



MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, April 24, 2020 (2:00-4:00pm)

GO TO MEETING TELECONFERENCE: <https://global.gotomeeting.com/join/810208293>

To participate by phone, dial-in to this number: (877) 565-4106 Participant access code: 810208293#

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

1. Welcome and Introductions 2:00
 - Community Meeting Fact Sheet
 - Conference call etiquette tips
 - Meeting Structure: Policy & Outreach
2. MHSA-SG Membership & Bios 2:15
3. ACBH Department Reorganization 2:30
4. MHSA-CPPP Presentation & Discussion 3:30
 - Educational PowerPoint & Group Discussion
 - Community Input & Feedback Survey
 - Outreach & Community Mobilization
5. Wrap-Up/Summary 3:50
6. Meeting Adjournment 4:00



Documents Attached:

- Agenda
- Minutes from March meeting
- Community Meeting FACT Sheet
- MHSA-SG Member Card
- ACBH Reorganization MEMO
- MHSA CPPP PowerPoint Presentation
- MHSA CPPP Survey (English)
- MHSA CPPP Flyer
- VIA Character Strengths and Virtues Poster

Alameda County Mental Health Services Act Stakeholder’s Meeting

March 27, 2020 • 2:00 pm – 3:30 pm

TELECONFERENCE REMOTE MEETING

Meeting called to order by **Terri Kennedy**, on behalf of **Mariana Dailey (Chair)**

Present Representatives: Viveca Bradley (MH Advocate), Jeff Caiola (Consumer), Margot Dashiell (Alameda County Family Coalition), Karen Grimsich (City of Fremont), Sarah Marxer (Family Member), Elaine Peng (MHACC), Liz Rebensdorf (NAMI East Bay), Danielle Vosburg (Telecare), Mariana Dailey (MHSA Senior Planner) and Terri Kennedy (Administrative Assistant for MHSA Division).

<i>ITEM</i>	<i>DISCUSSION</i>	<i>ACTION</i>
Ice-Breaker and Introductions (Terri)	<p>Terri led a brief check-in with the group amid the COVID-19 pandemic to see how everyone is feeling to share one stress-busting activity they’ve done during this time. Stakeholders suggested:</p> <ul style="list-style-type: none"> • Watching comedy entertainment, listening to music, dancing, telephone counseling support, self-care, relaxing baths/showers, taking a walk outside every day, taking a break from the news and reviewing your “rolodex of gratitudes”. 	
MHSA-SG Meeting Focus (RE: Our 5 Structure elements) (Mariana)	<p>Mariana stated that today’s meeting will focus on the following two MHSA-SG Structure elements:</p> <ul style="list-style-type: none"> • Relationship Building, Leadership & Advocacy • Administration & Operations 	
VIA Strengths Assessment Results Sharing (Mariana)	<p>Mariana asked each MHSA-SG member to complete the VIA Strength Assessment Survey prior to this meeting. The VIA assessment is virtue focused, with emphasis on your strengths, not deficits.</p> <p>Group members who completed the assessment shared their top 5 results, and Mariana asked the others in the group to identify ways in which you’ve seen those strengths displayed/affirmed. Those who did not share can share out in our next meeting on 4/24/2020.</p> <p>A concern was raised by Liz and seconded by Margot about the need/relevance of this activity in regard to the work we do. Mariana explained that it’s part of the “Relationship Building” element of our group, but offered to do additional research for articles that explain how these types of assessments impact our work and share it out with the group.</p> <p>Liz also mentioned what time it was and expressed concern about staying on track with the agenda. Mariana agreed that it’s important to stay on task and asked Liz if she would take the “timekeeper” role for the next meeting.</p>	<ul style="list-style-type: none"> • Stakeholder members who have not completed the VIA Strengths Assessment should do so before the next meeting and be prepared to share their top 5 results • Mariana will address issues some members had accessing the assessment website, and create a guide on how to bypass the paid subscription. She will email the guide out to the group • Mariana to follow-up with Liz about accepting the “timekeeper” role for the next meeting/for future meetings
MHSA Audit Update (Mariana)	<p>Due to the COVID-19 pandemic, our DHCS 3-year program review/audit became a desk audit. The audit call took place on Tuesday, March 24th and we did very well. There were no major finding, a lot of strengths were identified, and only a few suggestions were given around guidelines and documentation.</p>	<ul style="list-style-type: none"> • Mariana will connect Tracy about final audit updates

<i>ITEM</i>	<i>DISCUSSION</i>	<i>ACTION</i>
	No formal analysis has been provided as of now. Mariana will connect Tracy about final audit updates.	
MHSA Community Planning Process (CPP) Input Session Update (Mariana)	<p>The Community Planning Process that's required for the MHSA 3-Year plan has had to put a hold on in-person input session that were scheduled to take place this spring. As we've done before, there were listening sessions for community input scheduled to take place in each of the 5 district areas of Alameda County. The goal is to reconvene in the fall or next spring (pending resolution of COVID-19 risks).</p> <p>Meanwhile, we will be seeking community input online:</p> <ul style="list-style-type: none"> • The revised survey is included in the meeting packet for review • Survey will be available online in 6 threshold languages • Link to survey will be available ACMHSA.org website • We're working with HHREC to get more attention on this, may purchase Facebook Ads and see where we can proctor face-to-face surveys <p>Stakeholder Support needed:</p> <ul style="list-style-type: none"> • Please take time to review the attached survey and email Mariana with any feedback/questions/revisions so we can get it finalized by Friday, April 3, 2020 • We'd like to charge you with outreach to your networks by calls, emails, sharing the link, newsletters inserts, etc. Mariana has a Google Doc that has some outreach strategies she will share with the group <p>Concern was raised by Viveca about how to reach consumers in SROs and unrepresented populations who would be an incredible source of input. Many have no internet access or access to technology. Can we please brainstorm how we can get their input? Maybe proctor telephone survey?</p>	<ul style="list-style-type: none"> • Mariana will send the link to the Google Docs for outreach strategies to the MHSA-SG on Monday 3/30/20. She will also email to the survey link once the survey is finalized and gone "live" • Stakeholders should review the revised survey as it stands (included in this meeting packet) and email Mariana directly with any suggestions /revisions by end of day Monday 3/30/20 • Stakeholders are being asked to forward the link to their networks asking for as many Alameda County residents to participate as possible • Stakeholders can contact Mariana with any ideas on how to get this survey to our unreached and unrepresented populations who have difficulty using/accessing technology (i.e. those in SROs, homeless, etc.)
MHSA-SG Member Recruitment Update (Mariana)	<p>The meeting packet contains applications for 3 interested potential members for your review and consideration. We'd like to secure one more interview panel member before proceeding with interviews.</p> <ul style="list-style-type: none"> • Danielle has agreed to participate in the interviewing- the new panel is: Jeff, Liz and Danielle. <p>Mariana will try to set up a Zoom account for interviewing and will coordinates some prep time with the panel. She would like to start interviewing (by phone or Zoom) the week of April 5th.</p> <p>Concern was raised by Liz and Margot about another applicant who applied last year, whose application is not present in this packet. Mariana will touch base with Tracy and Terri about the status of this application on Monday, 3/30/20.</p>	<ul style="list-style-type: none"> • Mariana will coordinate times with interview panel to prep and review applications • Mariana will contact applicants to coordinate interviews and notify panel members • Mariana will touch base with Tracy and Terri about the status of this application on Monday, 3/30/20

Next Stakeholder meeting: Friday, April 24, 2020 from 2-4 p.m. / LOCATION TBD

COMMUNITY MEETINGS

Purpose: To provide a short check-in in which you are able to connect with others and identify issues that may support or impede your work together. Community meetings structure time together in a predictable way. It models caring and building bridges. Community meetings reinforce the power of the circle- the idea of shared responsibility for each other and the community- and serves as a way to establish some safety within the group.

The Community Meeting Questions:

How are you feeling? We ask this to assist and encourage feelings identification and transfer feelings into words as well as to support the importance of recognizing and managing emotions. We increase emotional intelligence by learning new words for feelings. Knowing the emotional climate of a group can help us feel safe. Participating in more than one Community meeting per day helps us to understand the transient nature of feelings. This is NOT a meeting to process, explain or justify the feeling, it is for identification purposes only. This part of the meeting is one sentence: “I feel _____.”

What is Your Goal for the Day? The purpose of this question is to help focus on the future (remembering that many people who experience trauma get stuck in the past or can't envision a future). This is the bridging question from the present to the future. Goals create structure and cognitive focus, help everyone stay on track and provide us with a purpose. This also implies hope and a sense of being able to master or accomplish something, linking to self esteem.

Who Can You Ask for Help? We ask this question to build relationships among community members. Asking for help repairs damaged relationships. Helping others takes us out of our own problems and promotes self worth. Whenever possible, we should ask for help from a member in the room. Some people may indicate they will receive help from an inanimate object (i.e. “my computer/telephone will help me with that...”). This will not serve the purpose of building relationships among community members. It can be beneficial to reframe the question “if I run into a problem with meeting my goal, who will I ask for help?”



MHSA Stakeholder Group (MHSA-SG) Member Card

Salutation:	First Name	Last Name
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Race/Ethnicity	Agency/Org:	Birth Date:
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Title:	Email:	Phone no:
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Mailing Address:

Please identify current level of engagement in the MHSA-SG? (0= NOT a priority, 5= HIGH priority):

0	1	2	3	4	5
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Please identify any community affiliation/s with MHSA-funded programs & initiatives (continue biographical sketch on the back):



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0	1	2	3	4	5
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Please identify any community affiliation/s with MHSA-funded programs & initiatives (continue biographical sketch on the back):

Communication from the Office of the ACBH Director -

DATE: April 7, 2020

TO: All ACBH Team Members

CC: ACBH Stakeholders, Community, & County Partners

FROM: Karyn L. Tribble, PsyD, LCSW, ACBH Director 

SUBJECT: ACBH Departmental Reorganization – UPDATE

As we all know, these past several weeks the nation has seen an unprecedented amount of change and hardship as a result of the Novel Coronavirus (COVID-19). Your personal commitment to public service and weathering these events is commendable. Please know that the impact that this pandemic has had upon your personal lives and the lives of the broader community is recognized by all of our ACBH Executive Team.

After much deliberation, our Executive Team members have determined that it is important to provide some operational stabilization despite the ever-changing events occurring nationwide. To that end, I have attached the **NEW ACBH Organizational Chart** that reflects several months of collaboration, planning, and dialogue across many of our ACBH systems of care, divisions, and units.

Nearly three years ago, ACBH and Alameda County Health Care Services Agency (HCSA) leaders partnered in an effort to explore the county's behavioral health obligations and examine whether our system could be better organized to position us to take on current and new challenges on the horizon ("Reimagining").

To begin our system transformation work a few years ago, a thorough inventory of all ACBH contractual and legal obligations for the administration and delivery of behavioral health care services was developed. Specifically, leaders examined the requirements included in the three contracts the county holds with the California Department of Health Care Services. Additionally, ACBH managers were interviewed in an effort to understand current strengths and challenges our staff face in fulfilling our obligations.

Based upon what we learned through this process, we established two new key positions: the HCSA Chief Compliance Officer (*which is required in our contract with DHCS and responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract*); and the new Deputy Director, Plan Administrator position to oversee and create linkages among ACBH's core administrative functions (*Quality Improvement/Quality Management, Information Systems, and Financial Services*).

Any organization's structure is never fully "complete" – as it evolves over time in response to its environment, new demands, or when new tools become available. We have made important



strides in more clearly understanding ACBH's legal obligations, and we knew that our work was clearly not complete.

In January of 2020, we resumed the organizational review and departmental planning process to include other areas within ACBH: Operations, Office of the Medical Director, and the Office of the ACBH Director. Additionally, key functions that required greater focus and resourcing emerged during this time. As a result, several strategic changes were made to the organizational structure in an effort to reflect and inform our commitment to the broader community. These changes include shifts in working titles, reporting structure, executive team membership, and the development of new positions.

Key Highlights & Organizational Changes reflected in the new Organizational Chart:

- ▶ (2) Departmental Deputy Directors (Clinical Operations & Plan Administrator)
- ▶ Substance Use Continuum of Care Director – Operations (Title Change)
- ▶ "Associate Director" & "Assistant Director" & Finance Leaders (Title Changes)
- ▶ ACCESS Division – Operations (From Quality Management → To System Operations)
- ▶ Vocational Services – Operations (Adult SOC → System)
- ▶ Office of the Medical Director – "Chief Medical Officer" (Title Change to include CMO)
- ▶ Crisis Services Division – Office of the Medical Director (Re-Combined Division → System)
- ▶ **NEW POSITION:** *Forensic & Diversion Services Director – Operations*
- ▶ **NEW POSITION:** *Nursing Services Manager – Office of the Medical Director*
- ▶ **NEW POSITION:** *Health Equity Officer – Office of the ACBH Director*
- ▶ **NEW POSITION:** *ACBH Public Information Officer – Office of the ACBH Director*
- ▶ **NEW POSITION:** *ACBH Compliance & Privacy Officer – Office of the ACBH Director*

Please see the newly updated organizational chart. Although some of the positions have yet to be filled, we will continue to plan for a time where we might prudently realign our departmental resources in order to ultimately fill them. In the future, program, division and system level organizational charts currently in circulation **will be modified to reflect these changes**. I encourage you to share any questions or feedback you may have regarding the new structure with your direct supervisor.

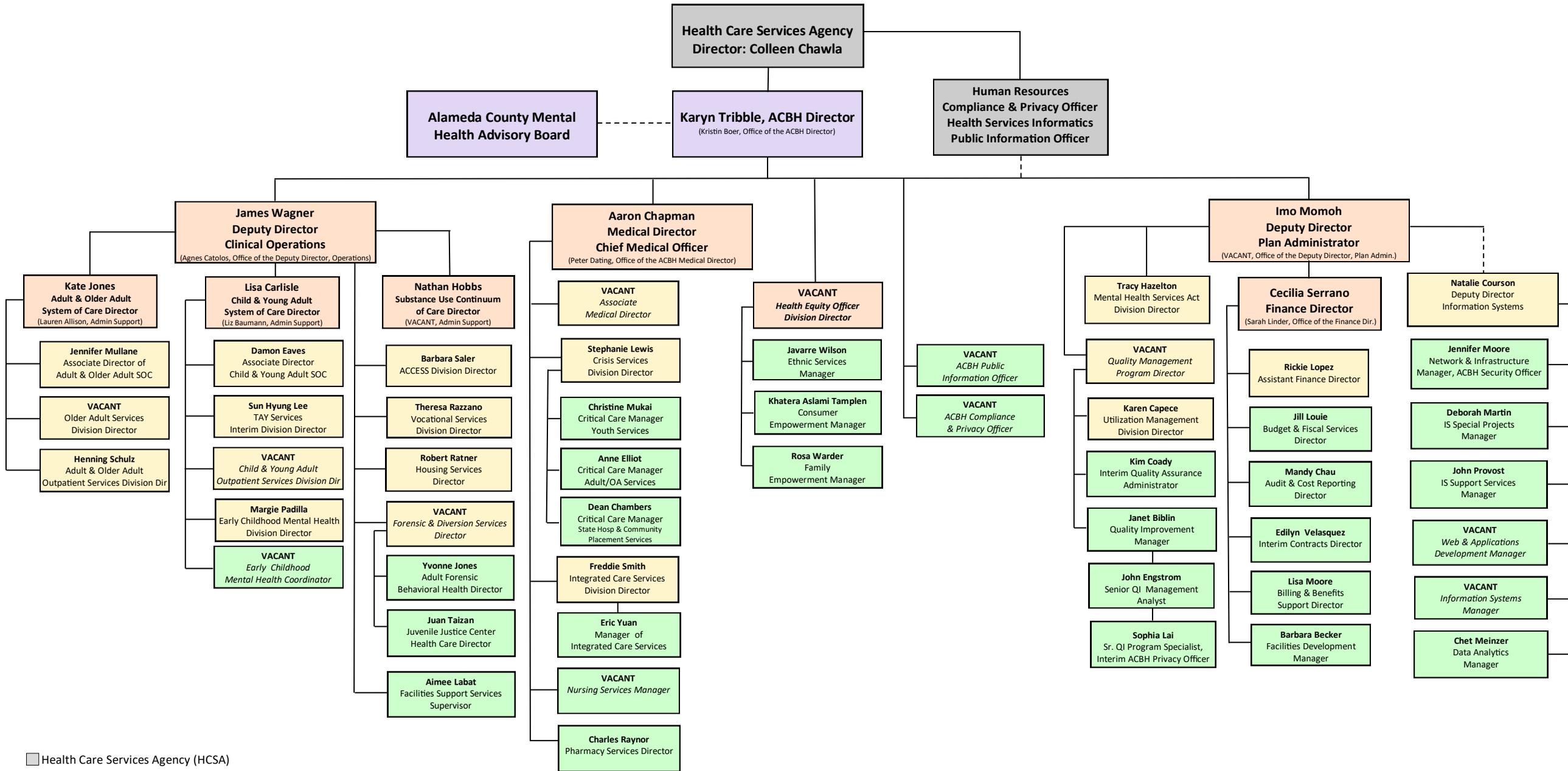
We have been engaging leaders during the change process, and have also shared this new organizational structure with them. Together, we are committed to whatever lies ahead for our organization and our leaders will continue to keep you updated in the future. In the spirit of transparency – we will also be sharing our new departmental structure with our county and community partners with the hope that these changes may also spark a renewed interest in learning more about ACBH, collaborating with us through this change process, and helping to shape our departmental vision.

Thank you for your continued support to our organization, and most importantly, to the community. We are all in this together.

Respectfully,

Karyn L. Tribble, PsyD, LCSW | Director
Alameda County Behavioral Health Department

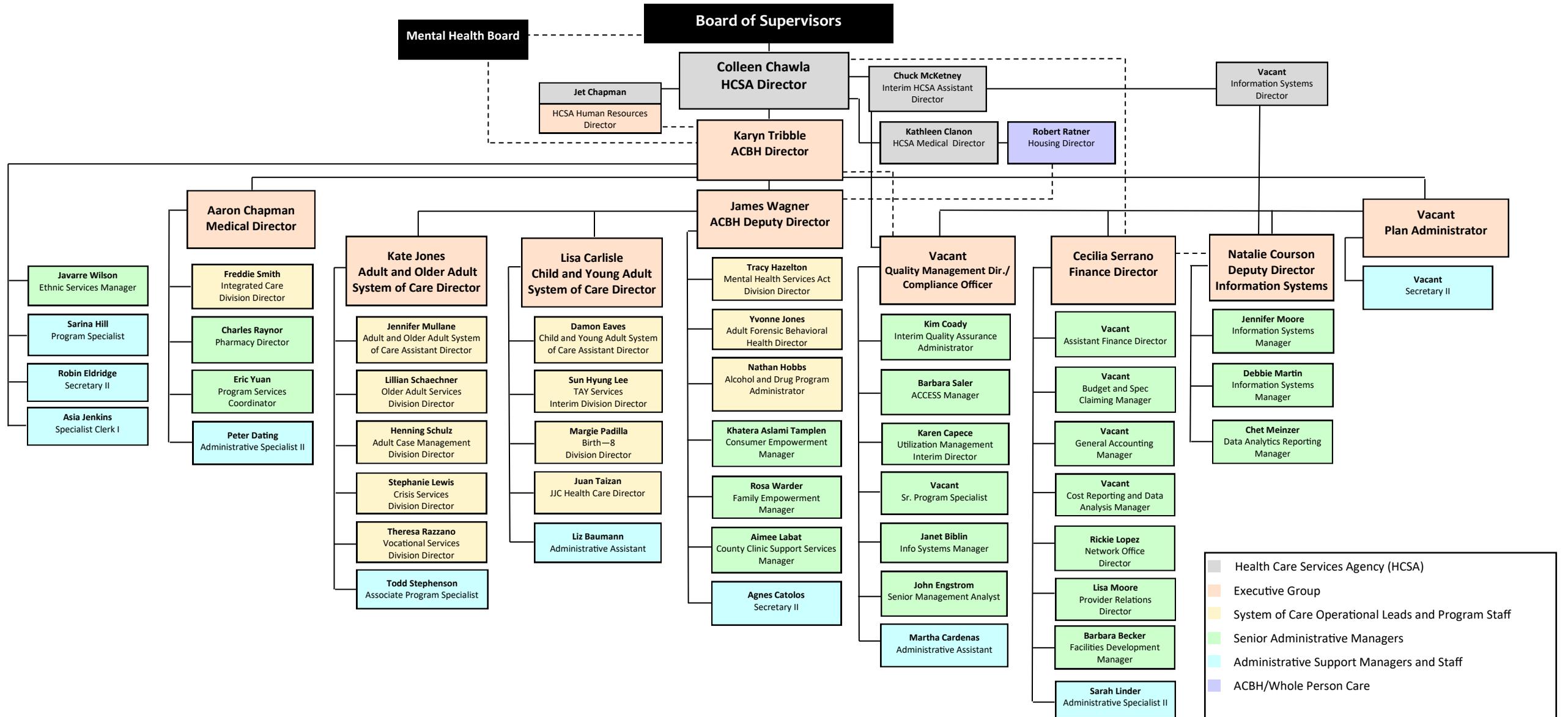
Alameda County Behavioral Health (ACBH)
Leadership and Management Organizational Structure
 February 2020



- Health Care Services Agency (HCSA)
- ACBH Director & ACBH Mental Health Advisory Board
- Senior Executive & Executive Team Leaders
- System of Care Operational Leads & Division Directors
- Senior Administrative & Program Managers/Directors

Mental Health & Substance Use Disorder Services are provided across the department and/or administered by:
 Alameda County Behavioral Health
 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606
 (510) 567-8100

**Alameda County Behavioral Health
Leadership and Management Organizational Structure
September 2019**



■	Health Care Services Agency (HCSA)
■	Executive Group
■	System of Care Operational Leads and Program Staff
■	Senior Administrative Managers
■	Administrative Support Managers and Staff
■	ACBH/Whole Person Care

Mental Health & Substance Use Disorder Services are provided across the department and administered by:
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Mental Health Services Act Community Input Meeting Spring 2020

*Developed by the Mental Health Services Act Division,
Alameda County Behavioral Health Department*

Mental Health Services Act

The Mental Health Services Act (MHSA) emphasizes Transformation of the Mental Health System and Improving the Quality Of Life for people living with mental illness and those at-risk for mental illness and/or mental health challenges.

- In 2004, California voters passed Proposition 63, known as the Mental Health Services Act
- Funded by 1% tax on any personal incomes over \$1 million.
- In Alameda County, the Alameda County Behavioral Health (ACBH) Department operates and/or administers services programs, projects, and initiatives developed and contracted through MHSA funding.



MHSA Goals & Values

Goals

- Transformation of mental health system
- Improved quality of life for consumers
- Effective treatment, prevention and early intervention services
- Outreach support services and family involvement
- Increase access and reduce inequities for unserved, underserved and inappropriately served populations

MHSA Core Values

- Community Collaboration
- Cultural Responsiveness
- Consumer and Family Driven
- Wellness, Recovery, Resiliency
- Integrated Service experience

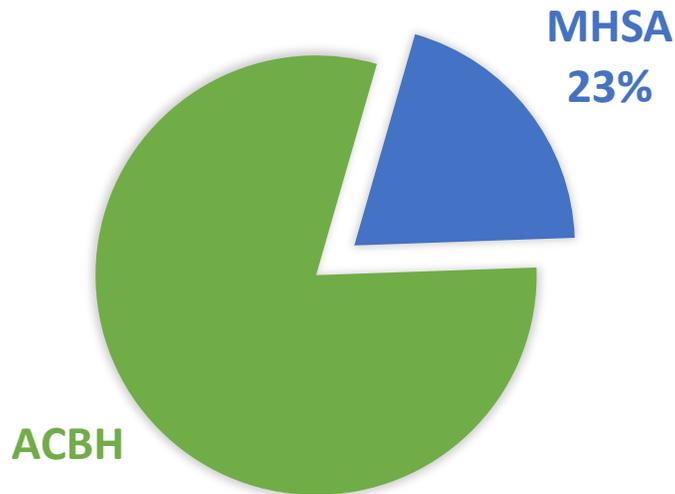


MHSA: What is the budget?

ACBH FY 19/20 Total Approved Budget of \$540.4M

- *693 County Civil Service positions*
- *3,000+ positions with community-based providers*

MHSA Annual Budget is \$129M (approximately 23% of the overall ACBH Budget)



- *172 County Civil Service positions (25%)*
- *16,340 individuals served in MHSA funded treatment programs*
- *8,759 individuals served in MHSA PEI funded programs*



MHSA Three Year Plan/Plan Update Process

County mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures.

- **Alameda County's Three Year Plan: FY 17/18-19/20**
- **FY 19/20 is the 3rd year of our Three Year Plan.**

The Mental Health Board shall conduct a public hearing on the draft Three-Year Plan/Plan Update at the close of the 30-day public comment period.

- **30 day public comment period: December 11-January 13, 2020**
- **MH Board Hearing: January 13, 2020**

Plans and Annual Updates must be adopted by the county Board of Supervisors (BOS) and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption.

- **BOS Health Committee February 24, 2020**
- **Full BOS, April, 2020**
- **For INN projects MHSOAC Approval**



MHSA: What are the regulations?

Component	Regulations
Community Services & Supports (CSS)	<ul style="list-style-type: none"> • 76% of the annual allocation must be spent in this component area • At least 50% must be spent on “Full Service Partnership clients”
Prevention & Early Intervention (PEI)	<ul style="list-style-type: none"> • 19% of the total allocation must be spent in the PEI component • >50% must be spent on activities that serve clients age 25 or younger
Innovative Programs (INN)	<ul style="list-style-type: none"> • 5% of total allocation must be spent on INN • Must be spent on one-time innovative projects that address a “learning question” with duration of no longer than 5 years • Must be approved by MHSOAC before funds can be spent
Workforce Education & Training (WET), Capital Facilities /Technological Needs (CFTN), Prudent Reserve (PR)	<ul style="list-style-type: none"> • Can choose to add up to 20% of previous 5-year allocation average to CFTN, WET or the Prudent Reserve. Funds must be transferred from CSS component.
Community Program Planning Process (CPPP)	<ul style="list-style-type: none"> • Counties are required to conduct a Community Planning Process (CPP) every 3 years in relation to their Three Year MHSA Plan.



MHSA: Who Does It Serve?

- Individuals with serious mental illness (SMI) and/ or severe emotional disorder (SED)
- Individuals not served /underserved by current mental health system
- Voluntary services

**Non-supplantation: MHSA may not replace existing program funding or use for non-mental health programs.



MHSA: Five Plan Components

Community Services & Supports	Prevention & Early Intervention	Workforce, Education & Training	Capital Facilities & Technological Needs	Innovative Programs
41 ongoing programs	38 ongoing programs	10 programs and strategies	11 projects	3 approved projects 1 pending project
\$88.23M annually	\$15.1M annually	\$3.3 M annually	\$13.6 M	\$6.3M



MHSA FY 19/20 Plan Update Highlights:

Housing: Expansion of **100 FSP service and housing** slots. Expansion of the **Housing Support Program** (licensed board and care subsidy program).

Education & School-based services: New **School-based mental health services** in Oakland Unified School District. Initiated the ***Ohlone Community College Mental Health Training and Advocacy Pilot***.

Outpatient, Community Based, and Crisis Services: Opening of the ***Berkeley Wellness Center***. Opening of a dual **Crisis Residential/Stabilization program (*Amber House*)**.

Stigma Reduction & Innovations: Awarded new **Faith and Spirituality-based stigma reduction program focusing on the African American community**. Innovation project to increase community input capacity for **new Innovation ideas**.

Capital Projects: Capital Facility **renovation/improvement** projects.



MHSA Priority Areas

ACBH's Top MHSA Priorities*

Housing/Homelessness/Forensic Services

Crisis Services

Payment Incentives for the Full Service Partnership (FSP) Programs

Ethnic and Language focused Services

Suicide Prevention

Workforce Development

*Priorities based on the FY 17/18 Community Planning Process, 2017 Workforce Needs Assessment and the FY 18/19 Plan Update.



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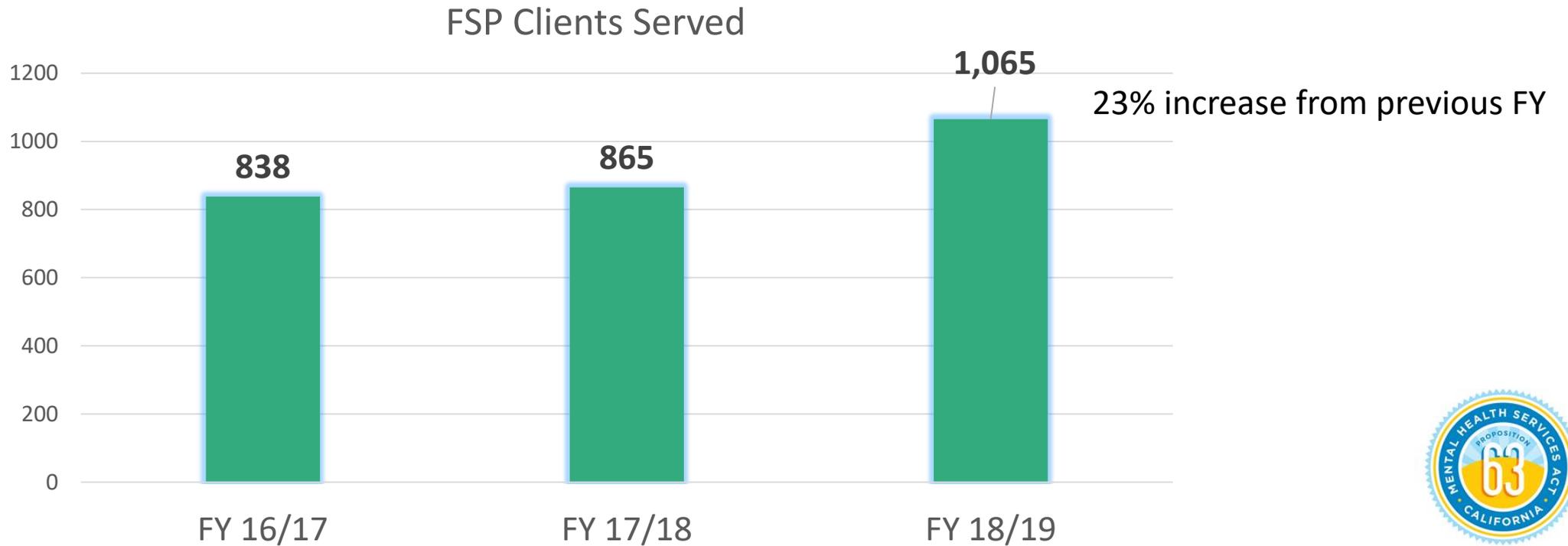
Program Highlight: Full Service Partnerships

- The Community Services & Support (CSS) component is the *largest with 76% of a county's MHSAs allocation reserved for this component.*
- CSS provides funding and direct services to individuals with severe mental illness and is comprised of two service areas: *Full Service Partnerships (FSPs) and Outreach Engagement/System Development (OESD) programs.*
- FSPs** are intensive and comprehensive therapeutic and case management services that are based on a client- and family- centered philosophy of doing "whatever it takes" for children, youth, adults and older adults experiencing symptoms related to Severe Mental Illness or Severe Emotional Disturbance and intended to help them lead healthy, connected, family-centered, meaningful and engaged lives.



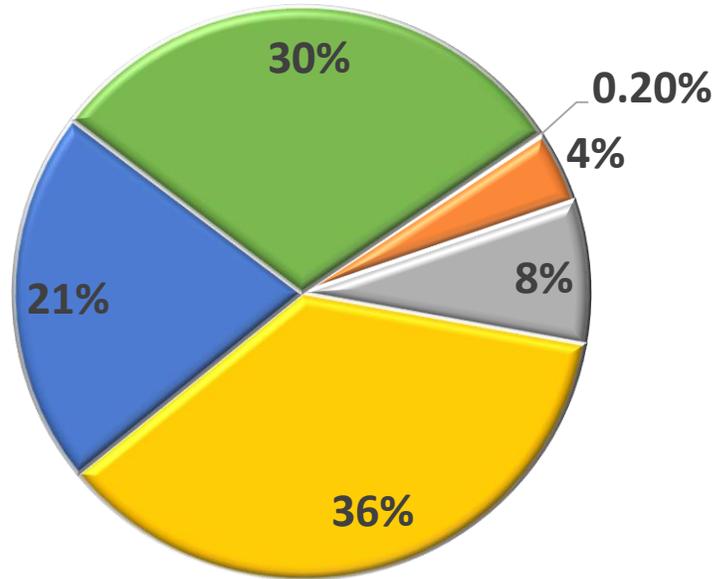
CSS: Full Service Partnerships

In FY 18/19 ACBH increased its FSP programs to 11. Each FSP serves a specific population including: Children, Transition Age Youth (TAY), Adult, Older Adult, Forensic and Chronically Homeless.



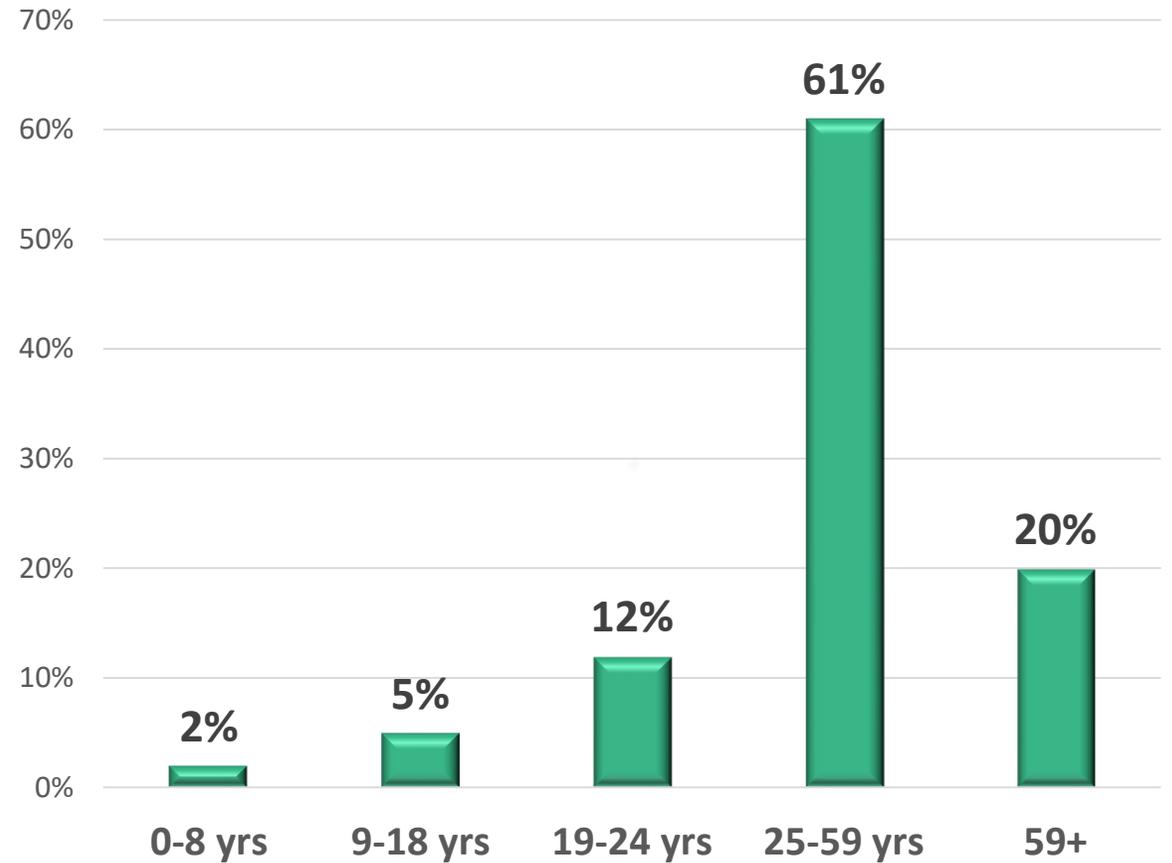
CSS: FY 18/19 FSP Demographics

Ethnicity of FSP Clients



- Alaska Native/American Indian
- Asian/API
- Latino
- African American
- White
- Other

Age of FSP Clients



Community Services and Supports: FY 18/19 FSP Outcomes

- Eleven FSP Programs serving: Children, Transition Age Youth (TAY), Adult, Older Adult, Forensic and Chronically Homeless.
- FSP Clients Served: 1,065 individuals (23% increase)

FSP Outcome	Percent Achieved (Avg)
Reduction in Hospital Admits	63%
Reduction in Hospital Days	68%
Reduction in PES (Psych. Emergency)	53%
Reduction in Homelessness	42%
Acute Follow up within 2 Days	51%
FSP Avg of 4+ visits per Month	61%



Program Highlight: Prevention & Early Intervention Programs



- Consumer & family member driven
- Interdependent & Engaged Provider Networks
- Culturally responsive programming for unserved and underserved Ethnic & Language Populations(UELP)
- Culturally-respectful and inclusive meetings & trainings
- Age specific programs



Prevention and Early Intervention: FY 18/19 UELP Outcomes

- 13 programs that focus on providing services to historically underserved ethnic and linguistically isolated populations (UELPP)
 - 7,895 Prevention events, (37% increase from FY 17/18);
 - 56,848 people were served at these Prevention events (duplicated count); and
 - 895 unique clients were served through Preventative Counseling services, (18% increase from FY 17/18).

UELPP Outcome	Percent Achieved (Avg)
A stronger belief that people with mental health experiences can grow, change, and recover.	88%
Feeling more connected to their culture and community.	90%
Reduction in Crisis events.	80%
Improved overall Health.	50%

Workforce, Education & Training (WET)



ACBH WET activities are supported through the Community Support Services (CSS) funding stream and focus on developing a Behavioral Health workforce through 8 priority areas, such as:

- *Workforce Staffing Support*
- *Training & Technical Assistance*
- *Community College/High School Career Pathway*
- *Internship Programs*
- *Financial Incentives Program*

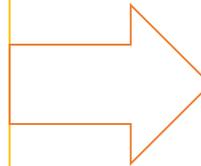


Innovation (INN)

INN grants are established to pilot *innovative* community defined ideas:

INN Goals

- New Learning for mental health
- New mental health practice
- Adopt existing mental health practice for new population/setting
- Modify existing practice from another field for the first time in mental health



Current Pilot Projects

- Mobile technology supporting mental health
- Community Assessment Treatment Team (CATT) for crisis services
- Community Land Trust



Community Program Planning Process (CPPP)

The County shall provide for a CPPP (also known as Community Input Meetings) as the basis for developing the Three-Year Program and Expenditure Plans and updates*.

The CPPP shall, at a minimum, include:

- Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process.
- Participation of stakeholders, as stakeholders is defined in Section 3200.270.
- Training.

Alameda's Spring 2020 Community Input Meetings will conclude May 30, 2020

**Title 9 CCR § 3300*



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FY 20/21-22/23 MHSA Three Year Plan Community Program Planning Process (CPPP)



Hosting 5 large Community Input Meetings with interpretation services, starting Spring 2020



Launching online community input survey



Conducting focus groups



Partnering with the Alameda County Pool of Consumer Champions and the Alameda County MHSA Stakeholder Committee.

Information gathered through the CPPP will assist ACBH in making resource decisions, including new Innovation project ideas. CPP data will be included in the FY 20/21-22/23 Three Year Plan.



Spread the Word

We want you to provide key input to help strengthen services for clients, consumers, and family members in Alameda County!

- ☐ Please visit our website to complete an online survey: <https://ACMHSA.ORG>

WE WANT TO HEAR FROM YOU!
Help shape and impact Alameda County's mental health system!

Community Input Survey
for the Alameda County Mental Health Services Act 3-Year Planning Process

alameda county behavioral health
PROVIDING CARE FOR MENTAL HEALTH & SUBSTANCE USE SERVICES

ALAMEDA COUNTY MENTAL HEALTH SERVICES ACT
PROPOSITION 63

POCC

Alameda County Behavioral Health Services invites you
to take the Community Input Survey
VISIT WWW.ACMHSA.ORG

SURVEY IS AVAILABLE IN SIX LANGUAGES
English Farsi Chinese Korean Spanish Vietnamese

- Contribute Ideas about how to improve the county's mental health services
- Learn information about the Mental Health Services Act

[CLICK HERE TO TAKE THE SURVEY](#)



Innovation Idea Form



Use our website to submit this form and tell us your ideas at

<https://acmhsa.org/innovation-community-based-learning/>



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Oakland, Ca 94608
510-567-6100 / TTY 510-533-5018
Karyn L. Tribble, PsyD, LCSW, Director

MENTAL HEALTH SERVICES ACT

Innovation Community Input Form

The Mental Health Services Act (MHSa) provides limited funding for the Innovation Component of the County's MHSa Plan. Funding will be used to increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services.

Innovations are defined as novel, creative, and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative. The Innovation Component allows Counties the opportunity to "try out" new approaches that can inform current and future mental health practices/approaches. Innovation ideas will introduce a new practice, adapt an existing practice for a new setting, or introduce a new practice that has been successful in a non-mental health setting.

We welcome all ideas, suggestions and recommendations for Alameda County's Innovation Plan. Please use this form to submit your ideas and suggestions by **(date)**

1. Fundamental Concept: Please check the primary concept below that your recommendation will address.

<input type="checkbox"/> Increase access to underserved groups	<input type="checkbox"/> Increase the quality of services
<input type="checkbox"/> Promote interagency collaboration	<input type="checkbox"/> Increase access to services

2. Age Group: Please identify the age group that will be impacted by your recommendation. Please note that funds may support a project that transcends multiple age groups. Check all that apply:



How Can Stakeholders Be Involved?

MHSA Stakeholder Group

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.

FUNCTIONS

- *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



MHSA Community Input Time

- COMPLETE: the *MHSA Community Participation & Feedback Survey*
- PARTICIPATE: in a large Group Discussion
- ASK: Question &
- PROVIDE: Comments



Input Questions

- **What are the top or most pressing mental health issues right now?** (e.g. suicide, community violence, incarceration of individuals with mental illness, stigma, homelessness, substance abuse, etc.)
- Are there **populations** or groups of people who you believe are **not being adequately served?**



MHSA Website & Resources www.ACMHSA.org

ACCESS HOTLINE • 24 hours a day/7 days a week/Multilingual • For mental health or substance use help, call **1-800-491-9099**

Select Language ▼

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Mental Health Services Act (MHSA)

Alameda County Behavioral Health Care Services

WELLNESS • RECOVERY • RESILIENCE



Community Services
& Supports

Prevention &
Early Intervention

Workforce Education
& Training

Innovation &
Community Learning

Capital Facilities
& Technology

For more information, contact our MHSA Staff at MHSA@acgov.org.

MHSA Contact Information

- ❑ MHSA Website: www.ACMHSA.org
- ❑ MHSA Email: MHSA@acgov.org
- ❑ ACBH Tel Main Line: (510) 567-8100





ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) 3-Year Program and Expenditure Plan Community Participation and Feedback Survey

Survey Instructions

The Alameda County Mental Health Services Act (MHSA) Division wants your input and innovative ideas to help strengthen its mental health and wellness programs to better serve you and your community over the next three years.

This survey is part of a larger community program planning process (CPPP) that may include community input meetings throughout Alameda County. To learn more about local MHSA activities, please visit <https://acmhsa.org/>

There are 23 questions in the survey and it takes about 15 minutes to complete. All responses are anonymous and confidential. For questions, please contact the MHSA Division at MHSA@acgov.org.

Thank you for your help with this community effort!

1. Is this your first-time providing input and information for our **MHSA Community Program Planning Process**?

- Yes
- No
- Not Sure

2. What concerns related to **Children/Youth/Transitional Age Youth (TAY)** are most important to you and/or your family member(s)? (Rate in order with 1 as "Absolutely Essential" to 5 as being "Not a Priority at this time").

	1=Absolutely Essential	2=Very Important	3=Moderately Important	4=Somewhat Important	5=Not a Priority at this time
a. Criminal Justice System Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Community Violence & Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Education/Academic Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Family Conflict/Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Housing & Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Job/Vocational Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Out-of-home Placement/Foster Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Social Isolation/Feeling Alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Substance Use/Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify other important health services/needs that should be prioritized for the Child/Youth/TAY age groups:

3. What concerns related to **Adults/Older Adults** are most important to you and/or your family member(s)?
 (Rate in order with 1 as "Absolutely Essential" to 5 as being "Not a Priority at this time").

	1=Absolutely Essential	2=Very Important	3=Moderately Important	4=Somewhat Important	5=Not a Priority at this Time
a. Chronic Health Condition(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Community Violence & Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Housing & Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Incarceration of Mentally Ill Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Job/Vocational Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Ongoing Multiple Hospitalizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Parenting Issues/Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Social Isolation/Feeling Alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Substance Use/Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify other important health services/needs that should be prioritized for the **Adult/Older Adult** age groups:

4. Are there any populations or groups of people whom you believe are not being adequately served by the behavioral health system of Alameda County? **(Please select all that apply)**

- African-American/Black
- American Indian/Alaskan Native
- Asian
- Latinx
- Pacific Islander/Native Hawaiian
- Children, Young (ages 0-5)
- Children, Elementary School Aged (ages 6-12)
- Children, Middle/High School Aged (ages 13-17)
- Transitional Age Youth (ages 18-24)
- Adult
- Older Adult
- Criminal Justice Systems Involved Individuals
- Immigrant & Refugee
- LGBTQQI+
- Older Adult
- Parents/Family Member
- Persons Experiencing homelessness
- Persons with disabilities
- Veteran

Other population(s), please specify:

5. Based on your answers for **Question 4**, please identify who you feel are the three most underserved groups **(please be specific)**:

(1)

(2)

(3)

6. What barriers make it more challenging for individuals and family member(s) with mental health challenges to access mental health services? **(Please select all that apply).**

- Appointment availability
- Communication between providers
- Embarrassed to ask for help
- Did not want help
- Legal concerns
- Level of services did not match needs
- No Insurance
- Provider changes
- Resources (e.g. financial)
- Safety concerns
- Services not in my community
- Services not culturally appropriate (e.g. not in my language)
- Stigma around mental health illness in their community
- Slow response time
- Transportation

Other, please specify:

7. Which of the following MHSA Service areas do you feel have been effective in addressing our local mental health concerns? **(Please select all that apply).**

- Crisis Services
- Consumer Wellness Centers (serves Adults with wellness/recovery services & links to community supports)
- Dual Diagnosis Services (services to improve mental health and substance use disorders)
- Culturally Responsive Prevention Programming & Supports
- Employment and Vocational Services/Supports
- Family Education & Support Centers
- Full Service Partnerships (serves Adults and TAY with mental health issues that result in homelessness, criminal justice system involvement, & frequent use of emergency psychiatric hospitalization)
- Housing Services
- Mental Health Outreach Teams
- Mental Health Services for Re-entry populations
- School-Based Mental Health Services
- Anti-Stigma & Anti-Discrimination Campaign
- Suicide prevention (crisis hotline/training & education)
- Workforce Development Projects

Other areas you feel have been effective, please specify:

8. MHSA funds **INNOVATIVE SERVICES** to improve and transform our county mental health system. The goal of the Innovations program is to contribute to learning and improving our system in three ways: (a) introduce new mental health practices & approaches that have never been done before, (b) make a change to an existing mental health service, and (c) introduce a new community-driven approach that has been successful in a non-mental health setting.

Please list innovative ideas which help improve mental health services:

9. MHA funds **WORKFORCE, EDUCATION & TRAINING** activities to help develop a behavioral health workforce sufficient in size, diversity, language, and cultural responsiveness for consumers/family. Please rank the importance of the following Workforce Development strategies. (Rate in order with 1 as "Absolutely Essential" to 5 as being "Not a Priority at this time").

	1=Absolutely Essential	2=Very Important	3=Moderately Important	4=Somewhat Important	5=Not Priority at This Time
a. Internship Programs (e.g. High School, Undergraduate, Graduate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Career Pathways Pipeline Programs (to promote and increase career choices in the Mental Health field)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Loan Repayment Program for Qualified Educational Loans for eligible clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Peer Support Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Stipend Program to Support Graduate Level Behavioral Health Internships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify other important workforce development strategies:

10. My **AGE RANGE** is:

- Under 16
- 16-25
- 26-59
- 60 and over
- Prefer not to answer

11. In which part of Alameda County do you **LIVE**?

Other (please specify)

12. What is your **GENDER IDENTITY**?

- Female
- Male
- Genderqueer or Gender Fluid
- Intersex
- Trans Female/ Trans Woman
- Trans Male/Trans Man
- Prefer not to answer

Other Gender Identity (please specify)

13. What is your **ETHNICITY**?

- Hispanic/ Latinx
- Non-Hispanic/ Latinx

14. What is your **RACE**? (Please select all that apply)

- African-American/Black
- American Indian/Alaskan Native
- Asian
- Pacific Islander/Native Hawaiian
- White/Caucasian
- Prefer not to answer

Other (please specify):

15. If you marked "ASIAN OR PACIFIC ISLANDER" under question 14, please tell us about your nationality or country of origin? (Please select all that apply)

- Asian Indian
- Cambodian
- Chinese
- Filipino/a
- Japanese
- Korean
- Samoan
- Taiwanese
- Tongan
- Vietnamese

Other (please specify):

16. Which of the following stakeholder group(s) do you primarily represent (Please select all that apply).

- Active Military/Veteran
- Consumer
- Faith Community
- Family member
- Law enforcement agency
- Provider

Other (please specify)

17. How did you learn about the **MHSA Community Participation & Feedback Survey?**
(Please select all that apply).

- Community-Based Organization
- Friends/Family Member
- Hospital/Healthcare or Other Provider
- Listserv/Newsletter
- Media (e.g. Eventbrite, Facebook, Print, Radio)

Other (please specify)

18. **COMMUNITY INPUT MEETING EVALUATION SECTION: Please tell us about your recent experience (If you did not attend a recent forum, please skip questions 18-21).**

What is your overall satisfaction with the MHSA Community Input Meeting today?

19. Please share any comments about **strengths** of today's MHSA Community Input Meeting.

20. Please share any comments about **areas for improving** today's MHSA Community Input Meeting.

21. For those who attended a recent Community Input Meeting, was it easy for you to understand the purpose of the forum?

- Mostly Yes
- Mostly No
- I did not attend a Community Input Meeting

22. What services are you receiving at this time? (Please select all that apply)

- Alcohol & Other Drug Services
- Community Group
- Homeless Services
- Mental Health Services
- Vocational Rehabilitation
- No Service(s) Received

Other (please specify)

23.

Thank you again for taking the time to provide your input on the County of Alameda's MHSA future plans. We appreciate you! To learn about more ways to get involved, please visit our website at <https://acmhsa.org/>

This area is for any additional comment you would like to give us.

WE WANT TO HEAR FROM YOU!

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



Community Input Survey

for the Alameda County Mental Health Services Act 3-Year Planning Process



Alameda County Behavioral Health Services
invites you to take the Community Input Survey

VISIT WWW.ACMHSA.ORG

CONTACT ADMIN LINE AT (510) 834-5990

SURVEY IS AVAILABLE IN SEVEN LANGUAGES

English Farsi Cantonese Korean Spanish Vietnamese Tagalog

- Contribute Ideas about how to improve the county's mental health services
- Learn information about the Mental Health Services Act

[CLICK HERE TO TAKE THE SURVEY](#)

VIA Classification of Character Strengths and Virtues

The Character Strengths of a Flourishing Life

WISDOM

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Creativity

Originality; adaptive; ingenuity

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Curiosity

Interest; novelty-seeking; exploration; openness to experience

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Judgment

Critical thinking; thinking things through; open-minded

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Love of Learning

Mastering new skills & topics; systematically adding to knowledge

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Perspective

Wisdom; providing wise counsel; taking the big picture view

COURAGE

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Bravery

Valor; not shrinking from fear; speaking up for what's right

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Perseverance

Persistence; industry; finishing what one starts

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Honesty

Authenticity; integrity

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Zest

Vitality; enthusiasm; vigor; energy; feeling alive and activated

HUMANITY

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Love

Both loving and being loved; valuing close relations with others

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Kindness

Generosity; nurturance; care; compassion; altruism; "niceness"

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Social Intelligence

Emotional intelligence; aware of the motives/feelings of self/others; knowing what makes other people tick

JUSTICE

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Teamwork

Citizenship; social responsibility; loyalty

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Fairness

Just; not letting feelings bias decisions about others

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Leadership

Organizing group activities; encouraging a group to get things done

TEMPERANCE

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Forgiveness

Mercy; accepting others' shortcomings; giving people a second chance

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Humility

Modesty; letting one's accomplishments speak for themselves

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Prudence

Careful; cautious; not taking undue risks

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Self-Regulation

Self-control; disciplined; managing impulses & emotions

TRANSCENDENCE

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Appreciation of Beauty and Excellence

Awe; wonder; elevation

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Gratitude

Thankful for the good; expressing thanks; feeling blessed

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Hope

Optimism; future-mindedness; future orientation

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Humor

Playfulness; bringing smiles to others; lighthearted

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Spirituality

Religiousness; faith; purpose; meaning



{where the world finds strength}

www.viacharacter.org