Alameda County Mental Health Services Act Stakeholder's Meeting
February 26, 2021 • 2:00 pm – 4:00 pm
TELECONFERENCE REMOTE MEETING

Meeting called to order by **Mariana Real (Facilitator)**

Present Representatives: Viveca Bradley (MH Advocate/MHAAC/AA Family Outreach), Margot Dashiell (Family Member/East Bay Supportive Housing Collaborative/African American Family Outreach Project/Alameda County Family Coalition), Annie Bailey (City of Fremont-Youth & family Services Division), Jeff Caiola (MH consumer advocate /Berkeley Bipolar Support Group), Elaine Peng (MHACC), Liz Rebensdorf (Family Member/NAMI East Bay/MHSAAC), Katy Polony (Abode/IHOT), Mark Walker (Deputy Director, Swords to Plowshare), Shawn Walker-Smith (Family Member/MH Advocate/ African American Support Group & Family Dialogue Group), Sarah Marxer (PEERS/Family Member); Carissa Samuels (TAY/Ohlone College Mental Health Ambassador); YuanYuan Lo (TAY/ Ohlone College Mental Health Ambassador)
Guest Representatives: Sang Leng Trieu (Manager, Mental Health Programs), Tyler Bennett (Berkeley City College Student/ Mental Health Navigator)

ITEM	DISCUSSION	ACTION
Welcome and Introductions (Mariana)	**Mariana** reviewed conference call etiquette tips, and led a brief check-in with the group utilizing the Community Agreements and MHSA-SG Design Team Alliance (DTA) model to identify the desired atmosphere for the meeting and strategies to ensure members thrive and deal with conflict. The group would like to focus on: • Respect for perspectives and where they are • Welcoming Atmosphere • Welcoming questions • Advocate for collaboration	
Presentation: Alameda County Community College Mental Health Navigator Program & Mental Health Navigator application (Pilot project of MHSA-WET)	**Sang Leng Trieu,** Manager of Mental Health Programs and **Tyler Bennett, Student** presented an overview of the Alameda county Community College Mental Health Navigator Program and new Mental Health Navigator Application. This program is a pilot project of the MHSA Workforce Education & training Unit and received $30,000 from WET beginning Summer 2020 – June 2021. The programs operate on a $300,000 budget for the annual year, additional funds stem from grants and a health fee per student per semester. Alameda County has 7 community colleges and 115 campuses and is the largest institution of highest learning serving 2.1M students. Approximately two thirds of students are transitional aged youth (TAY). The mental health programs include the following: • Student Wellness Ambassadors: facilitate campus presentations. Currently 11 ambassadors. • Advocacy: Work with select affinity groups. Currently 8 advocates. • Mental Health Navigators • Equity Scholars Program: Must apply to get in. Currently developing a 10-episode podcast. There are 3 in this program. *Please view the full PPT presentation from the 2/23/21 MHSA-SG meeting*	• **MHSA-SG** will review the WET component of the three-year plan on the acmhsa.org website

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	Elaine Peng: provided a link for NAMI campus resources at Https://namica.org/nami-on-campus/#section-nami-on-campus-college and https://calmatters.org/projects/California-mental-health-private-insurance-medi-cal **** **Sara** posed the following questions: • What are the biggest service gaps? **Tyler** responded private insurance (for example Kaiser) don't provide 1:1 care and referrals to group therapy • How do you contact students? **Tyler** responded it is subject to each college. For example, Berkeley can refer via email only due to FERPA and HIPAA restrictions • Explain the breakdown of the 4 programs **Annie** questioned: • What is the operational budget required to run several volunteer programs? **Sang** responded all students are paid $15/hour. Sang manages the program part-time at 0.6FTE. The navigator program budget is $30,000, student wellness center is $45,000-$60,000 from the state, the advocacy program is $30,000, and equity scholar program is $40,000. **Jeff** asked how BEST NOW fits in to their model. **Sarah** responded at the state level they are involved with advocating for the guidelines state developed. **Sang** closed discussing the importance of advocating for MHSA dollars. **Mariana** reminded the MHSA-SG that the mental health college pilot project is highlighted in theFY2020-23 MHSA Three-Year Plan and will be highlighted in the FY2021-22 Annual Plan Update. Both will be located on the acmhsa.org website.	
FY21/22 Annual Plan Update: CPPP Innovation Brainstorm	**Mariana** reviewed some of the top Innovative Ideas from the Three-year plan and asked the MHSA-SG to review concepts, and identify possible program components for each service mode. The innovative idea to review is the *Community Holistic Response Team*. Sample definitions include the following: • Community Response Team: Community-based or interagency team that targets African Americans and Latinx communities to support (non-crisis) urgent needs, social supports, and community treatment, short-term and long-term referrals and linkages, disaster response. The team would include non-traditional responders, faith-based agencies, partners supports, and community organizations. • Holistic approach: includes partnerships with behavioral health organizations, social services, other teams, advocacy groups, interfaith organizations, short-term housing partners, etc. **Mariana** asked the members how they feel about this idea and what would holistic health services look like?	• **MHSA-SG** will review the MHSA 101 Fact sheet on the Community Input page of the acmhsa.org website

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	• **Liz***: Multiple uses of the word that should be clarified (1- medical model**,** 2- psychological**,** 3-non-traditional/organic approaches, addresses spirituality). Should emphasize the body and physical health. Psychological definition should address values, cultural upbringings, emotions. When I think of holistic, I tend to think of psychological services. • **Jeff**: Certain definitions may turn some off/opposite of neutrality • **Carissa**: Not a familiar word used in TAY population, consider using the word "comprehensive" • **Shawn**: Treating whole body (spirit, mind, mental, physical), non-traditional medicine **Mariana** asked members what would be the ingredients/components we should consider when creating a community holistic response team? • **Liz**: Diverse providers • **Carissa**: Collaboration (multidisciplinary field) • **Shawn**: Diverse disciplines/traditions (spiritual) may address different ethnicities, collaborate and share information • **Jeff**: Collaborative, field of strength, lived experience • **Mark**: Coordination between VA and healthcare providers **Mariana** will follow-up with group members next week and review the second innovative idea: *Innovative Service Team Model*	
MHSA-SG Administrative Updates/Membership and Announcements (Mariana)	**Mariana** asked the group to review recent legislative updates located in their meeting packet. MHSA has not received new member applications.	
Wrap-Up/Summary (Mariana)	Next MHSA-SG meeting will feature a presentation from the IHOT Evaluation Team (Carly R and Daniel K>) **The group identified future meeting topics**: • April 2021: Review UELP Evaluation • May 2021: AB2022 • Submit ideas on the INN idea form on the acmhsa.org website	• **Mariana** requests membership biographies from new members • **Mariana** requests members to update their information on SurveyMonkey • **Mariana** will send an email to summarize today's meeting and required reading materials for the next MHSA-SG meeting

Next Stakeholder meeting: Friday, March 26, 2021 from 2-4 p.m. LOCATION: GoToMeeting webinar