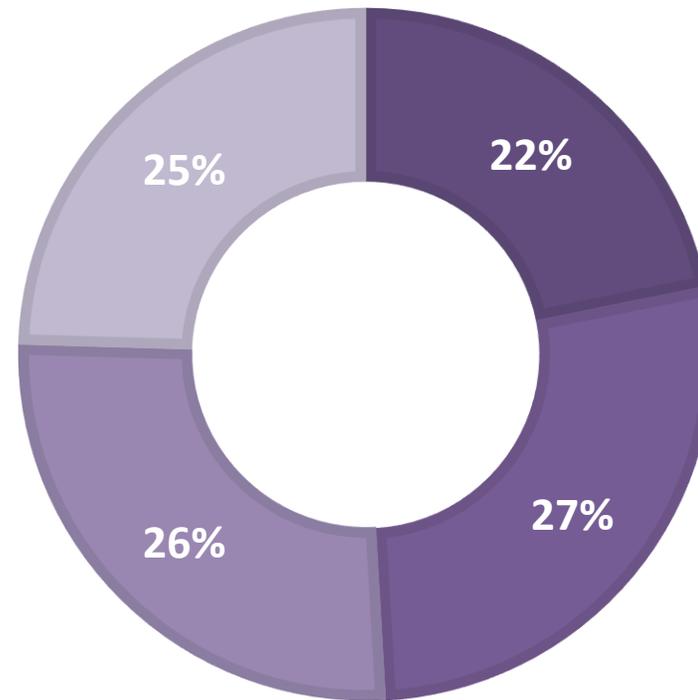
## DCCS Access Line

- For the past two years, Felton Institute has been the pipeline of all referrals from Alameda County, surrounding counties, states, and countries.
- Since last Spring 2022, the Program Director has been clocking in 200-400 hours taking calls, responding to emails, conducting pre-screening process (including paperwork), and verifying Medicare and/or Medicaid with Alameda County pre-admit clients.

# FY 21-22 ALAMEDA COUNTY REFERRALS

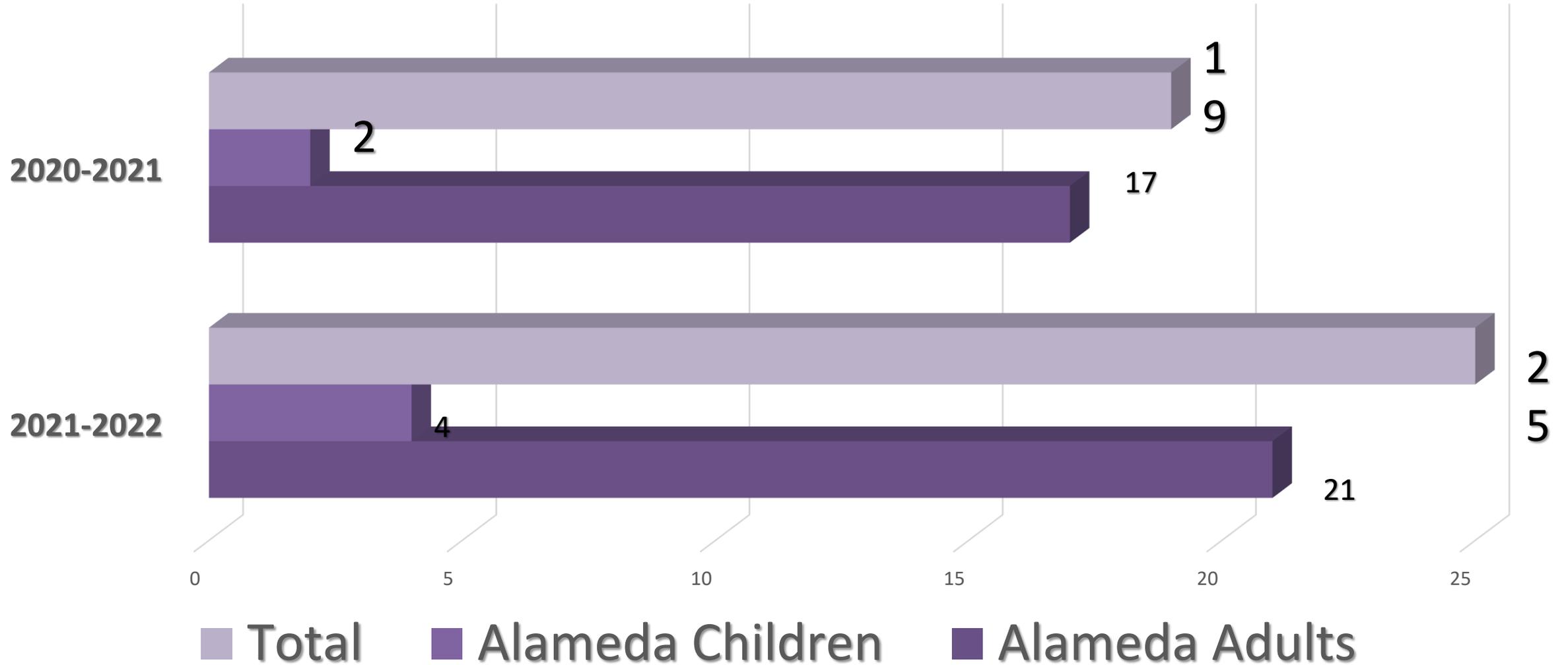
- 1st Qtr (24)
- 2nd Qtr (30)
- 3rd Qtr (29)
- 4th Qtr (27)

Total: 110



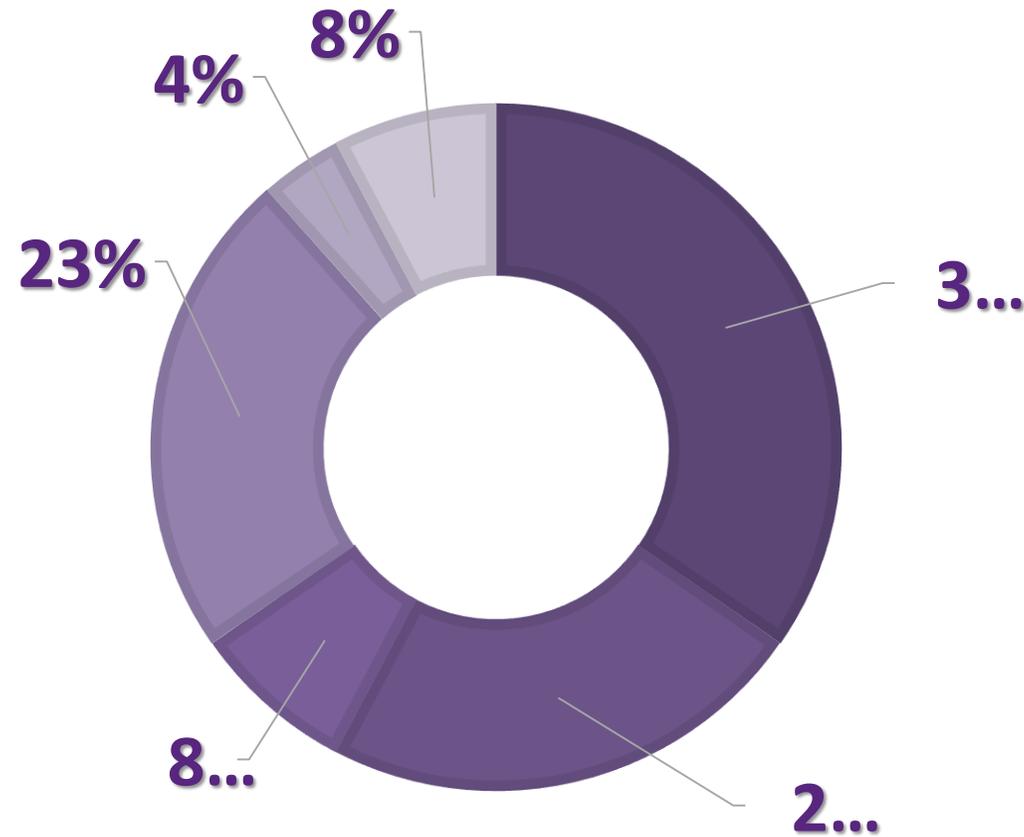
Excluding referrals from  
surrounding counties and  
private insurance

# Alameda County Active and Closed Clients



# FY 21-22 CLIENT DEMOGRAPHICS

- White
- Black
- Other



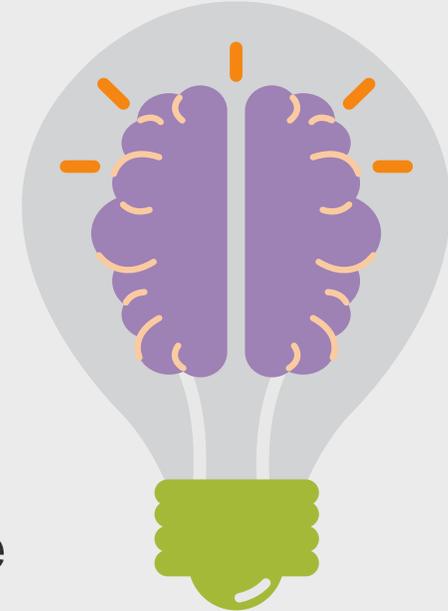
IV.

# Workforce Development

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# DCCS Internship Program

- Improve workforce development by making internship opportunity available to interested graduate students.
- Continuous staffing to minimize the impact of service interruption, increase treatment effectiveness, and reduce length of time for pre-admit individuals on the waiting list.
- Smooth transition starting their entry-level career with newfound counseling knowledge and skills with their increased self-confidence.



# INTERNSHIP LEARNING PLAN



Develop and tailor individualized learning plan that are in accordance with their school requirements as well as to graduate trainee's interest in certain specializations.

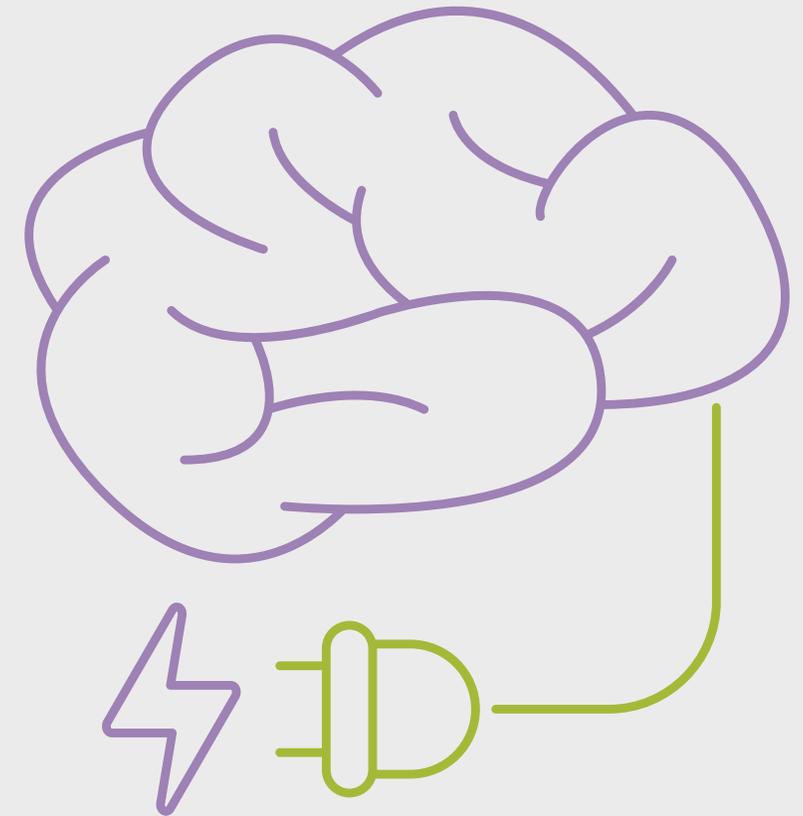
## Sample of Learning Plan

Student's Name:  
Division/Program:  
Site Supervisors' Name:  
Period covered by the evaluation (dates and term):

COMPENTENCIES	GOALS	ACTIVITIES	EVALUATION	REVIEW SUPERVISOR
<b>Individual and Cultural Diversity</b>	<ol style="list-style-type: none"> <li>1. Learn how to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.</li> <li>2. Demonstrate self-awareness of cultural identity.</li> <li>3. Analyze one's own identity impacts client interactions.</li> </ol>		<ol style="list-style-type: none"> <li>1. Supervisory evaluation including observation during sessions.</li> <li>2. Review by your Program Director based on feedback from staff.</li> <li>3. Client feedback (satisfaction surveys in the form of paperwork or phone survey by Program Director.</li> </ol>	
<b>Ethical and Legal Standards</b>	<ol style="list-style-type: none"> <li>1. Demonstrate behaviors consistent with State Licensing Board/state laws.</li> <li>2. Demonstrate an understanding of the Code of Ethics (NASW, ACA, CAMFT)</li> <li>3. Use reflection and self-regulation to manage personal values and maintain professionalism.</li> <li>4. Avoid dual relationships.</li> <li>5. Demonstrate awareness of legal decisions that impact....</li> </ol>		<ol style="list-style-type: none"> <li>1. Supervisory evaluation including observation during sessions.</li> </ol>	

## By the end of internship, trainees will have learned:

1. How to apply critical thinking and ethical standards to their work,
2. Develop basic interpersonal skills (talking and active listening skills and,
3. How to conduct assessment, develop plan of care, provide case management, and utilize therapeutic interventions with individuals, group, and families.



V.

# Program Needs

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# Program Needs

- **Additional Staffing for both Clinical and Administrative**
  - 1 FTE Admin Coordinator Staff to manage/monitor referrals (An average of about 20 referrals per month within Alameda County and average spending time on referrals and pre-screening process is between 200-300 hours). DCCS is currently providing services and referral linkages to other agencies in the community as ACCESS line for Alameda County.
  - 0.5 FTE Admin Staff to support Administrative duties of increase billings, support of additional staff. DCCS currently has 0.5 Admin Staff support.
  - 15-20 client caseload per 1 clinical staff (ASL Therapist/Case Manager). DCCS currently has only 1.5 Clinical staff and 1 intern providing services to AC clients.
  - 110 Referrals FY 21-22, Felton will need at least 4 additional clinical staff to adequately support clients.
- **Cost of Interpreters and trainings**
  - ✓ Felton has assumed cost in FY 20-21 and FY 21-22 reaching \$100,000 expenses in response to staff training, meetings, travel to meet clients, response to crisis intervention, new hire interviews, family therapy, Spanish-speaking hearing family- contracting with Spanish ASL interpreters, etc.)
- **American Disabilities Act (ADA federal law)**
  - ✓ Reconstructing and redeveloping Felton trainings to include proper IT equipment and procedures to reach and train Deaf and Hard of Hearing clients. Felton has paid close to \$3,000 to cover those expenses.
- **Cost for events, booths, and presentations**
  - ✓ Traveling, lodging, table swags (pens, business cards, brochure, website, social media, etc.). For this fiscal year, we have spent close to \$8,000.

# Moving into the Future

- 
- Increase attendance to conferences and events in the Deaf, DeafBlind, Hard of Hearing, and Late-Deafened
  - Increase communication needs for promotional items, brochures, business cards, social media applications
  - Contracting with Spanish ASL Interpreters in response to increasing referrals from Spanish-speaking families and students
  - Increasing of staffing in response to increasing referrals in Alameda County
  - DCCS manages access line and is the gatekeeper for all referrals and linkages
  - Referrals and linkages in response to community needs (substance abuse treatment, staff to become licensed to provide substance use treatment services, peer support, etc.)

# Question



# Reach Me Directly!

VIDEO PHONE (415) 255-5849

EMAIL [sdavison@felton.or](mailto:sdavison@felton.or)

LOCATION Bay Area



SELAH DAVISON, MSW LCSW  
Deaf Community Counseling Service  
Program Director, Felton Institute



# FOLLOW

DEAF COMMUNITY COUNSELING  
SERVICES ON SOCIAL MEDIA



@FeltonDCCS | @Felton.Institute

FeltonDCCS.org



 **DCCS**  
Deaf Community Counseling Services

  
[careers.felton.org](https://careers.felton.org)

GENERAL  
UPDATES &  
ANNOUNCEMENTS

# ACMHSA Website Updates

## What's Happening Now

### Current INN Projects

#### Community Assessment Treatment Teams (CATT)

The CATT program is using a mobile crisis transport staffing model of a licensed mental health clinician teaming up with an Emergency Medical Technician in an unmarked vehicle specially designed for the CATT teams. These teams access technological support, ReddiNet, to enable the CATT teams to connect clients to a wider and more appropriate array of services.

A detailed year one report from the project's evaluation team can be located in the MHSAs Annual Update FY22-23.

This is a project about collaboration between stakeholders:

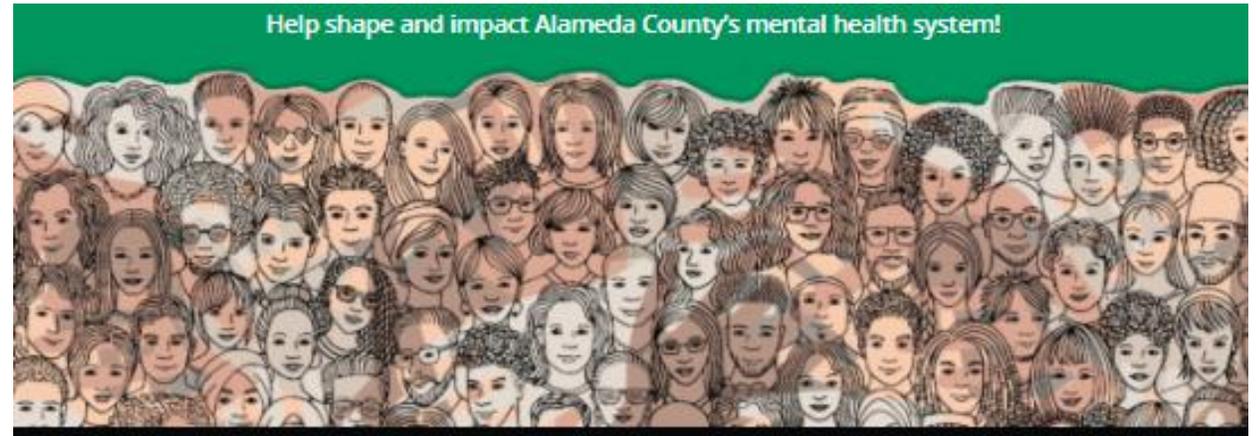
- Alameda County Behavioral Health
- Alameda County Emergency Medical Services
- 911 services
- Local law enforcement agencies and
- Bonita House providing licensed mental health clinicians

★ You can read more about the progress of the CATT program in the MHSAs Annual Update FY22-23.



*"CATT knew what to do and what to say...they were more professional than what I experienced in the past; everyone should act like that!"*

CATT PROGRAM CLIENT AND FAMILY FOCUS GROUP PARTICIPANT



Help shape and impact Alameda County's mental health system!

#### More Information on Listening Sessions and Podcast Dates to Come

##### Outreach & Media Toolkit

- MHSA Community Input FLYER
- Share your Innovative Ideas HERE!
- Press Release
- Sample Public Service Announcements (PSAs)
- Sample Social Media Messages

##### MHSA Overview

- Want to know more about MHSA? Watch this video.
- MHSA 101 PowerPoint (PDF)
- MHSA 101: Fact Sheet (Spanish)
- Profile Sheet: MHSA Community Services & Supports
- Profile Sheet: MHSA Prevention & Early Intervention
- Profile Sheet: MHSA How Well Did We Do?
- Profile Sheet: MHSA Service Team Report (CSS)

**MHSA Listening Session Workbook**  
**MHSA Focus Group Consent** (Spanish)

#### Watch MHSA 101 webinar: How to Read The MHSA Plan



#### FY 22/23 MHSA Annual Plan Update Draft

- Read the Plan
- Watch This Webinar (PowerPoint presentation)
- How to Read the MHSA Plan Infographic
- Share Your Comments

## Legislative Update (revised 6/23/22)

SB 1019 (Gonzalez): Medi-Cal managed care plans: mental health benefits This bill would require a Medi-Cal managed care plan to conduct annual outreach and education to its enrollees regarding the mental health benefits that are covered by the plan, and to also develop annual outreach and education to inform primary care physicians regarding those mental health benefits. **CBHDA has a support position. STATUS: Policy – referred to 2nd House committee on health – senate hearing #17 6/23/22 for 2<sup>nd</sup> reading**

SB 1229 (McGuire): This bill would provide **\$25,000 grants** to aspiring mental health clinicians willing to work in high-need communities for two years. The intention is to fill 10,000 new counseling positions at schools and youth organizations across the state, particularly those with high rates of adverse childhood experiences. **Passed senate 5/2022**

SB 224 (Portantino): Pupil Instruction: mental health education: Require school district, county office of education, state special school, & charters to offer 1 or more health education courses in mental health to middle high school youth.

**APPROVED & CHAPTERED & supported locally**

AB 563 (Berman): Would establish an Office of School-based health programs to administer current health-related programs under the State Dept of Education's purview; would advise it on issues related to delivery of school-based Medi-Cal services in the state.

**SIA, CHSC requests support, CBHDA neutral**

AB 586 (O'Donnell): Pupil Health : establishes school Health Demonstration Projected to provide intensive tech assistance to selected local educational agencies (LEAs) to enable long-term sustainable provision of health & mental health services to pupils.

**SIA-ACBH. CBHDA supports**

AB 2480 (Arambula): Rehabilitation services: persons with vision loss

AB 1999 (Arambula): Medi-Cal: behavioral health: individuals with vision loss

# Meeting Wrap-Up

## Future Presentations:

- *CPPP/MHSA Funding & Program Selection*
- *LPS/Conservatorship*
- *African American Hub*
- *Housing*
- *Peer Support Services – peer certification training*
- *Supportive Housing – Margot/EBSH*

Submit agenda item requests on the website

Celebrate your accomplishments!

Next Meeting: July 22<sup>nd</sup> from 2-4PM





**Alameda County Behavioral Health  
Care Services**



WELLNESS • RECOVERY • RESILIENCE

**thank you.**

Please visit us at [acmhsa.org](https://www.acmhsa.org)