



2000 Embarcadero Cove, Suite 400 Oakland, California 94606 510-567-8100 / TTY 510-533-5018 Carol F. Burton, MSW, Interim Director

MHSA STAKEHOLDER GROUP (MHSA-SG) Friday, June 26, 2020 (2:00-4:00pm)

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

To participate by phone, dial-in to this number: tel:+18773092073,,511501621#

VALUE STATEMENT FUNCTIONS MISSION The MHSA Stakeholder Group: The MHSA Stakeholder Group We maintain a Reviews the effectiveness of MHSA advances the principles of the focus on the people strategies Mental Health Services Act and served, while Recommends current and future funding the use of effective practices to working together priorities assure the transformation of the with openness and Consults with ACBH and the community mental health system in mutual respect. on promising approaches that have Alameda County. The group potential for transforming the mental reviews funded strategies and health systems of care provides counsel on current and Communicates with ACBH and relevant future funding priorities. mental health constituencies.

1. Welcome and Introductions		2:00
- DTA/Conference call etiquette	1	
- MHSA-SG Meeting Structure	: (1) Relationship building;	
(2) Administration & Operation	ons; (3) Program Planning & Developmer	ıt
2. Administrative Updates		2:10
- MHSA-SG Membership Up	odate	
3. MHSA Presentation: Innovati	ions, Mary Skinner	2:45
- INN Overview		
- Current Projects		
- INN Workgroup & Planning	Γimeline	
- Getting Involved		
4. Wrap-Up/Summary		3:45
5. Meeting Adjournment		4:00



MENTAL HEALTH & SUBSTANCE USE SERVICES



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Documents Attached:

- Agenda
- Minutes from May meeting
- PPT Presentation
- MHSA-SG Application: K Graves
- Stakeholder Meeting Calendar (version 4)
- Design Team Alliance (DTA)/ Community Agreements

Alameda County Mental Health Services Act Stakeholder's Meeting May 29, 2020 • 2:00 pm – 4:00 pm *TELECONFERENCE REMOTE MEETING*

Meeting called to order by Mariana Dailey (Chair)

Present Representatives: Viveca Bradley (MH Advocate), Jeff Caiola (Consumer), Margot Dashiel (Alameda County Family Coalition), Sarah Marxer (Family Member), Elaine Peng (MHACC), Liz Rebensdorf (NAMI East Bay), Danielle Vosburg (Telecare), L.D. Louis (MHAB), Katy Polony (Abode/IHOT), Mark Walker (Swords to Plowshare), Shawn Walker-Smith (MH Advocate), Mariana Dailey (MHSA Senior Planner).

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.	Mariana will send a copy of the DTA to the group, the DTA is also available online via MHSA-SG Meeting Archive
MHSA-SG Meeting Focus (RE: Our 5 Structure elements) (Mariana)	 Mariana stated that the meeting would focus on all 5 of the following MHSA-SG Structure elements: Relationship Building, Leadership & Advocacy Outreach & Communication Administration & Operations Program Planning & Development Quality Assurance & Accountability 	
MHSA-SG Membership & Bios (Mariana)	Mariana announced a welcome orientation was facilitated on 5/28/20 for the five newest MHSA-SG members: Annie Bailey (provider. family representative), Mark Walker (provider) Katy Polony (provider/family advocate), Shawn Walker Smith (representing as a family member/mental health advocate); and L.D. Louis (Vice Chair, Mental Health advisory Board). Effective April 23, 2020, Karen Grimsich has retired her role as a MHSA-SG member and has identified a colleague as a replacement: Annie Bailey (City of Fremont, Social Services). Annie will join the next MHSA-SH meeting in April. The group thanks Karen for her service. Effective May 29, 2020: Irma Reyes retired from her role with the MHSA-SG. The stakeholder group is encouraged to direct interested applicants to the website to complete the MHSA-SG webform. Potential applicants include Jenifer Pierre from Social Services Agency.	Stakeholder members (new and old) are encouraged to submit a biographical sketch to Mariana for inclusion on the acmhsa.org stakeholder page Mariana/Terri will update the MHSA-SG contact list
ACBH/MHSA Administration Updates (Mariana)	Terri will be out of the office until the end of the Summer. Many County employees are providing emergency response services. Mariana will handle all stipend requests and asks MHSA-SG to send their mailing address. Mariana reviewed two summaries of the CA Governor's May Revision Report and the budget deficit due to COVID-19. The Governor recommends halting the MHSA reform and withdraw funding to support mental health services for the perinatal population.	

ITEM	DISCUSSION	<i>ACTION</i>
	A California coalition of mental health advocates has petitioned the state to allow flexibility with reporting deadline, allowing LHJs to extend programmatic processes without risk of reversion until 6 months after the state lifts the COVID-19 state of emergency. In addition, the coalition requests extending the Three-Year Plan updates/submissions of RERs; and requests flexibility to move funds within and between plan components.	
MHSA Community Planning Process (CPPP) Update (Mariana)	The Community Planning Process that's required for the MHSA 3-Year plan concluded My 31,2020. Mariana reviewed the 3-Year Plan Timeline for plan development and provided an outreach & mobilization summary from preliminary data: • Outreach Summary: More than 14,069 individuals reached • 627 completed surveys • 11 Focus groups	 Mariana will expand focus groups for the annual update to target the Chinese community and Family Members Stakeholders should participate in planning activities to voice recommendations.
	Mariana led group discussion to elicit feedback to improve CPPP outreach for the annual updates, and review each member contributions to the CPPP. Katy Polony mentioned sending the flier through a FAFSMI subscriber lists for the seriously mentally ill with a reach of more than 70 members. NAMI sent information to more than 900 individuals through a mailing list, and posted information on social media. Elaine send information to more than 1000 through a mailing list and posted information on social media. The MHAB send information via e-blasts to the general public and committees. Shawn posted information through his personal social media pages, Annie, Karen, and Jeff all send information to the City of Fremont social media sites, commissions, community groups, and family resource centers.	
	Concern was raised by Margot about how to ensure family focus groups are included in the future. Mariana responded that all 11 focus groups targeted unserved/underserved groups based on previous plan data and included representation from consumers, providers, and family members. Margot Jeff both volunteered to help coordinate a family member focus group int eh future and recommended organizations such as the Family Dialogue Group and FERC. Elaine mentioned a Chinese focus group was coordinated in previous years and would be able to support coordinating a future Chinese community FG Additional resources were identified including the Office of Family Empowerment.	
	Mariana identified ways for the MHS-SG to get involved int h future to ensure various community subgroups are recommended through the following ways: survey translation (Spanish & Chinese); complete the INN webform and/or facilitate an INN brainstorming session Provide outreach support during the 30-day public comment; participate in future INN workgroups; participate on the MHSA CPPP Steering Committee, host a focus group.	
Wrap-Up/Summary (Mariana)	Stakeholder members will be invited to support future planning efforts.	 Mariana will follow-up with Mary Skinner,

ITEM	DISCUSSION	ACTION
	The group identified future meeting topics: Innovations overview (budget & sustainability); CFTN update on telehealth services; review of the MHSA statewide audit findings; and MHSA overview (budget & locked facilities).	Innovation Unit to present at the 6/26/20 meeting. • Mariana will send stakeholder members a
	Mariana reminded the group that two MHSA overview presentations on the budget and programs and MHSA audit overview were provided this fiscal year and are available online through the archived meting materials. Mariana encouraged members visit the website and review MHSA component profile sheets and plan updates for any questions related to MHSA budget details and programs.	copy of the DTA

Next Stakeholder meeting: Friday, June,26, 2020 from 2-4 p.m. LOCATION: GoToMeeting webinar

MHSA Stakeholder Group Nomination

The Mental Health Services Act (MHSA), or Proposition 63, provides Alameda County with a unique opportunity to fund innovative mental health programs for clients with long standing unmet needs.

The mission of the MHSA Stakeholder Group is to advance the principles of the MHSA 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.

Stakeholders strive to maintain a focus on the people served, while working together with openness and mutual respect.

The functions of the Stakeholder Group include:

- 1. Reviewing the effectiveness of MHSA strategies
- 2. Recommending current and future funding priorities
- 3. Consulting with Behavioral Healthcare Service Agency and the community on promising approaches that have potential for transforming the mental health systems of care
- 4. Communicates with relevant mental health constituencies

The Stakeholder Group will meet on the fourth Friday of each month from 2-4pm. Members with multiple unexcused absences will be discharged from the group. Stipends are available for family members and consumers who are not otherwise compensated for their time during meetings.

HOW TO NOMINATE A STAKEHOLDER: Please consider the attributes and interests of your colleagues and identify a nominee by filling out the form below (self-nominations will also be accepted):

* Required

Nominating Organization

Raising Youth to Strive for Excellence

Contact Person

The person who is nominating

Kimberly Graves Executive Director

Nominee Name *

Person being nominated to the Stakeholder Group

Kimberly Graves

Nominee Occupation or Title

Executive Director

Nominee Ethnicity

African American

Nominee Gender/Orientation

Female

What is the primary interest you represent? *

We are only taking nominations for the interests below at this time

Other (specify in following question)

"Other"

Specify if you filled "Other" as the primary interest you represent above.

I'm a family member and transitional housing for 18-21

What age group do you serve or represent? *

Check as many as apply

Children & Youth (0-18) Transition Age Youth (14-25)

Adults (18-59)

Older Adults (60+)

What areas of the County do you provide service to or reside in? *

Check as many as apply

North (Alameda, Albany, Berkeley, Emeryville, Oakland, Piedmont Central (Hayward, San Leandro, San Lorenzo, Unincorp.

South (Fremont, Newark, Union City)

East (Dublin, Livermore, Pleasanton)

What is the primary ethnicity of the population you serve or represent? *

People of color

In what ways have you represented yourself and/or your community in other planning groups? *

I am a professional business owner with a desire to improve my community and my country as a whole. I bring rational practical sound wisdom with emphasis on my relationship with the Lord.

Explain how you have used data in your current or previous work? *

I am constantly considering the statistics of those left behind. I use that data to determine the cities and neighborhoods that can best be serviced by my efforts.

Briefly explain any knowledge you have of Prop 63 - The Mental Health Services Act: *

i understand the funds collected from a 1% tax on our citizens making a million or more. I understand it's purpose is to provide voluntary mental health treatment for the most vulnerable members of our community.

Why do you want to join the Stakeholder Group? *

I want to continue my efforts to provide solution and support for those most vulnerable and disenfranchised in our society. I know that if I can support my community I am supporting myself and doing the will of my Father.

It's important that Stakeholder members bring what they learn to their peers and constituents. Which community groups will you be reporting Stakeholder activities to? *

African Americans and self-employed business owners. I currently own a Farmers Insurance Agency.

Can you commit to attend regular meetings from 2-4pm on the Fourth Friday each month? *

Yes











MHSA-SG Meeting

ALAMEDA COUNTY BEHAVIORAL HEALTH, MHSA DIVISION

4 TH FRIDAYS EVERY MONTH, 2 - 4 PM

FACILITATOR/COORDINATOR:

MARIANADAILEYMPH, MCHES

HELLO MY NAME IS

Building & Leadership & Advocacy Outreach & Administration Communicatio & Operations MHSA Meetings Quality Program Assurance & Planning & Development

MEETING OBJECTIVES

- Welcome & Introductions
- Administrative Updates
- 4. Presentation: INN
- 5. Wrap-Up/ Summary

Community
Agreements from
Design Team Alliance
(DTA)

Atmosphere:

The feeling we want to create)

Thrive:

What we need to do our best work Deal with Conflict: How we'd like to handle difficulties/conflicts

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

move forward

Where there are disparities, be able to call them out "Name it"

ADMINISTRATIVE UPDATES:

- IRMA HERNANDEZ FAREWELL

- MHSA-SG MEMBERSHIP APPLICATIONS: <u>KIMBERLY</u> GRAVES



MHSA Innovations Unit UPDATE:

Mary Skinner, INN Program Specialist

INTRODUCTION TO MHSA INNOVATION

Purpose of Innovation

- Increase access to <u>underserved groups</u>
- Increase the <u>quality of services</u>, including better outcomes
- Promote interagency <u>collaboration</u>
- Increase <u>access</u> to services

Definition of "Innovation"

An INN project is one that <u>contributes to learning</u>, rather than a primary focus on providing a service, by:

- Introducing new mental health practices/approaches, or
- Making a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
- Introducing a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings.



INNOVATION APPROVAL PROCESS

- Community groups, organization, or individuals submit an idea form to the ACBH MHSA team.
- Review/selection of ideas is led by ACBH systems of care, MHSA Stakeholders Committee, and MHSA Innovation staff.
- ACBH MHSA Innovations staff draft an initial proposal for the Mental Health Services Oversight and Accountability Commission (MHSOAC) staff who:
 - a. Review whether the proposal meets Innovation criteria;
 - b. Provide technical assistance to bring the proposal to a position of presentation to the commission; and
 - c. Insure the proposal is written in accordance to Innovation guidelines.
- The proposal undergoes an approximately 6-12 months long approval process, including:
 - a. Community stakeholder committee input process;
 - b. Local approval from the County's Mental Health Board, Board of Supervisors; and
 - c. Approval from the MHSOAC Commission.
- Upon approval by the MHSOAC, **ACBH will issue a Request For Proposal (RFP)**, in order to procure an agency to develop the approved innovation project.

COMMUNITY ASSESSMENT AND TRANSPORT TEAM (CATT)

Interagency collaboration to implement efficient and effective changes to crisis response system

- Behavioral Health, Emergency Services, Whole Person Care, 911, law enforcement, city services, and others
- Partners provide staff time, training and support
- Conduct Continuous Quality Improvement

Implement unique staffing and technology model

 MH Provider and EMT team in a van to maximize assessment and transport options (5150 or not 5150)



 Information systems that provide current client records and availability of services to assist with connection to most appropriate services

Mental Health Technology 2.0 (MH Tech)

Identified Targeted Populations:

- Caregivers of family members who suffer Serious Mental Illness or a Serious Emotional Disturbance
- Youth/Transition Age Youth who are victims of trauma induced by multiple forms of violence (particularly gun violence)
- Attempted Suicide Survivors
- Immigrants, Asylees, and Refugees



Highlights of Technology Project

- Project will be a combination of technology embedded with local community-based organizations' (CBOs) existing services
- Community Based Providers will collaborate with tech developers to create a mental health application
- Project intends to provide platform for individuals who reside in isolation, anonymity, or feel they have no place to go
- New platform will be designed to increase outreach and support for individuals experiencing situational induced trauma

Supportive Housing Community Land Alliance

Alameda County will be using a *Community Land Trust (CLT)* model to help ease its housing crisis for SMI consumers whose income is at or below 200% federal poverty level. The *CLT* model will:

- Bring permanent affordable housing to SMI consumers and/or also permitting family members to purchase the housing;
- Community control; and
- Allow a buyer (SMI consumer or family member) to afford a home by only borrowing on structure, not land.



INN Project Highlight

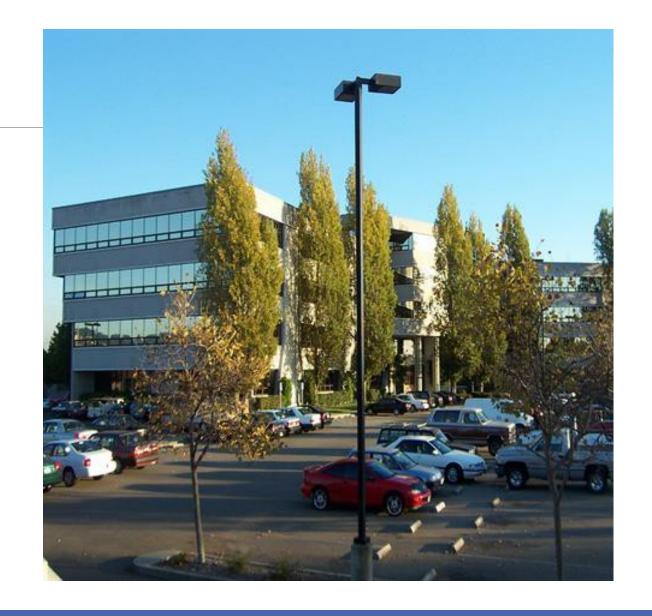
Approved Innovative Land Trust Project – Request for Proposal (RFP) Overview

Peer Involvement in Innovation Projects

- Providing input for new innovative ideas
- Helping develop an Innovative Project
- Providing services in an Innovative Project
- Evaluating RFPs' for Innovative Projects

RFP's and Perspective Services

Alameda County Behavioral Health announces request for proposals (RFP) of perspective innovative programs. They provide fully integrated health care services to Alameda county residents. The services are provided through a network of public and private partnerships that support health and well-being. They respect diversity and promote fair and inclusive opportunities for all residents.



Purpose of RFP Panel

The purpose of the RFP Panel is to score each bid on how it meets the requirements of the RFP and provide recommendations. Recommendations are submitted to the county's Health Care Services Agency (HCSA) and the Alameda County Board of Supervisors based on those scores.

Proposals are submitted to The Health Care Services Agency of Alameda County for reviews and selections of innovative and modifying existing programs.

RFP Panel Responsibilities

Scoring proposals on how well bidders meet RFP requirement.

Assess the experience and expertise of the bidder based on proposals

Assess the detail, thoughtfulness, and appropriateness of the bidder's plan

Assess it's staff and the organizations with whom it will partner &

Assess the budget (cost of the program)

Additional RFP Panelist Responsibilities

- You will need to sign a conflict of interest statement.
- You must also be prepared to:
 - ✓ Review County RFP
 - ✓ Review bidders' proposals
 - ✓ Record scores
 - ✓ Review evaluation panel scores
 - ✓ Attend bidder's oral interview (if applicable), and
 - ✓ Make recommendations to HCSA Executive Administration and the Board of Supervisors

"The Supportive Housing Community Land Trust Alliance" Project.

Some of the beneficial Community Land Trust components include:

Supporting disenfranchised populations and the immediate community.

Providing an opportunity for inclusion of people with serious mental health challenges and their families into

leadership around developing, operating and maintaining housing, and

A community land trust model; that creates an opportunity to build community wealth, while making the land a community asset

Land Trust Meets Innovation Criteria

- Introduces new mental health practices/approaches including prevention and early intervention that have never been done before
- Increases Access to underserved groups

Closing

RFP Projects are designed to evaluate bidders and choose the most qualified who demonstrate the ability to provide the services.

Having the opportunity to serve my peers by evaluating bidders who wantto provide services for individuals with mental health challenges was really meaningful.

Thoughts of how services will be implemented by potential contractors are intricate in the RFP process. It was rewarding to offer my recommendations as a person who has provided and benefited from supportive services. Having a voice as someone who has lived experience on both sides of the spectrum/system brings moments of concern and added value to situations that warrant well rounded areas of expertise to ultimately be effective in rendering adequate suggestions and recommendations.



INN Questions



Submit ideas on the INN webform here

Ways the MHSA-SG can be involved:



Participate on INN Workgroups



Participate on Procurement RFP Panel



MEETING WRAP-UP

- Meeting Recap/ELA
- Recommendations for next meeting? (using the 5 MHSA-SG meeting elements)

Use online AGENDA ITEM REQUEST FORM

THANK YOU

Next Meeting:

July 24, 2020 2:00 pm- 4:00 pm Location (TBD)

** Stipend: I need your mailing address









MENTAL HEALTH SERVICES ACT (MHSA) STAKEHOLDER GROUP MEETING CALENDAR, 2020 rv1

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

DATE	TIME	LOCATION	MEETING THEMES
January 24, 2020 (Friday)	2:00-4:00pm	2000 Embarcadero Cove, 5 th Floor, Oakland, CA 94606	MHSA OverviewAnnual Plan Update
February 28, 2020 (Friday)	2:00-4:00pm	2000 Embarcadero Cove, 5 th Floor, Oakland, CA 94606	 MHSA Goal Setting/Finding A Common Link Develop Operating Guidelines
March 27, 2020 (Friday)	2:00-4:00pm	GoToMeeting	 MHSA Audit MHSA Community Planning Meetings (CPM) Outreach & Evaluation Design Recruitment
April 24, 2020 (Friday)	2:00-4:00pm	GoToMeeting	MHSA Community Planning Meetings (CPM) Focus Group
May 27, 2020 (Friday)	2:00-4:00pm	GoToMeeting	 MHSA Community Planning Meetings (CPM) MHSA-SG Recruitment
June 26, 2020 (Friday)	2:00-4:00pm	2000 Embarcadero Cove, 5 th Floor, Oakland, CA 94606	 Quarterly Program Data Review Program Spotlight/Presentation: Innovations
July 24, 2020 (Friday)	2:00-4:00pm	2000 Embarcadero Cove, 5 th Floor, Oakland, CA 94606	 Revisit MHSA-SG Plan & Meeting Frequency Joint Site Visit Observations
August 28, 2020 (Friday)	2:00-4:00pm	2000 Embarcadero Cove, 5 th Floor, Oakland, CA 94606	 Program Spotlight/Presentation MHSA Policy & Legislation Review MHSA 3yr plan 20/23- Public Comment/Public Hearing
September 25, 2020 (Friday)	2:00-4:00pm	2000 Embarcadero Cove, 5 th Floor, Oakland, CA 94606	 Government Funding & Procurement Overview Joint Site Visit Observations





MENTAL HEALTH SERVICES ACT (MHSA) STAKEHOLDER GROUP MEETING CALENDAR, 2020 rv1

October 23, 2020 (Friday)	2:00-4:00pm	2000 Embarcadero Cove, 5 th Floor, Oakland, CA 94606	 Program Spotlight/Presentation MHSA 3-Year Plan Posted Annual Plan Update
November 27, 2020 (Friday)	CANCELLED- HOLIDAY		
December 25, 2020 (Friday)	2:00-4:00pm	2000 Embarcadero Cove, 5 th Floor, Oakland, CA 94606	 End of Year Celebration/Retreat Best Practice Review Renewing Commitment





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MHSA STAKEHOLDER GROUP

Friday August 23, 2019 (2:00-4:00pm)

2000 Embarcadero Cove, Oakland

Alvarado Niles Conference Room – 5th Floor

To participate by phone, dial-in to this number: (605) 475-4834 Participant access code: 102839

	MISSION The MHSA Stakeholder Group advances the principles of the Mental Health Services Act and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.	We maintain a focus on the people served, while working together with openness and mutual respect.	 FUNCTIONS The MHSA Stakeholde Reviews the effectiveness of strategies Recommends current and for priorities Consults with BHCS and the on promising approaches the potential for transforming the health systems of care Communicates with BHCS at mental health constituencies 	of MHSA uture funding e community nat have the mental
1.	Welcome and Introductions			2:00
2.	 2. Announcements - New Stakeholder member, Linda Ramus-member of the MH Board - Land Trust proposal outcome - Website update 			
3.	Discussion on Draft MHSA Sta	keholder Code of Eth	ics document	2:30
4.	Presentation from La Familia, S	Sally's Place Peer Res	pite program	3:15
5.	Other items			3:45
Mee	eting Adjourn			4:00

Please note: No Meeting in September

Documents Attached:

- DRAFT MHSA Stakeholder Group Code of Ethics document
- Designed team Alliance (DTA) document
- Minutes from July meeting

MENTAL HEALTH SERVICES ACT STAKEHOLDER GROUP Code of Ethics



As a member of the Alameda County Mental Health Services Act (MHSA) Stakeholder Group, I will:

- Become knowledgeable about the duties and mission of the MHSA Stakeholder Group, and promote MHSA and its resources to the public with whom I have influence;
- Give necessary time, thought, and study to the work of the MHSA Stakeholder Group;
- Attend regular MHSA Stakeholder Group meetings, and participate in committee meetings;
- Be fully prepared for each meeting by doing the required reading and completing the necessary tasks for committee work;
- Work with fellow Stakeholder Group members in a spirit of harmony and cooperation;
- Respect other speakers and listen to other viewpoints;
- Share viewpoints, and despite differences of opinion abide by and uphold final decisions of the MHSA Stakeholder Group; and
- Recuse myself from discussion(s) and voting on an issue if there is a conflict of interest or if the outcome will grant me or my employer any monetary or material benefits.

The MHSA Stakeholder Group Code of Ethics should be discussed with new members and confirmed annually by all Stakeholder Group Members.

MHSA Stakeholder Group DESIGNED TEAM ALLIANCE

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

DESIGN LEADERSHIP ALLIANCE

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

Alameda County Mental Health Services Act Stakeholder's Meeting July 26, 2019 • 2:00 pm - 4:00 pm

Alvarado Niles Room, 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

Meeting called to order by Chair Tracy Hazelton

Present Representatives: Viveca Bradley (MH Advocate), Jeff Caiola (Consumer), Margot Dashiel (Alameda County Family Coalition), Irma Hernandez (POCC), Sarah Marxer (Family Member), Liz Rebensdorf (NAMI East Bay), Danielle Vosburg (Telecare STRIDES), Tracy Hazelton (MHSA Division Director) and Terri Kennedy (Administrative Assistant for MHSA Division).

Guests: HHREC Project Staff Amy and Ava

ITEM DISCUSSION		ACTION
Ice-Breaker and Introductions	Introductions were done and the Stakeholder Group met Ms. Ava Square, TA Program Manager at HHREC	
Stakeholder Community Announcements	 ACBH has selected a permanent Agency Director: Dr. Karyn Tribble. Dr. Tribble was a previous Deputy Director for ACBH, but left about 2 ½ years ago to work for Alameda Health Systems. She's set to starther new assignment in late Sept. The Land Trust Innovations project is moving forward to get approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). We're on the consent calendar for August, but if the project is pulled from the consent calendar then it will be presented at the September meeting. ○ There's a 7-day comment period on the proposed plan, those in favor of the project can comment if they choose. ○ There is no current Supportive Housing Land Trust model in the US that serves individuals with an SMI, this should be operational in about 2 years, but the grant is for 5 years, at a total request of \$6 million. Before getting started on the topic of the outreach campaign info Tracy mentioned that a participant of the African American Family Member Support group shared a story of recovery about her son at the ACBH Leadership meeting and during her story she mentioned she was a bus driver for AC Transit and that we should have mental health information/outreach in the buses themselves. This story highlights that the Stakeholder Committee and ACBH/HHREC are moving in the right direction of posting information in and around the AC Transit buses. Margot: A participant of the family dialogue group shared a positive experience: For the first time, a 911 police dispatcher asked if the caller's son had a caseworker they could connect with. This made the caller very happy. There also seem to be impressions in the community that the CIT training the police departments and dispatcher units receive is working. 	Tracy will send OAC consent calendar information and answers to questions about total cost breakdown for the project to our Stakeholder group Land Trust 7-day comment period is now open, Stakeholders were informed of their opportunity to provide public comment. Liz will send the article link to the Stakeholder group

ITEM	DISCUSSION	ACTION
	Liz: • There was a story about Police and people with Mental Health Challenges. Liz will share the link with the Stakeholder group.	
MHSA Outreach Campaign Round 2 Mock-Up Review and Discussion	 Amy (graphic designer) and Ava collected feedback on the MHSA Outreach campaign with the new, non-stock photos, selected taglines, MHSA info emphasis and font selections. Group Consensus: Use the word "Help" or "Support" instead of "Resources" on campaign text A phone number should be provided as well (ask if the ACCESS line has the capacity for handling increased traffic) Put the ACBH and MHSA logos next to each other Meet more diversity in the #5 mock-up Use BOLD text as much as possible 	 Tracy will talk to the department about the possibility of using the ACCESS number on the MHSA Outreach campaign HHREC to present at the Mental Health Advisory Board meeting on Monday, August 12th
MHSA Website review (Tracy)	As mentioned, with the new traffic of the community heading to our MHSA website, the website is due for a bit of a "facelift". At our lasting meeting, the Stakeholder group was asked to do a walk through and provide feedback on the website and what areas need updating, changes to information, reconfiguration, etc. Group Consensus: Provide a Hotline for Family/Caregivers Make ACCESS line information bigger, adjust the formatting Create a prominent "Get Help" resource link option in the top bar menu Make the top bar menu the stationary bar, not the MHSA components menu Group the "Berkeley/Albany only" resources Change "Support Services" section to "Wellness Centers Drop-in Services" and update the wellness center information *remove duplicates Relocate the MHSA Issue resolution information, shouldn't be in the Services section List services by "Crisis Hierarchy"- most vital/urgent at the top In "Education and Support" under MHAAC, add more text about the support groups, including the African American F/M Support Group and fill in more For support groups, add more groups that we're connected with: Family Dialogue, Bi-Polar Support, POCC, etc. Add FERC Warm line information and their hours	 Tracy and Terri present feedback to our website administrator to implement changes Tracy follow up on response times for the 741-741 text line, per Jeff: people in need have not been getting a response Homework for all: email Tracy any other feedback and input for the website in the next 2 weeks. We're due to meet with the website administrator before the Round 2 MHSA Campaign rolls out.