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MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, November 19, 2021 (1:00-3:00pm)

GO TO MEETING TELECONFERENCE: <u>https://global.gotomeeting.com/join/511501621</u> United States (Toll Free): 1-646-7493129; Access Code: 511-501-621

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.	VALUE STATEMENT We maintain a focus on the people served, while working together with openness and mutual respect.	•	FUNCTIONS The MHSA Stakeholder Group: Reviews the effectiveness of MHSA strategies Recommends current and future funding priorities Consults with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care Communicates with ACBH and relevant mental health constituencies.	
1. Welcome and Introductions -Welcome back Mariana				
2. Acknowledge the passing of Supervisor Wilma Chan			1:15	
 MHSA Listening Session -Updates -Listening Session for MHSA SG 			1:30	
 General Updates & Announcements -Calendar/Next meeting -Presentation on Veterans Issues 			2:45	
5. Wrap-Up/Summary			2:50	
6. Meeting Adjournment			3:00	

Documents Attached:

- Agenda
- ACBH Community Meeting Themes
- FERC/ACBH sponsored flyer for the Vitality in the Black Community Parent Cafes
- NAMI East Bay Newsletter



CREATIVE

MHSA-SG MEETING TOGETHER

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES, MHSA DIVISION

FACILITATOR/COORDINATOR: TRACY HAZELTON MPH MARIANA REAL MPH, MCHES

HELLO MY NAME IS



MEETING OBJECTIVES

- Welcome & Introductions
- Reflection: Supervisor Wilma Chan
- MHSA Listening Session
- General Updates/Announcements
 - Presentation on Veterans Issues
- Wrap Up/Summary
- Adjournment



IN REMEMBRANCE OF

SUPERVISOR WILMA CHAN

COMMUNITY AGREEMENTS/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

MHSA ANNUAL UPDATE/CPPP

MHSA Three-Year Plan/Plan Update Cycle

July-September

 Gather previous fiscal year data from MHSA funded programs.

October-February

Listening Sessions for the Community Program Planning Process (CPPP).

January-March

- Develop drafts of MHSA Three -Year Plan/Plan Update.
- Review of MHSA drafts with MHSA SG and ACBH Leadership.
- ACBH Leadership approves the MHSA budget.

April

• Three-Year Plan/Plan Update is posted for 30 day Public comment period.

May

 Public Hearing at the Mental Health Advisory Board to close the 30-day Public Comment period.

June

- Presentation to the Board of Supervisors Health Committee.
- Full Board Approval.
- MHSA Three-Year Plan/Plan Update is sent to DHCS & MHSOAC.

LISTENING SESSIONS, FY22/23

Date	Time	Audience		
10/29/21	3-4:30	Veterans Collab Court		
11/3/21	3-4:30	Behavioral Health Collab CBO Providers		
11/16/21	2-3	Re-Entry Collab Court		
11/17/21	11-12	PEERS/LEVS		
11/18/21	9:30-11	PEI		
11/19/21	1-3	MHSA-SG		
12/2/21	9:30-11	City of Fremont		
12/8/21	3-4:30	NAMI		
12/10/21	TBD	Veterans		
1/5/22	10:30-12	POCC		
1/6/22	2:30-4	POCC		
1/11/22	6:30-8	TAY		

To be scheduled: Chinese NAMI, Law Enforcement, Cultural Competency Committee and LGBT, Family Members, African American Steering Committee

Listening Session



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Input Questions

•What are the top or most pressing mental health issues right now in your community?

•Are there **individuals, groups and/or cultural communities** who you believe are not being adequately served?

•What do you see as **barriers** for people to get help?

What are your **ideas** on how to better serve our communities?

•What MHSA-funded services are you aware of, either as services you or someone you know has taken advantage of or as services you would feel comfortable recommendir to others?

•Other comments people want to share?





WELLNESS · RECOVERY · RESILIENC

What worked in this session and what needs improvement? + $/\Delta$





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For more information email us at <u>MHSA@acgov.org</u> or visit us at

www.ACMHSA.org



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GENERAL UPDATES/ANNOUNCEMENTS



MEETING WRAP-UP

• FUTURE PRESENTATION:

- SURVEY MONKEY (UPDATE CONTACT INFORMATION) & MEMBER BIO
- SUBMIT AGENDA ITEM REQUESTS ON THE WEBSITE
- CELEBRATE YOUR ACCOMPLISHMENTS!

THANK YOU

<u>Next Meeting:</u> January 21, 2021 2:00 pm– 4:00 pm (Virtual)

** Stipends: Follow-up with Mariana Real



Alameda County Behavioral Health MHSA Innovation Concepts Community Input Meetings

Dates: August 27, 2021 and September 3, 2021

Action Items

- The community is interested in understanding data on how many people in jail facilities have a serious mental illness. The Mental Health Advisory Board (MHAB) is working with the department to get this data, and it would likely be available in that forum.
- Community members would like opportunities to view and pilot the WRAP for Reentry curriculum before it is fully implemented.
- Questions about the forensic peer specialist specialization should be directed to Mary Hogden and the department.
- Tracy will share the community's priority of youth diversion with the department and bring back any information from the department about their plans to develop diversion and other interventions for at-risk and justice involved transition age youth.

Key Themes

Across Both Concepts

- <u>Substance Use:</u> For both concepts, ensure that substance use is highlighted and that all programs are equipped to adequately serve individuals with co-occurring disorders.
- <u>Cultural Responsiveness:</u> Cultural responsiveness goes beyond UELP. Ensure that description of concepts is explicit about the focus of serving BIPOC communities and how they are disproportionately affected by the criminal justice system.

Peer MHSA Innovation Concept: #1: Peer-led Continuum of Forensic Services

- <u>Target Populations and Referral Pathways:</u> Clarify how these programs fit in with larger continuum of services and specifically clarify the target population and referral paths for the Peer Continuum and the Alternatives to Confinement.
 - For example, clarifying which populations would be appropriate for a Peer Respite that is not a clinical program versus a Forensic Crisis Residential Treatment (CRT). Additionally, it is important to let people understand the role of Peer Respite as a short-term program to give a person a moment of pause to help them transition and to place services like a Peer Respite within the larger initiative. Perhaps clarify what alternatives are there for someone after 2-weeks in peer respite.
 - Be explicit in INN descriptions about how services connect people to other services, including economic relief.



Alameda County Behavioral Health MHSA Innovation Concepts Community Input Meetings

<u>Family Navigation and Support:</u> Increase role of Family Navigation and Support. The community supports the idea of written materials, but family members need more support. For example, the attendees like the idea that families can be involved in coaching; participate in in-person support groups; and that people on warm lines will be trained on forensic issues.

- Both during incarceration and coming out, would like to have family support group options. Facilitators noted that while the INN concept was initially conceptualized as a phone-based consultation, they will add in-person support for families.
- Help family members to assist with reentry. For example, have family members be able to work with the Reentry coaches.
- Consider WRAP for family members. Family members participate in WRAP now, so make sure this is built into the new WRAP services. Additionally, the community members would like opportunities to view and pilot the WRAP for Reentry curriculum before it is fully implemented.
- <u>Role of Peers:</u> Set clear language in proposal about the role of Peers in the Continuum including:
 - Clarifying that WRAP will be done by peers.
 - Ensure Forensic Peers Specialists are used in all programs that use Peers. The Forensic Peer Specialist designation ensures peers have additional training and lived experience in the justice system. This designation is tied into the SAMSHA GAINS center and should be used in any Forensic program with peers.
 - Make sure education and training is a strong component of concept.

MHSA Innovation Concept #2: Alternatives to Confinement

- <u>Collaboration of new INN programs with existing initiatives that may be led by</u> <u>Alameda County Behavioral Health or other departments:</u> Make sure the community, law enforcement, and referring parties understand the different array of diversion options.
 - While there is general support for more diversion settings and agreement that one of the best ways to reduce people with mental illness in jail is to create an array of diversion options, it can be confusing to navigate the different services. It may be helpful to work in collaboration with other departments to vet the concept and consider where it is best to place an arrest diversion/treatment center in the county taking into consideration other diversion services and how cross agencies can eventually publicize the different options, create navigation support, etc.



Alameda County Behavioral Health MHSA Innovation Concepts Community Input Meetings

 The community members mentioned existing programs such as Alameda County District Attorney's C.A.R.E.S. diversion program with La Familia as well as the Roots Community Health Center

