

Alameda County Mental Health Services Act Stakeholder's Meeting

January 28, 2022 • 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 Depression Bipolar Support Alliance-DBSA), Liz Rebensdorf (Family Member/NAMI East Bay/MHSAAC), Mark Walker (Deputy Director, Swords to Plowshare), Sarah Marxer (PEERS/Family Member); Carissa Samuels (TAY/Ohlone College Mental Health Ambassador); Lee Davis (President, MHAB)

Guest Representatives: Ihande Weber

| ITEM | DISCUSSION | ACTION |
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| Welcome and Introductions (Mariana) | <p>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:</p> <ul style="list-style-type: none"> • Respect for perspectives and where they are • Advocate for collaboration | |
| Presentation: Mental Health Peer Coach Program – City of Fremont | <p>Ihande Weber, LCSW Manager presented an overview of the Mental Health Peer Coach Program in South County.</p> <p><i>Please view the full PPT presentation from the 3/26/21 MHSA-SG meeting</i></p> <p>The program is housed under City of Fremont's Aging and Family Services Division which provides services for seniors 55 years of age and older. The Sr Mobile Mental Health program target populations is 60 and over, typically experience challenges such as chronic health, mental illness, functional limitations, isolation, unhoused, and multicultural. The program addresses social network barriers, fragmentation of care through coordination, counseling, transportation and wellness support/education. The goal is self-empowerment, better health management, engagement, and wellness.</p> <ul style="list-style-type: none"> • Recovery & resiliency Program provides the Step-Down Program, on-going support and monitoring, rehabilitation, groups, skill building. • Mobile Mental Health provides individual therapy, group therapy, case management, medication support, and crisis intervention. <p>Please review meeting PowerPoint for a comprehensive overview of the program.</p> <p>Stakeholder Question & Answer</p> | <ul style="list-style-type: none"> • MHSA-SG will review the PEI component of the three-year plan on the acmhsa.org website • Ihande will send GrandPad information to mariana. |

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| | <p>Viveca: What's the slice [proportion] of African American [served in your program]?</p> <ul style="list-style-type: none"> • Ihande: About 27% so 9 clients. <p>Margot: Do you do medication management? Do you reorder [prescriptions]? Does medication management work?</p> <ul style="list-style-type: none"> • Ihande: We review medication support during enrollment. A clinician assesses and prescribes medication. The program monitors compliance. The psychiatrist/PA refills medications. <p>Liz: Excited about the thing called GrandPad- never heard of it before. Its good not just for seniors but folks with mental illness who can use another option for communicating and are overwhelmed by the computer. Can you tell me more about it, what it offers that regular stuff wouldn't?</p> <ul style="list-style-type: none"> • Ihande: Our administration put in a requisition from a community agency. <p>Liz asked: When a person comes into the program, is part of the application the city of residence or how do you work that?</p> <ul style="list-style-type: none"> • Ihande: Our program serves tri city area in our contract <p>Carissa asked: I wondered how this works in terms of early intervention/prevention since you receive PEI</p> <ul style="list-style-type: none"> • Ihande: Our LGBT program, criteria are those clients demonstrating some symptoms <p>Lee Davis: I wonder with restructuring so there's no diagnosis, I know MHSA is intended to help people with serious mental illness, do you feel as if you're being culturally responsiveness...I trying to understand where the criterion is.</p> <ul style="list-style-type: none"> • Ihande: Our clients do have issues, we have to evaluate and assess more. <p>Viveca: I find the mobile mental health program fascinating and needed. Can you tell me how it came about? Is it part of your original program or separate MHSA grant? How did this come together?</p> <ul style="list-style-type: none"> • Ihande: Prop 63/MHSA started it all. 15 years ago the City of Fremont lacked mental health services, a lot of senior services such as senior centers, case management, caregiver program, senior peer counselors, and youth and family services, family resource center) but mental health just started 15 years ago. Before I came, I worked in Santa Clara County mental health for years. <p>Liz: You said there are no services in Fremont but it's part of Alameda County do you work with elder services in County mental health.</p> <ul style="list-style-type: none"> • We work with South County support team in the city. The ACCESS program and others have eligibility criteria, they don't take clients not on Medi-cal. My program takes clients | |

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| | <p>both Medicare and Medical because when they reach a certain age like 65 they may switch to a different major HMO.</p> <p>Jeff: The Fremont Family resource Center- where do they fit in with your services?</p> <ul style="list-style-type: none"> • Ihande: They are across the street from us. They have 24 different agencies. • Annie comments the center is a division of Human Services Department and a physical building. 24 agencies are relocated there providing a myriad of services. <p>Mariana How do you plan to recruit for the LGBTQIA peer program What is your existing network, how will you identify participants? Have you tried PRIDE Coalition, MHAB Older Adult Committee?</p> <ul style="list-style-type: none"> • Ihande: Different providers, hospitals, clinics, senior housing. We would appreciate additional linkages. | |
| FY22/23 Annual Plan Update: CPPP & Innovation Update | <p>Mariana reviewed two Innovative proposals from the consultant Indigo Project. The department will move forward with soliciting feedback during 30-day public comment period.</p> <ul style="list-style-type: none"> • Peer/Family member • Clinical <p>Mariana will discuss 30-day comment outreach strategies with group members during the next meeting.</p> | <ul style="list-style-type: none"> • MHSA-SG will review the PEI section on the Community Input page of the acmhsa.org website |
| MHSA-SG Administrative Updates/Membership and Announcements (Mariana) | No new applications | |
| Wrap-Up/Summary (Mariana) | <p>Next MHSA-SG meeting will feature a presentation from CSS Service Team the next meeting</p> <p>The group identified future meeting topics:</p> <ul style="list-style-type: none"> • <i>Swords to Plowshares White Paper</i> • <i>Peer Support Services – peer certification training</i> • <i>FSP program (STRIDES)</i> • <i>Supportive Housing</i> • <i>Legislative Review</i> • <i>Deaf & hard of Hearing Programs</i> • <i>Conservatorship</i> • Circulate 30-day public comment period information when provided in April | <ul style="list-style-type: none"> • 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, February 25, 2022 from 2-4 p.m. LOCATION: GoToMeeting