



ALAMEDA COUNTY MENTAL HEALTH SERVICES ACT (MHSA)

# COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

ANNUAL REPORT – FY 2022 - 2023



# Alameda County Mental Health Services Act (MHSA) COMMUNITY PROGRAM PLANNING PROCESS (CPPP) ANNUAL REPORT FY 2022 - 2023

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# Executive Summary

Alameda County Behavioral Health Care Services (ACBH) is pleased to present the Mental Health Services Act (MHSA) Community Program Planning Process (CPPP) Annual Report for fiscal year 2022-23. The summary of findings is based on data collected through a variety of community engagement events. State regulations require local MHSA plans conduct a CPPP as part of the development of The Three-Year Program and Expenditure Plan (Three-Year Plan). Alameda County elects to conduct additional community input processes to inform each Annual Plan Update to the Three-Year Plan.

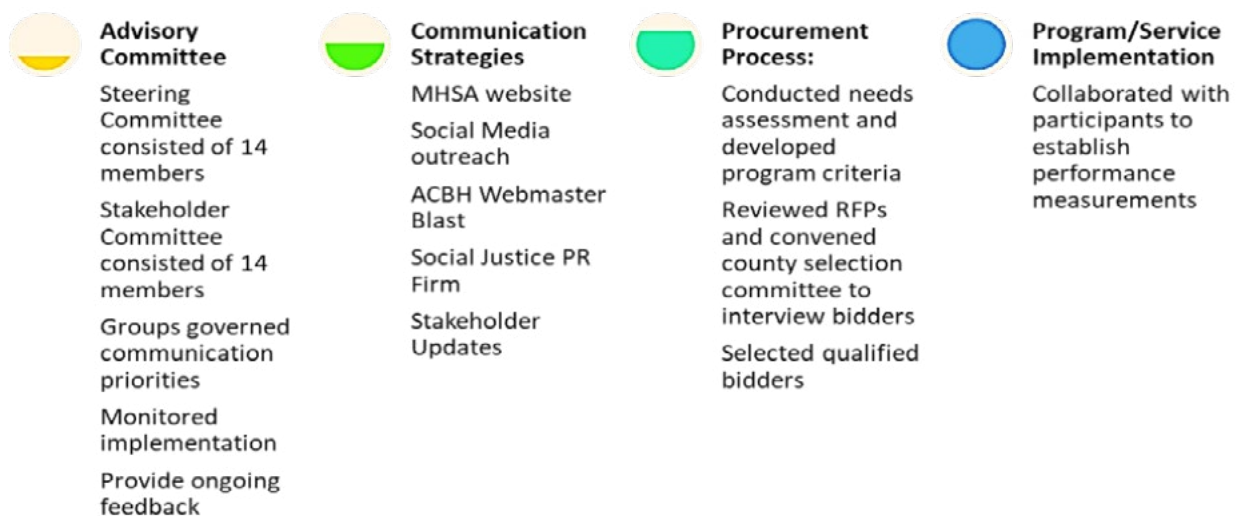
## California’s Mental Health Services Act

MHSA is funded by levying a one percent tax on personal annual incomes that exceed one million dollars. The MHSA, known as Proposition 63, was passed by California voters in 2004 and provides increased funding to support mental health services through five components for individuals with mental illness and inadequate access to the traditional public mental health system.

## MHSA Community Program Planning & Stakeholder Engagement Process

Exhibit 1 provides an overview of Alameda County’s ongoing CPPP. Alameda County utilizes five MHSA principles to guide planning and implementation activities and employs a range of strategies to engage stakeholders at all levels of planning and implementation. Our CPPP provides a number of opportunities for a 14-member [MHSA Stakeholder Group](#) (MHSA-SG), a planning committee, and other stakeholders to participate in the development of MHSA plans. Between fiscal years 2019-20 and 2021-22, MHSA increased the membership of the MHSA-SG by 27% and its underserved/unserved demographics (including Transitional Aged Youth representation) by 250%.

### Exhibit 1: Major components of the MHSA Community Program Planning Process (CPPP)



Despite health factors precluding our department from convening large in-person forums due to COVID-19, ACBH has been committed to identifying creative ways in which to engage the community and various stakeholders over the course of our planning efforts. The CPPP for this Annual Plan Update was informed by activities conducted throughout the Three-Year Plan funding cycle. The FY22/23 CPPP solicited input

from more than 340,000 community members through formal and informal invitations via social media, e-mail requests, and [community input webpage](#) which amassed 4,433-page views.

MHSA coordinated the CPPP between October 2021- January 2022, facilitating TAY forums for young men of color (60 attendees) , a “How to Read the MHSA Plan” webinar and [podcast series](#) , Innovations brainstorm, and 18 listening sessions with 307 total participants. Each listening session represented an important cross section of Alameda County populations in accordance with data from the Three-Year Plan CPPP for FY20/23 (See *Appendix E-2* for previous fiscal year CPPP findings). Some reoccurring themes from the listening sessions include the following:

- Isolation and lack of community; workforce need
- Address the response time in systems such as ACCESS
- More services for the African American community across the lifespan
- Supports and activities for the LGBTQ community, particularly the transgender community of color and sex workers
- Need for increased language capacity, especially for Asian communities
- More peer support services
- Address insecure housing utilizing Full-Service Partnerships (FSPs)
- Support the reentry community with services to divert people from John George and Jail



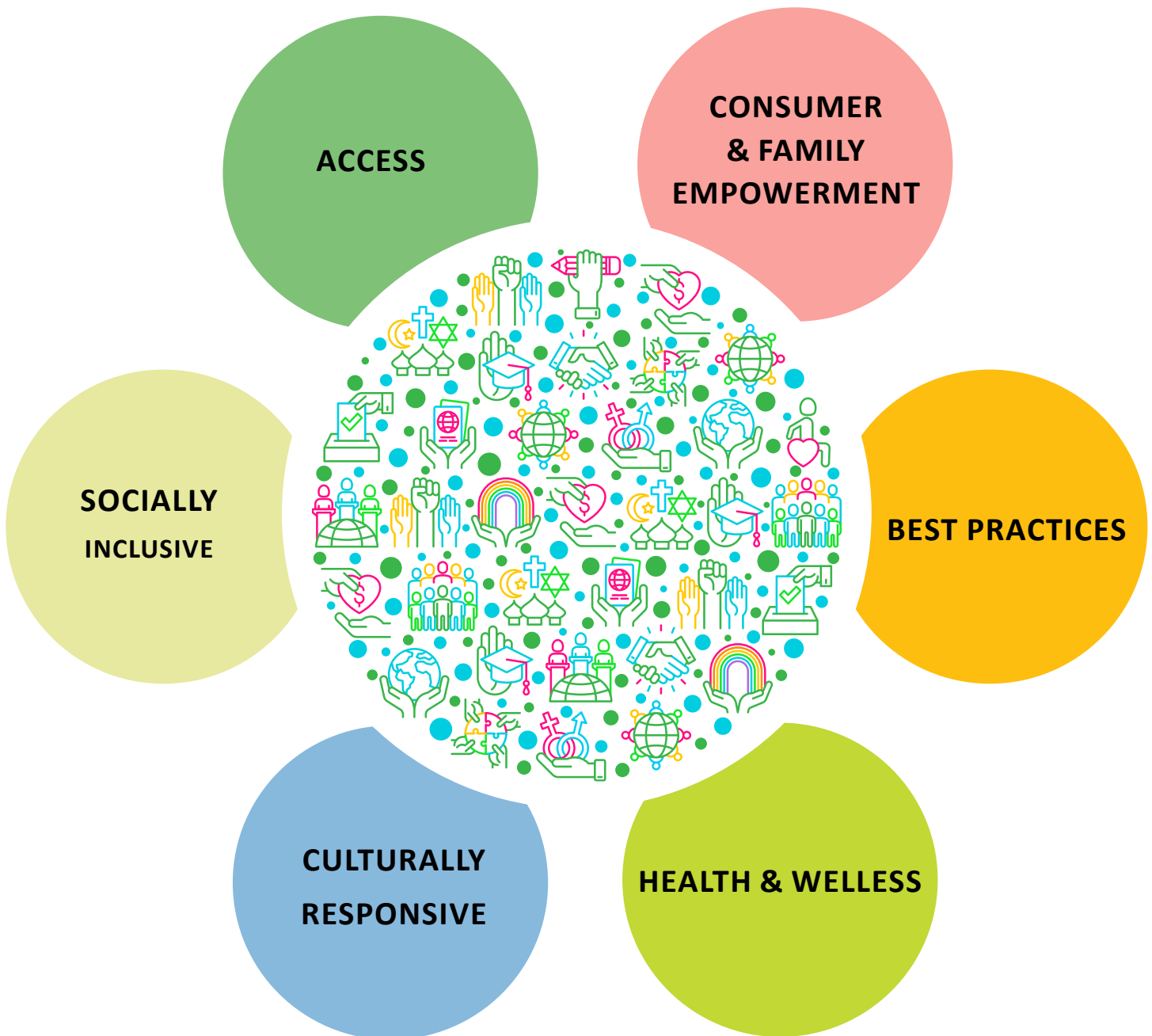
# Alameda County Behavioral Health Mission and Vision

## MISSION







Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing a serious mental health, alcohol or drug concern.

## VISION

We envision a community where individuals of all ages and their families can successfully realize their potential and pursue their dreams and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.





-  **ACCESS** we value collaborative partnerships with consumers, families, service providers, agencies and communities, where every door is the right door for welcoming people with complex needs and assisting them toward wellness, recovery and resiliency.
-  **CONSUMER & FAMILY EMPOWERMENT** we value, support and encourage consumers and their families to exercise their authority to make decisions, choose from a range of available options, and to develop their full capacity to think speak and act effectively in their own interest and on behalf of the others that the represent.
-  **BEST PRACTICES** we value clinical excellence through the use of best practices, evidence-based practices, and effective outcomes, include prevention and early intervention strategies top promote well being and optimal quality of life. We value business excellence and responsible stewardship through revenue maximization and the wise and cost-effective use of public resources.
-  **HEALTH & WELLES** we value the integration of emotional, spiritual and physical health care to promote the wellness and resilience of individuals recovering from the biological, social and psychological effects of mental illness and substance use disorders.
-  **CULTURALLY RESPONSIVE** we honor the voices, strengths, leadership, languages and life experiences of ethnically and culturally diverse consumers and their families across the lifespan. We value operationalizing these experiences in our service setting, treatment options, and in the processes we sue to engage our communities.
-  **SOCIALLY INCLUSIVE** we value advocacy and education to eliminate stigma, discrimination, isolation and misunderstanding of person experiencing mental illness and substance use disorders. We support social inclusion and the full participation of consumers and family members to achieve full lives in communities of their choices, where they can live, learn, love, work, play and pray in safety and acceptance.

# MHSA GUIDING PRINCIPLES

There are 5 principles which guide all MHSA planning and implementation activities:



## **Cultural Competence**

Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.



## **Community Collaboration**

Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.



## **Client, Consumer, and Family Involvement**

Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery and evaluation.



## **Integrated Service Delivery**

Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers and families.



## **Wellness and Recovery**

Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives.

# Introduction to MHSA

More than two million Californians are affected by potentially disabling mental illnesses every year.

To address this, California's voters passed [Proposition 63 \(also known as Mental Health Services Act or MHSA\)](#) in the November 2004 General Election. Proposition 63 promised to greatly improve the delivery of mental health services and treatment across the State of California and taxes very high-income individuals an additional one percent portion of their annual income that exceeds one million dollars (\$1,000,000). (For context, about 1/10 of one percent of Californians have incomes in excess of one million dollars \$1,000,000. They have an average pre-tax income of nearly five million dollars (\$5,000,000)).

The MHSA represents a comprehensive approach to the development of community based mental health services and supports for the residents of California, and addresses a broad continuum of prevention, early intervention and service needs; providing the necessary infrastructure, technology and training elements that will effectively support an enhanced mental health system. MHSA was designed to improve the quality of life for people living with mental health challenges. Mental health peers with lived experience and their families were partners in the development process, from drafting MHSA policy to campaigning for its passage.

Locally, The Alameda County Behavioral Health Care Services (ACBH) Department administers MHSA funding to a wide network of community-based organizations (CBOs). MHSA strives to ensure activities and projects embrace the department's core values of :

- Community Collaboration
- Cultural Competence
- Consumer and family-driven services
- Wellness, recovery, and resiliency
- Integrated service experiences for clients and families

The MHSA accomplishes its goals to transform the public mental health system and promote early identification of mental health challenges by funding projects in the following five service categories:



# Description of MHSA Service Categories



## Community Program Planning Process (CPPP)



The California Welfare & Institutions Code (WIC) Sec 5848 and Sec 3300 require Counties conduct a Community Program Planning Process (CPPP) every three years as the basis for developing the Three-Year Program and Expenditure Plans (Three-Year Plan). The ACBH MHSa Division conducts additional CPPPs as the basis for gathering data each of the two annual update periods to the Three-Year Plan. Statutory requirements expect Counties to ensure the CPPP is adequately staffed, and that positions and/or units are designated to ensure stakeholders (people with a vested interest in mental health services) are trained and/or have the opportunity to participate in the CPPP. Although local health jurisdictions are given relatively wide latitude on how to develop a local CPPP in line with the needs and culture of their communities, MHSa programs are required to demonstrate a partnership with local constituents (voters) and stakeholders as it concerns mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and MHSa budget allocations.

The Alameda County MHSa CPPP builds upon data received during previous fiscal year input processes to ensure efforts target the underserved, unserved, underreported, and inadequately served populations. MHSa engages stakeholders in various outreach efforts, education forums, workgroups, and planning panels to ensure the plan is developed with the community in mind. Since 2005, over 2,150 Alameda County residents have contributed to the development of all five MHSa component plans through formalized stakeholder meetings, focus groups and planning councils.

For the FY2022/23 Annual Update to the Three-Year Plan, the CPPP was conducted between October 2021 through January 31, 2022. During this time outreach invitations were sent to more than 340,000 Stakeholders (*see Appendix B-1 CPPP Outreach Plan*). The process was facilitated by multiple leadership groups representing the diversity of consumers, family members, and service providers. Stakeholder leads were provided training on core MHSa elements, policies & procedures, participant expectations, and listening session facilitation. The MHSa Senior Planner provided technical assistance and stipends to MHSa Stakeholder Group peers with lived experience for their participation.

### Community Program Planning Process Planning Committee

The MHSa CPPP Planning Committee (MHSa CPPP-PC) is a short-term workgroup established in February 2020 to steer CPPP activities such as developing an outreach mobilization strategy for three-year planning activities. In addition to the MHSa Stakeholder Group (MHSa-SG), the MHSa CPPP-PC was leveraged as an additional resource to assure continuity of services and administrative transparency for all community outreach efforts, which included: approving marketing plans, coordinating community listening sessions, and approving assessment instruments. The planning committee participated in biweekly meetings, and participated in a total of 10 meetings during the planning period.

**Table 1: MHSa Three-Year Plan CPPP Planning Committee Roster**

| Full Name      | Role/Title  | Affiliation  |
|----------------|---|--|
| Mariana Real   | MHSa Senior Planner/ Trauma Informed Care (TIC) Coordinator | Alameda County Behavioral Health Care Services (ACBH) - MHSa |
| Tracy Hazelton | MHSa Division Director                                      | ACBH - MHSa  |

|                 |   |   |
|-----------------|---|---|
| Mary Hogden     | Manager/ Program Specialist                       | ACBH – Peers Organizing Community Change (POCC)           |
| Asa Kamer       | Healthcare Policy & Communications Advisor        | Alameda County Board of Supervisors (BOS) - District 4    |
| L.D. Louis      | Assistant District Attorney                       | Alameda County Mental Health Advisory Board (MHAB)        |
| Sarah Marxer    | Program Evaluation Specialist                     | Peers Envisioning & Engaging in Recovery Services (PEERS) |
| Cheryl Narvaez  | Prevention Specialist                             | ACBH - MHSA   |
| Carly Rachocki  | Management Analyst                                | ACBH - MHSA   |
| Kelly Robinson  | Prevention & Early Intervention (PEI) Coordinator | ACBH -MHSA  |
| Darryl Stewart  | Senior Constituent Liaison & Organizer            | Alameda County BOS District 4                             |
| Talia Bennett   | Executive Director                                | HHREC   |
| Robert Williams | MHSA Program Manager                              | HHREC   |
| Amy Woloszyn    | Graphic Designer                                  | Amymade Graphic Design                                    |
| Sally Zinman    | Mental Health Advocate                            | POCC - Public Policy Committee                            |

### MHSA Stakeholder Group & Engagement Processes

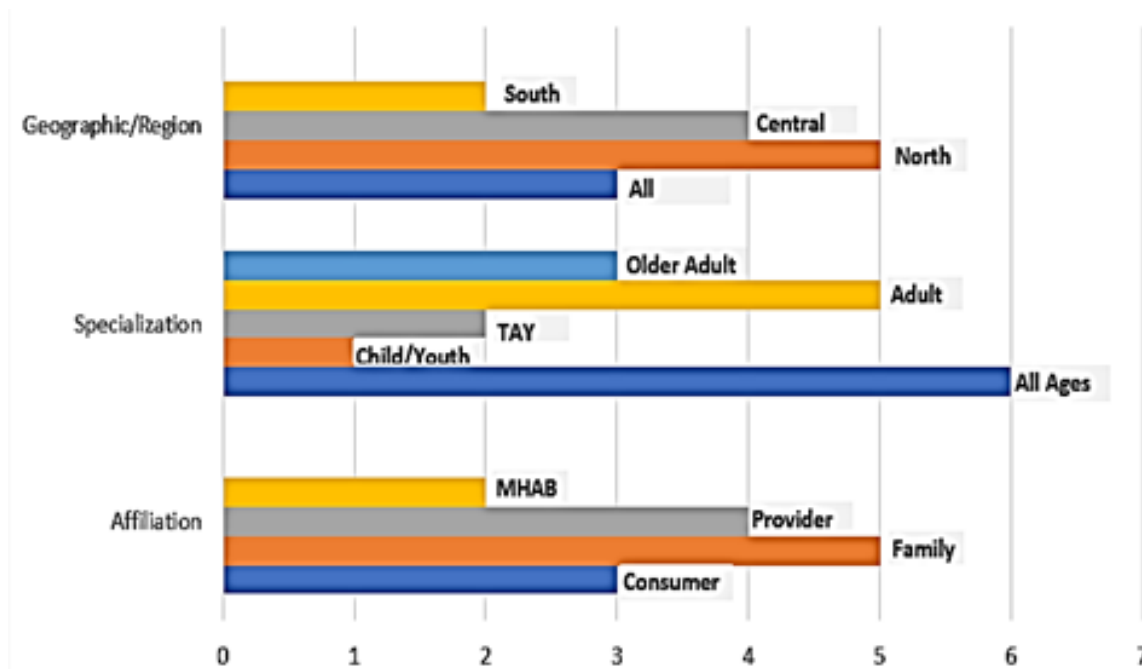
The MHSA Ongoing Planning Council (OPC) was the initial stakeholder body which coordinated the first MHSA planning process, developed the MHSA plans, and reviewed the initial program implementation. In 2010, the OPC transitioned to the [MHSA Stakeholder Group](#) (MHSA-SG). The mission of the MHSA-SG 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. This group of mental health peers with lived experience, family members, providers and other key constituencies from the community review funded strategies and provide input on current and future funding priorities. The functions of the MHSA-SG include:

- Reviewing the effectiveness of funded strategies;
- Recommending current and future funding priorities;
- Consulting with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care, and
- Communicating with relevant mental health constituencies.

The MHSA-SG strives to maintain a focus on the people being service, while working together with openness and mutual respect. The group convenes on a monthly basis, and all meetings are open to the public allowing for significant public comment and discussion (*see Appendix A for the MHSA-SG Meeting Calendar*).

Between FY19/20 and FY21/22, the MHSA-SG experienced a 27% increase in membership, growing from 11 participants to 15 participants (see Table 3). Membership selection is a multi-step process beginning with a Selection Panel consisting of three MHSA-SG members. Between FY19/20 and FY21/22 the MHSA-SG increased representation of underserved/unserved ethnic groups including TAY representatives by 250% percent. The MHSA-SG reviewed programmatic data, participated and coordinated CPPP listening sessions (formerly named focus groups), conducted virtual site visits, provided input on program implementation, and made recommendations for quality improvement.

**Table 2: MHSA-SG Demographics, FY21/22**





**Table 3: Current MHSA Stakeholder Group Roster and Participating ACBH Leadership**

| Full Name           | Seat/Role                                 | Title/Affiliation  |
|---------------------|---|--|
| Annie Bailey        | Provider                                  | City of Fremont Youth & Family Services Division Administrator                               |
| Viveca Bradley      | Peer with lived experience                | Mental Health Advocate   |
| Jeff Caiola         | Peer with lived experience                | Recovery Coach   |
| Lisa Carlisle       | ACBH – Agency Leadership                  | Children’s System of Care Director   |
| Aaron Chapman       | ACBH – Agency Leadership                  | ACBH Medical Director  |
| Margot Dashiell     | Family Member                             | Alameda County Family Coalition, African American Family Support Group                       |
| Lee Davis           | Mental Health Advisory Board (MHAB)       | MHAB Chair   |
| Tracy Hazelton      | ACBH - Agency Leadership                  | MHSA Division Director   |
| Katherine Jones     | ACBH - Agency Leadership                  | Adult System of Care Director  |
| Terri Kennedy       | ACBH- MHSA                                | MHSA Administrative Assistant  |
| Yuan Yuan “Yona” Lo | Provider-TAY Student                      | Ohlone College Student Mental Health Ambassador  |
| L.D. Louis          | MHAB                                      | Vice-Chair, MHAB/ Assistant District Attorney  |
| Sarah Marxer        | Family Member                             | Evaluation and Policy Specialist II, Peers Envisioning and Engaging Recovery Service (PEERS) |
| Imo Momoh           | ACBH - Agency Leadership                  | Deputy Behavioral Health Director/ Plan Administrator  |
| Elaine Peng 彭一玲     | Peer with lived experience/ Family Member | Mental Health Association for Chinese Communities (MHACC)                                    |
| Katy Polony         | Provider                                  | Family Advocate, Abode Services  |
| Mariana Real        | ACBH- MHSA                                | MHSA Senior Planner  |
| Liz Rebensdorf      | Family Member                             | President, National Alliance on Mental Illness (NAMI)- East Bay                              |
| Carissa Samuels     | Provider-TAY Student                      | UC Berkeley Student/ Former Ohlone College Mental Health Ambassador                          |
| Karyn Tribble       | ACBH - Agency Leadership                  | Behavioral Health Director   |
| James Wagner        | ACBH- Agency Leadership                   | Deputy Behavioral Health Director  |
| Mark Walker         | Provider                                  | Associate Director of East Bay Programs, Swords to Plowshares                                |
| Shawn Walker-Smith  | Family Member                             | Business Owner   |

## COVID-19 Impact On Planning Activities

The COVID-19 public health emergency is an urgent threat to extremely vulnerable populations, including people experiencing mental health challenges, homelessness, those living in permanent supportive housing, and mental health providers. COVID-19 produced a variety of challenges to CPPP activities and required an immediate response to address implementation barriers as a result of social distancing regulations and disruptions to programs and services. The MHSAs CPPP-PC identified the following three key implementation challenges and solutions to combat barriers: **Administrative barriers, Resource Disparities, and Community Stressors.**

The MHSAs CPPP-PC focused on reducing public outreach and awareness campaign barriers related to social vulnerability factors such as poverty, lack of access to technology to complete online surveys (e.g. computer, internet); lack of transportation access to provider sites where surveys were proctored, and fragmented communication and messaging. The MHSAs CPPP-PC adapted the MHSAs public outreach campaign, re-launched a [community input website](#) resulting in 1,032 new users and 4,433 page views, coordinated outreach through social media platforms (e.g. Facebook, YouTube), social justice distributions lists and media outlets (e.g. KPIC, KTVU, and KRON), and hosted teleforums where community members were able to provide remote input in three different ways: 1) online [Innovations](#) brainstorming webform, 2) remote focus groups, and 3) online community input surveys which were embedded in electronic palm cards, e-flyers, and proctored by trained volunteers. In the midst of the ongoing COVID-19 epidemic, MHSAs identified key successes related to planning activities, such as:

- **MHSAs Staff Support:** The MHSAs CPPP-PC highlighted the importance of the MHSAs Sr. Planner/MHSAs CPPP-PC chair who remained flexible with diverse members and opinions, identified roles & responsibilities, established boundaries, encouraged engagement, championed and increased visibility of efforts, and reduced duplication of efforts.
- **Macro-level Outreach:** The CPPP outreach strategies expanded to include macro-level strategies such as utilizing paid ads on social media platforms; leveraging online ethnic-oriented news outlets (e.g. Bay Area Reporter), posting PSAs on traditional media outlets (KRON, KPIX, KTVU, Tri Valley Paper, Post News group, East Bay Times, Alameda Contra Costa Medical Association newsletters), and utilizing social justice public relations firms to distribute information to thousands of Alameda County residents.
- **Stakeholder Engagement:** The MHSAs CPPP-PC leveraged the expertise and knowledge of established and engaged MHSAs-SG to coordinate planning and outreach strategies. Trained volunteers and partners exhibited ownership of MHSAs planning activities, provided community canvassing, participated in planning committee meetings, listening sessions, and helped brand outreach activities.

The revised strategy was coordinated in response to COVID-19 barriers and resulted in more than 340,000 Alameda County residents and employees receiving CPPP invitations. In addition, virtual listening session trainings were coordinated for ACBH and community members. *(See Appendix B-1 for MHSAs CPPP Outreach Plan)*

## Community Outreach & Engagement Summary

MHSA CPPP outreach activities launched October 1, 2021 and ended January 31, 2022 (see *Figure 1*). MHSA employed a variety of tactics to engage the public such as hosting community forums for transitional aged youth (TAY), recording educational podcasts with community partners and mental health leaders, and coordinating 18 listening sessions with diverse stakeholders.

### MHSA Community Forums for Young Men of Color:

MHSA and media partner Health Human Resource Education Center (HHREC) coordinated a TAY health forum (60 attendees) on August 18, 2021, which focused on navigating stressful environments, and dealing with the ramifications of the pandemic's impact on TAY mental health. Each forum was facilitated virtually on Zoom and live recordings were publicly posted on YouTube. Subsequent forums focused on the COVID-19 pandemic and its impact on TAY mental health. The recorded events are publicly posted to the HHREC [YouTube page](https://www.youtube.com/channel/UCXL5FVNzGgHSI7YEy4Rc63g/videos) at <https://www.youtube.com/channel/UCXL5FVNzGgHSI7YEy4Rc63g/videos>

### MHSA Podcast Series

MHSA and HHREC designed a series of mental health focused podcasts featuring interviews with local leaders in the field. The first podcast for the CPPP featured an interview from Dr. Karyn Tribble, ACBH Director which garnered 43,838 views. Additional podcasts were released through June 2022 and focused on the following topics: Veterans, the Korean community, Telehealth, racism during COVID-19, vaccine hesitancy in the African American community, and TAY community service specialists. The MHSA podcasts are featured on the [HHREC YouTube page](https://www.youtube.com/channel/UCXL5FVNzGgHSI7YEy4Rc63g/videos) at <https://www.youtube.com/channel/UCXL5FVNzGgHSI7YEy4Rc63g/videos>

### MHSA Innovation Brainstorm

The Innovative (INN) service category launched a webform to solicit feedback on three INN ideas suggested during the previous years' CPPP (see *Appendix B-5*). The proposed INN projects were:

- **Consumer Empowerment Using DBT (Dialectical Behavioral Therapy):** The DBT project will develop an online DBT Peer to Peer training program to train peers with the skills of DBT
- **Peer-Led Continuum of Forensic Services:** The project seeks to support mental health consumers who are justice involved transitioning back into the community.
- **Alternatives to Confinement Continuum of Forensic Services:** A collection of three (3) services that work together and are intended to prevent incarceration and divert individuals from criminal justice system into mental health services

Alameda County stakeholders were asked to prioritize their preference, identify outcomes, and target groups. The launch coincided with the MHSA CPPP and remains active throughout the year. Zero responses were submitted. Current INN projects can be viewed [online](https://acmhsa.org/innovation-community-based-learning/) at <https://acmhsa.org/innovation-community-based-learning/>.

**Figure 1: MHSa Community Input Website** (at <https://acmhsa.org/community-input>): CPPP & 30-Day Public Comment Outreach Period: October 1, 2021 – April 30, 2022

**Mental Health Services Act (MHSa)**  
Alameda County Behavioral Health

WELLNESS • RECOVERY • RESILIENCE

alameda county behavioral health  
MENTAL HEALTH & SUBSTANCE USE SERVICES

Community Services & Supports    Prevention & Early Intervention    Workforce Education & Training    Innovation & Community Learning    Capital Facilities & Technology    Housing Solutions for Health Office

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

**More Information on Listening Sessions and Podcast Dates to Come**

**Watch MHSa 101 webinar: How to Read The MHSa Plan**

**Outreach & Media Toolkit**

- MHSa Community Input FLYER
- Share your Innovative Ideas HERE!
- Press Release
- Sample Public Service Announcements (PSAs)
- Sample Social Media Messages

**MHSa Overview**

- Want to know more about MHSa? Watch this video.
- MHSa 101 PowerPoint (PDF)
- MHSa 101: Fact Sheet (Spanish)
- Profile Sheet: MHSa Community Services & Supports
- Profile Sheet: MHSa Prevention & Early Intervention
- Profile Sheet: MHSa How Well Did We Do?
- Profile Sheet: MHSa Service Team Report (CSS)

**MHSa Listening Session Workbook**  
**MHSa Focus Group Consent** (Spanish)

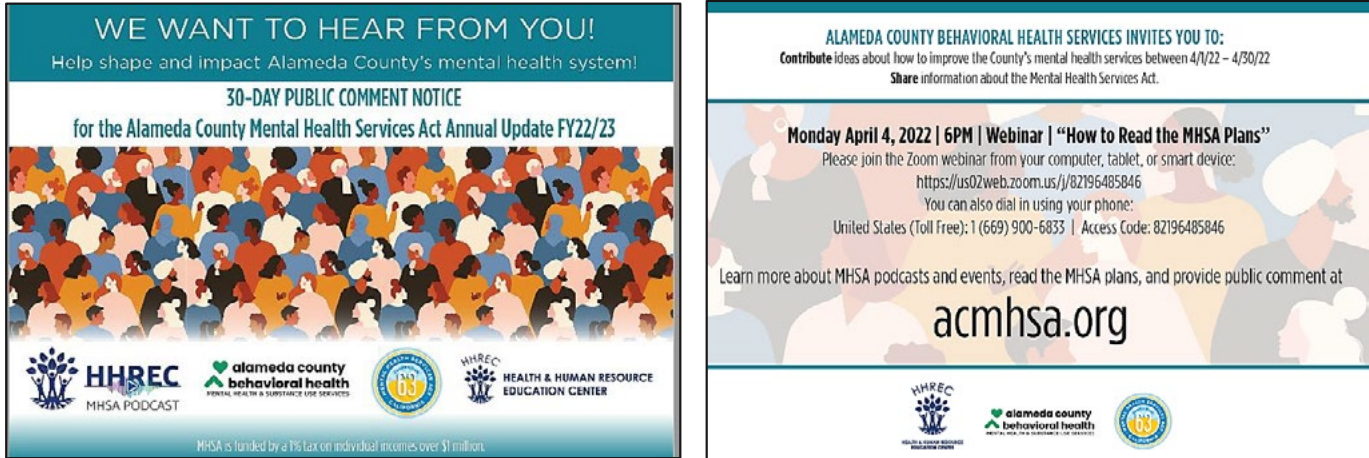
**Click here to preview all Community Participation & Feedback Surveys (PDF)**

**FY 22/23 MHSa Annual Plan Update Draft**

- Read the Plan
- Watch This Webinar (PowerPoint presentation)
- How to Read the MHSa Plan Infographic
- Share Your Comments



**Figure 2: MHSA Community CPPP E-Flyers/Palm Cards (see Appendix B-1 and B-2)**



### “How to Read the Plan” webinar

MHSA facilitated the MHSA 101 webinar: “How to Read the MHSA Plan” on May 4, 2022. The overarching webinar aimed to broaden the public’s ability to understand, synthesize, and apply information provided in MHSA Plans. The virtual webinar was launched on Zoom and attended by 22 participants. The recorded event is available on the HHREC YouTube page and yielded 920 views during the 30-day Public Comment period. The webinar is publicly posted to the MHSA Community Input webpage at <https://acmhsa.org/community-input>. and HHREC [YouTube Page](https://www.youtube.com/channel/UCXL5FVNzGgHSI7YEy4Rc63g/videos) at <https://www.youtube.com/channel/UCXL5FVNzGgHSI7YEy4Rc63g/videos> (see Appendix B-4 “How to Read the MHSA Plan” PowerPoint)

## Community Input Meetings

Eighteen CPPP listening sessions were coordinated by ACBH and community-based organizations. Approximately 307 community stakeholders participated in the FY22/23 MHSa CPPP in which stakeholders provided input on mental health needs, prioritized underserved populations and recommended mental health services (see Table 4).

MHSa developed a revised listening session toolkit consisting of MHSa 101 Fact Sheets, MHSa 101 webinar and infographic, and facilitator workbook (includes a standardized agenda, facilitator guide, and question & answer to record responses). The toolkit is publicly available on the new MHSa Community Input website at <https://acmhsa.org/community-input>. Sixteen ACBH staff and community volunteers participated in remote listening session trainings and facilitated 18 sessions.



Image 1: Tracy Hazelton, MHSa Division Director facilitating virtual CPPP Listening Session with ACBH CBOs providers

During the listening sessions, the MHSa Senior Planner, MHSa Division Director and co-presenters facilitated a MHSa educational overview. Participants provided input on five questions to help identify mental health challenges, prioritize existing services, identify unserved/underserved populations, and recommend future innovative programs and services. Interpreter services were available upon request. The following questions were asked of participants:

- 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 recommending to others?

The intent of a listening session is not to provide services, advice, or solve systems issues; rather, these open avenues create a space for participants to be vulnerable, connect with others within their community, and participate in a facilitated discussion to add more context to issues and provide recommendations from direct sources. Similar to focus groups, facilitators aim to elicit specific narratives regarding stakeholders' experiences and observations of the existing mental health system. **Table 4** (below) summarizes each listening session, identifies the stakeholder group, and quantifies the recommendations and issues presented during the discussion. In this process, a listening session **recommendation** is identified/quantified as a system improvement response provided during the discussion. The number of **issues** were identified based off any narrative regarding an experience or observation of barriers encountered by a stakeholder.

**Table 4: MHSA Community Input Listening Sessions (see Appendix C for complete list of listening session recommendations)**

| MHSA Listening Session                                   | Description / # Participants   | Recommendations  |
|--|--|--|
| TAY Forums for Young Men of Color                        | Themes touched on how to handle a stressful environment as a young person of color. Events occurred on 8/18/21. Subsequent forums focused on COVID pandemic and how it affects TAY mental health.  | All data and videos located ON HHREC YouTube site <a href="#">here</a> |
| Veterans Community Collaborative Courts                  | Collaborative courts involve a partnership with the District Attorney’s Office, judges, defense attorney, Probation, social services, and other allied professionals. The court programs are 12-24 months and provide guided oversight and accountability with offenders. Target audience were veterans held on 10/29/21, 9 participants | ISSUES: 12<br>RECOMMENDATIONS: 12                                      |
| ACBH contracted CBOs                                     | This session was held on 11/3/21, 23 participants  | ISSUES: 13<br>RECOMMENDATIONS: 18                                      |
| Reentry Collaborative Court                              | Collaborative courts involve a partnership with the District Attorney’s Office, judges, defense attorney, Probation, social services, and other allied professionals. The court programs are 12-24 months and provide guided oversight and accountability with offenders. This session was held on 11/16/21, 6 participants              | ISSUES: 16<br>RECOMMENDATIONS: 9                                       |
| PEERS Lift Every Voice and Speak (LEVS)- Speakers Bureau | PEERS LEVS is a speakers bureau providing a forum for members to live, grow, educate, and heal through story telling. held on 11/17/21 with 19 participants.   | ISSUES: 50<br>RECOMMENDATIONS: 31                                      |
| Prevention & Early Intervention (PEI) Providers          | PEI is one of five MHSA components and contracted providers focus on engaging individuals before the development of a mental illness, and/or provide services to intervene early on. This session was held on 11/18/21, 28 participants  | ISSUES: 51<br>RECOMMENDATIONS: 14                                      |

CUMMUNITY INPUT MEETINGS

|  |   |                                   |
|--|---|-----------------------------------|
| Mental Health Services Act Stakeholder Group (MHSA-SG) | 15-member group consists of consumers, family members, and providers from each supervisorial district. The group reviews funded strategies, recommends priorities, and consults with ACBH held on 11/19/21, 11 participants               | ISSUES: 39<br>RECOMMENDATIONS: 10 |
| City of Fremont Mobile Evaluation Team (MET)           | Law enforcement mental health units and/or embedded emergency response programs including crisis intervention teams (CIT), mobile evaluation team (MET), MHSA Community assessment treatment team (CATT). Held on 12/2/21, 8 participants | ISSUES: 42<br>RECOMMENDATIONS: 10 |
| NAMI East Bay  | Held on 12/8/21, with 20 participants   | ISSUES: 35<br>RECOMMENDATIONS: 15 |
| Veterans - Swords to Plowshares                        | Held on 12/10/21 with 7 attendees.  | ISSUES: 18<br>RECOMMENDATIONS: 17 |
| Peers Organizing Community Change (POCC) #1            | 1/5/22, 29 participants<br>1/6/22, 32 participants  | ISSUES: 25<br>RECOMMENDATIONS: 19 |
| PRIDE Coalition  | 1/5/22, 16 participants   | ISSUES: 22<br>RECOMMENDATIONS: 14 |
| Cultural Responsiveness Committee                      | Co-hosted in partnership with the Office of Ethnic Services 1/12/22, 25 participants  | ISSUES: 73<br>RECOMMENDATIONS: 41 |
| African American Communities                           | Co-hosted in partnership with the Office of Ethnic Services African American Steering Committee, 1/13/22, 29 participants   | ISSUES: 44<br>RECOMMENDATIONS: 11 |
| City of Fremont- Older Adult                           | 1/18/22, 8 participants   | ISSUES: 28<br>RECOMMENDATIONS: 14 |
| Family Members   | Office of Family Empowerment, 1/19/22, 9 participants   | ISSUES: 30<br>RECOMMENDATIONS: 19 |
| NAMI Chinese   | Coordinated 1/14/22, 22 participants  | ISSUES: 25<br>RECOMMENDATIONS: 10 |
| Transition Aged Youth (TAY) Forum                      | Target membership reflects transitional aged youth (TAY) ages 18-24. Held on 2/8/22 with 6 participants.  | ISSUES: 31<br>RECOMMENDATIONS: 17 |
| <b>18 completed listening session</b>                  | <b>Total number participants: 307</b>   |                                   |



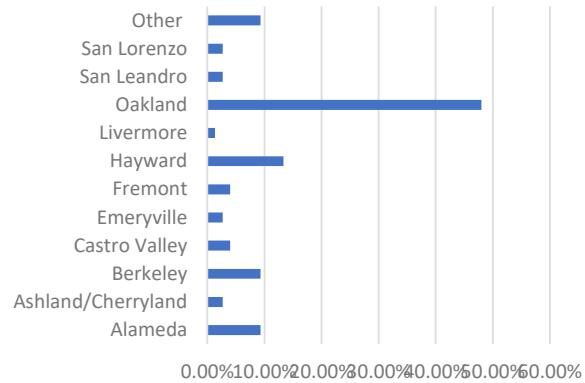
# Summary Of Listening Sessions

The CPPP solicited input from 307 participants participating in eighteen MHSa listening sessions for the FY22/23 Annual Plan Update. MHSa collected demographic data on 197 participants as reflected in the charts below:

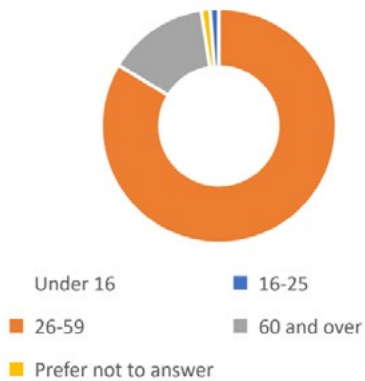
Stakeholder Identity



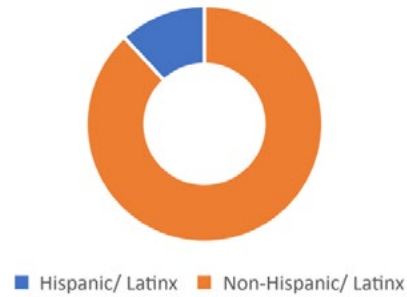
Alameda County City of Residence



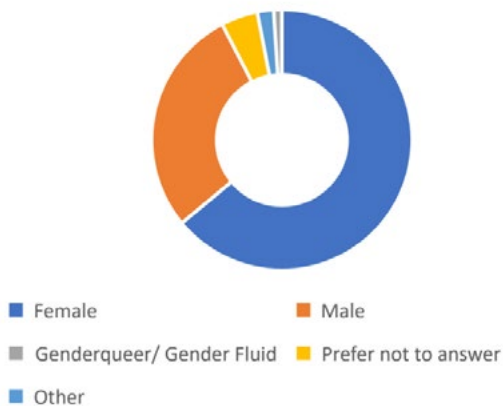
Age Range



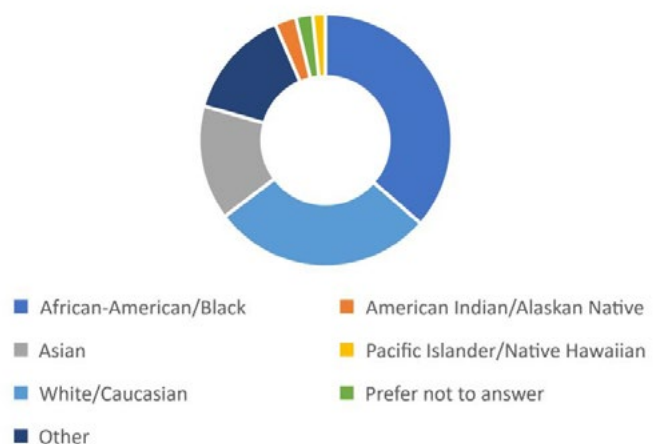
Ethnicity



Gender



Race



Community feedback was gathered through a series of scripted listening sessions facilitated by MHSA, HHREC, and trained co-hosts. The reoccurring themes identified across all listening sessions were:

- More supports and activities for the **LGBTQIA+ community**
- Need for **increased language capacity**, especially for **Asian communities**
- Address **Youth Suicides**
- More **peer support** services
- **Stigma** all around, but particularly in Asian communities
- More services for the **African American** community across the lifespan
- Address **insecure housing and homeless**
- **Navigation** Assistance
- **Isolation**/lack of community/the need for evening & weekend activities
- **Fiscal strategies** to utilize unexpended MHSA funds to increase community workforce and mental health services
- Increased funding for the **crisis and text lines**
- Support for the **African American Wellness Hub**
- Support for **early childhood** programming

The following sub-sections describe the specific community feedback collected during virtual CPPP listening sessions by unique stakeholder groups.

**Veterans Community Collaborative Courts Listening Session**

MHSA cohosted a listening session during a standing Veterans Collaborative Court meeting. The stakeholder group was identified as an underserved group based off survey data from the FY20/23 Three-Year Plan CPPP, and local indicators which identify Alameda County as home to the second highest number of veterans among Bay Area counties. Participants identified homeless/unhoused veterans as the most underserved subpopulation within their community. It was also shared that increased isolation, alcohol use/abuse, and issues with the U.S. Department of Veterans Affairs (VA) were the most pressing concerns. Participants suggested MHSA enhance communication with the collaborative courts, host more veteran community forums, and more training for the VA as a way to enhance local services.

**ACBH contracted CBOs Listening Session**

MHSA facilitated a listening session with ACBH contracted community-based providers/organizations (CBOs) who identified crisis services for youth as the most pressing mental need. Participants reported many barriers for their agencies and peers with lived experience such as the Medi-Cal billing system, and service availability. Workforce needs were a reoccurring theme as providers identified a need to build peer and para-professional pipeline. The stakeholders suggested more workforce incentives for undergraduates and community college students, more culturally congruent services with a workforce that looks and speaks the languages of clients, and increased training. Participants recommended using MHSA WET component funding to develop apprenticeship partnerships with local community colleges.



Image 2: Virtual Listening Session with ACBH CBOs

MHSA cohosted a listening session during a standing Reentry Collaborative Court meeting. The criminal justice system involved stakeholder group was identified as underserved group based off local trend reports. Participants identified the African American, Latinx, and substance user subgroups as the most underserved within their community. Participants suggested MHSA address the reentry process with more pre-release interventions, peers counselors, and homeless services.

### **PEERS Lift Every Voice and Speak (LEVS) Speakers Bureau Listening Session**

MHSA cohosted a listening session with the Peers Envisioning & Engaging in Recovery Services (PEERS) LEVS participants (a MHSA-funded project). Participants identified the African American, older adult/seniors, and autistic populations as groups that should be targeted for programming. Some reported the older adult population as high-risk group due to their overreliance on family members and roommates for basic needs and technology gaps. and substance user subgroups as the most underserved within their community. Participants suggested MHSA address the needs of vulnerable groups with more peer support services, trauma-informed care trainings, and warming centers with resources.

### **Prevention & Early Intervention (PEI) Providers Listening Session**

MHSA facilitated a listening session for PEI providers (a MHSA service category). PEI providers serve the TAY population and underserved ethnic and language groups. Participants identified pressing mental health issues such as police responses to mental health crises, community violence, disconnection, homelessness, and LGBTQIA+ isolation. Groups such as the Hmong community, African seniors, Spanish-speaking communities, and low-income youth were identified as underserved groups. Participants suggested MHSA address cultural groups with peer provider mental health warmlines for African American families, and increased PEI funding for healing circles.

### **MHSA Stakeholder Group Listening Session**

The MHSA Stakeholder Group is a diverse body that meets monthly. The MHSA-SG identified supportive housing and need for sub-acute beds as the most pressing mental health issues. Participants noted many barriers such as communication silos, workforce pay issues, and a need for more peer support specialists.

### **City of Fremont Mobile Evaluation Team (MET) Listening Session**

MHSA facilitated a listening session for the City of Fremont's Mobile Evaluation Team (MET). MHSA recently funded mobile response units through the Innovation service category. Many participants from previous listening sessions identified a need for increased mobile response teams. The stakeholders identified a variety of barriers and mental health issues such as the lack of crisis stabilization services, lack of residential facilitates, a need for more services at schools, and the presence of co-occurring disorders with consumers. Participants suggested a wide range of ideas to better serve the communities such as more senior peer counseling programs, expanding MET teams, anti-stigma campaigns, and expanding LGBTQIA+ services.

### **NAMI East Bay Listening Session**

MHSA cohosted a community engagement meeting with the National Alliance on Mental Illness (NAMI) East Bay Chapter. Stakeholder affiliation is largely comprised of family members of mental health consumers. Participants identified mental health challenges such as a lack of follow-up from institutions, lack of stabilization of consumers prior to release, and a need to focus mental health services on people

of color and the seriously mentally ill population. Participants recommended MHSA funding be used to expand CSS/Full Service Partnerships (FSPs), increase board and care, and provide a 24-hour respite site for specialized diversion programming.

### **Swords to Plowshares Veterans' Listening Session**

MHSA cohosted a veteran listening session with Swords to Plowshare. Participants identified Post-traumatic stress disorder (PTSD) as a major mental health challenge. Participants suggested MHSA dollars be used towards combat to community trainings for providers, employment opportunities for veterans, and supportive housing.

### **PEERS Organizing Community Change (POCC) Listening Sessions #1 & #2**

MHSA cohosted two community engagement meetings with the POCC, an ACBH office comprised of peers with lived experience. The stakeholders identified underserved cultural communities such as Native Americans/indigenous, LGBTQIA+ youth, and victims of trauma. Participants identified transportation, language, technology, and historical trauma as barriers towards accessing mental health services. Participants suggested more mental health advertising in Asian/Pacific Islander (API) communities, older adult housing, and warm lines.

### **PRIDE Listening Session**

MHSA cohosted a LGBTQIA+ community input session in partnership with the Office of Ethnic Services and the PRIDE Coalition. Participants reported issues such as isolation, substance abuse, discomfort entering facilities, and homelessness. Specific recommendations for the LGBTQIA+ community included: Increased culturally responsive training for frontline staff at all MHSA contracted agencies, CCS program funding for this population using existing models developed for other marginalized populations, services for trans women of color (specifically black/African American) and sex workers, and adding LGBTQIA+ service requirements in funding opportunity announcements/Request for Proposals (RFPs).

### **Cultural Responsiveness Committee Listening Session**

MHSA cohosted a community input session in partnership with the Office of Ethnic Services and the Cultural Responsiveness Committee. Participants reported barriers such as mental health stigma, suicide, homelessness, and care coordination concerns. Specific cultural recommendations for future services include: home visits for preschool-age children, more Asian/Pacific Islander behavioral health workers, and more Black and Latinx therapists.

### **African American communities Listening Session**

MHSA and the Office of Ethnic Services co-hosted a listening session targeting African American communities. Participants identified a variety of barriers such as the lack of integrated care facilities, lack of culturally congruent services for African Americans, distrust of the mental health system, stigma, and other structural impediments. Participants requested more outreach to the formerly incarcerated, perinatal population, TAY, and transgender communities. Many participants also emphasized the need for diversity in MHSA funding streams and increased collaboration designing the African American Wellness Hub.

MHSA cohosted a community input meeting with the City of Fremont older adult stakeholder group. The stakeholders identified underserved communities such as the Medicare population and blind. Participants identified mental health barriers such as lack of family support, income, lack of service awareness, and inconsistency with in-home support services (IHSS). Participants identified solutions such as establishing a local 111 mental health hotline as a single source to route seniors to appropriate mental health services.

### **Family Members Listening Session**

MHSA cohosted a community input meeting with the ACBH Office of Family Empowerment targeting family members of peers with lived experience. Specific recommendations for families included: revisiting waiver policies following hospital discharge, adding family support facilitators to program models, and providing confidentiality/HIPAA trainings for providers.

### **NAMI Chinese Listening Session**

MHSA cohosted a community engagement meeting with the National Alliance on Mental Illness (NAMI) Chinese community. Stakeholder affiliation is largely comprised of family members of mental health peers with lived experience. Participants reported familial language barriers, societal discrimination against mentally ill, and workforce and funding shortages. Participants recommended the Chinese community increase advocacy for public help and support for the mentally ill. Additional recommendations were made concerning outpatient clinics and long-term care facilities in Chinatown.

### **Transitional Aged Youth (TAY) Listening Session**

MHSA cohosted a community input meeting with for college-ages youth. The top mental health issues for this age group included housing, finding employment, stress/anxiety, and suicide. Stakeholders identified underserved groups as international students, high school-aged youth, women of color, Black/African American community, and the Latinx community. Participants identified solutions such as revamping social media to promote outreach, workforce diversity, and creating more bridges to link TAY to resources.



## MHSA 30-Day Public Comment Results

The 30-day public comment period for the FY2022/23 MHSA Annual Plan Update and CPPP commenced April 1, 2022 at 12:00AM and ended April 30, 2022 at 11:59PM, and 270 public comments were received. Public comments typically fall into six broad categories: (1) *funding/sustainability*, (2) *quality improvement and assurance*, (3) *innovative ideas/future project proposals*, (4) *public comments submitted in error*, (5) *validation/consensus for plan content*, and (6) *CPPP/Plan Outreach*. The top seven public comments comprised approximately 90% of total responses and addressed categories (1) and (3).

**Table 5: MHSA Public Comment Summary: FY22/23 MHSA Annual Plan Update (see Appendix D)**

| Top 7 Public Comment   | Number Submissions (N=270) | % Total Submissions (n=270) | Available in MHSA Plans, FY22/23 (Programs in planning implementation phases) |
|--|----------------------------|-----------------------------|---|
| 1. EPSDT/CalAIM using CFTN funds to address children’s mental health   | 113                        | 41.85                       |   |
| 2. Workforce Retention & Support through living allowance increase (see <b>Plan Update &amp; Changes &amp; WET</b> sections) | 89                         | 32.96                       | X   |
| 3. CSS funds to increase capacity for Crisis Line, 24/7 text line, and bilingual services                                    | 13                         | 4.81                        | X   |
| 4. African American Male Well-being (Cre8tive Space)   | 9                          | 3.33                        | X   |
| 5. Global Fellowship Training (R-Evolution)  | 9                          | 3.33                        |   |
| 6. African American Wellness hub & Performance Metrics   | 8                          | 2.96                        | X   |
| 7. Perinatal Mental Health (Blue Skies)  | 3                          | 1.11                        | X   |

## Integrating Feedback Into MHSA

The CPPP is an ongoing effort of Alameda County Behavioral Health Care Services Department (ACBH) and the MHSA Division to guide continuous program improvements.

Program ideas are funded by MHSA based on the ongoing available funding in each MHSA component area, and community need which is expressed through a variety of ways including, but not limited to:

- The Community Program Planning Process and Public Comment
- Information gathered through the ongoing MHSA Stakeholder Group
- Needs expressed directly to the Alameda County Health Care Services Agency (HCSA)/ACBH Directors,
- External events such as a surge in a population (such as the Afghan community), increase in justice involved populations, COVID-19, etc.
- Alignment with county, agency and departmental mission, vision, and values
- Organizational structure and service delivery

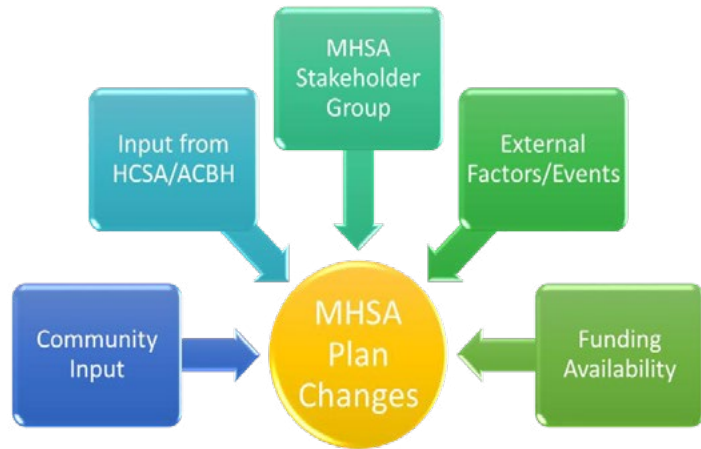


Image 3: MHSA Plan Change Process

As described throughout this report, MHSA engages the community, including mental health service peers with lived experience, their families, service providers, ACBH staff, and other community stakeholders in the development and refinement of all our programs. We aim to involve the community at every level of programming, from program development with consumers and service providers at the time of contracting, to developing program goals and objectives, evaluation metrics, and program improvements.

The County is currently evaluating public input presented during the CPPP and 30-Day Public Comment periods. These discussions have been narrowed to a number of possible activities and are summarized in the Plan Update and Changes section of the FY22/23 MHSA Annual Plan Update which is publicly available at <https://acmhsa.org>. All community need information is shared with the ACBH Leadership and analyzed against the known budget information. After this review, the ACBH Director makes the final decisions on how to move forward with any new or expansion programming.

Alameda County looks forward to working collaboratively with the community to uncover additional recommendations to further strengthen and enhance the mental health system of care.

# MHSA Funding & Community Input Themes

The MSHA Budget for FY22/23 is projected as \$173.5M. Based on community feedback (see *Executive Summary and Community Input Summary*), ACBH incorporated an additional \$22.9M in projected revenue for FY22-23. The following grid outlines the top reoccurring themes from the CPPP and 30-day public comment processes, and outlines how these themes have been integrated or have resulted in planned integration in the [MHSA Annual Plan Update for FY 22/23](https://acmhsa.org) which is available at <https://acmhsa.org>.

During FY22/23, MHSA integrated or earmarked funding with plans to implement **100%** of the top 13 recommendations made through the community program planning process:

**Table 6: Top 13 MHSA CPPP/30-Day Public Comment Themes for MHSA Plan Integration**

| Top CPPP Themes  | Integration in current MHSA Plans, FY20-23 (Recommendations may be in various stages of planning/implementation, may result in program expansion, or new funding)  |
|--|--|
| 1. More supports and activities for the <b>LGBTQIA+ community</b>                        | <ul style="list-style-type: none"> <li>RFP processes to target the LGBTQIA+ community will be in process in future years.</li> </ul>   |
| 2. Need for <b>increased language capacity</b> , especially for <b>Asian communities</b> | <ul style="list-style-type: none"> <li>CSS funds to increase capacity for bilingual services</li> </ul>  |
| 3. Address <b>Youth Suicides</b>   | <ul style="list-style-type: none"> <li>Additional financial supports to multiple PEI programs to reduce isolation and stigma and promote increased health &amp; wellness</li> <li>Increasing Crisis Line/Text Line &amp; Suicide Prevention Education funding</li> <li>Expanded Crisis Support Youth Suicide Prevention &amp; Education Program</li> <li>New mental health urgent care pilot project – East Alameda County</li> <li>Trauma Support Groups for youth in Albany Unified School District</li> </ul> |
| 4. More <b>peer support</b> services   | <ul style="list-style-type: none"> <li>3 new INN proposals for peer support &amp; the justice involved community (forensic INN projects are a planned partnership with the District Attorney’s Office and Law Enforcement)</li> <li>Enhanced relationship with peers through the Peer Specialist certification</li> </ul>  |
| 5. <b>Stigma</b> all around, but particularly in Asian communities                       | <ul style="list-style-type: none"> <li>Additional financial supports to multiple PEI programs to reduce isolation and stigma and promote increased health &amp; wellness</li> <li>Increased funding for the Afghan community</li> </ul>  |
| 6. More services for the <b>African American</b> community across the lifespan           | <ul style="list-style-type: none"> <li>Additional funding allocated towards African American Wellness Hub</li> <li>New African American focused TAY Academic and Career Pathway Pilot Project</li> </ul>   |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>Increased funding for racial ethnic focused communities</li> </ul>  |
| 7. Address <b>insecure housing and homeless</b>  | <ul style="list-style-type: none"> <li>Expanding housing rental subsidies</li> <li>New/expanded partnership with the Office of Homeless Care &amp; Coordination (OHCC)- aligning MHSA funding with the <a href="#">Home Together 2026 Community Plan</a></li> </ul>  |
| 8. <b>Navigation</b> Assistance  | <ul style="list-style-type: none"> <li>Increased National Alliance for Mental Illness (NAMI) Empowerment funding</li> <li>Provider Contract Increases to address navigation assistance</li> <li>Expansion for the Mental Health Association of Alameda County (MHAAC)</li> <li>Transformation of the Service Team Model and continued development of the re-entry treatment teams and expansion of mental health collaborative courts</li> </ul> |
| 9. <b>Isolation</b> /lack of community/the need for evening & weekend activities   | <ul style="list-style-type: none"> <li>Additional financial supports to multiple PEI programs to reduce isolation and stigma and promote increased health &amp; wellness</li> </ul>  |
| 10. <b>Fiscal strategies</b> to utilize unexpended MHSA funds to increase community workforce and mental health services | <ul style="list-style-type: none"> <li>Provider Contract Increases to address workforce crisis</li> <li>Expanding workforce financial incentive programming</li> <li>Asian and Pacific Islander (API) Graduate Student Internship Program</li> <li>Launched Loan Repayment Program</li> </ul>  |
| 11. Increased funding for the <b>crisis and text lines</b>   | <ul style="list-style-type: none"> <li>Increasing Crisis Line/Text Line &amp; Suicide Prevention Education funding</li> </ul>  |
| 12. Support for the <b>African American Wellness Hub</b>   | <ul style="list-style-type: none"> <li>Additional funding allocated towards African American Wellness Hub</li> </ul>   |
| 13. Support for <b>early childhood</b> programming   | <ul style="list-style-type: none"> <li>Early childhood certification program</li> <li>Funding identified to hire an Early Childhood Mental Health Coordinator with ACBH</li> <li>Use of CFTN funds to assist with CalAIM</li> <li>Trauma Support Groups for youth in Albany Unified School District</li> <li>New Pediatric Care Coordination Pilot through the Alameda Health Consortium (AHC)</li> </ul>  |

## Acknowledgements

The Alameda County Behavioral Health Care Services Department Mental Health Services Act Division would like to acknowledge the contributions of departmental staff, affiliates, consultants, and community partners, including, but not limited to:

Alameda County Behavioral Health Care Services Department  
Aymade Graphic Design  
Alameda County Board of Supervisors, District 4  
Bryan Kring Design  
Financial & Contracts Division  
City of Fremont Human Services Department  
Community & Faith-Based Organizations  
District Attorney's Office  
East Bay Agency for Children  
Health Care Services Agency  
Health & Human Resource Education Center (HHREC)  
Human Resources Department  
Mental Health Services Act (MHSA) Division  
Mental Health Board  
MHSA Stakeholder Group  
MHSA Community Program Planning Process Planning Committee  
NAMI East Bay  
NAMI Chinese  
Office of Ethnic Services  
Peers Envisioning & Engaging in Recovery Services (PEERS)  
Peers Organizing Community Change (POCC)  
Public Health Department, Community, Assessment, Planning, and Evaluation (CAPE)  
Swords to Plowshares





**APPENDICES**

## Appendix A. MHSA-SG Meeting Calendar



# MENTAL HEALTH SERVICES ACT (MHSA) STAKEHOLDER GROUP MEETING CALENDAR, 2022 rv3

\*\* This schedule is subject to change. Please view the MHSA [website](#) for calendar updates.

| DATE                | TIME        | LOCATION      | MEETING THEMES   |
|---------------------|-------------|---------------|--|
| January 28, 2022    | 2:00-4:00pm | Go To Meeting | <ul style="list-style-type: none"> <li>• Program Spotlight: Mental Health Peer Coach</li> <li>• Annual Plan Update</li> <li>• MHSA Community Planning Meetings (CPM) Outreach &amp; Focus Group</li> </ul> |
| February 25, 2022   | 2:00-4:00pm | Go To Meeting | <ul style="list-style-type: none"> <li>• MHSA Goal Setting/Finding A Common Link</li> <li>• Program Spotlight: STRIDES</li> <li>• Review Operating Guidelines</li> </ul>                                   |
| March 25, 2022      | 2:00-4:00pm | GoToMeeting   | <ul style="list-style-type: none"> <li>• Presentation: ACT Fidelity</li> </ul>   |
| April 22, 2022      | 2:00-4:00pm | Go To Meeting | <ul style="list-style-type: none"> <li>• CPPP/INN recommendations</li> <li>• Program Spotlight: INN Proposals (Project Indigo)</li> </ul>  |
| May 27, 2022        | 2:00-4:00pm | GoToMeeting   | <ul style="list-style-type: none"> <li>• MHSA Plan Public Comment/Public Hearing</li> <li>• Quarterly Program Data Review</li> <li>• Program Spotlight: OESD 33/Deaf Community</li> </ul>                  |
| June 24, 2022       | 2:00-4:00pm | Go To Meeting | <ul style="list-style-type: none"> <li>• Compliance- HIPAA for family members</li> </ul>   |
| July 22, 2022       | 2:00-4:00pm | Go To Meeting | <ul style="list-style-type: none"> <li>• Leg Review: AB2022</li> </ul>   |
| August 26, 2022     |             |               | <ul style="list-style-type: none"> <li>• Program Spotlight: Deaf &amp; Hard of Hearing</li> </ul>  |
| September 23, 2022  | 2:00-4:00pm | Go To Meeting | <ul style="list-style-type: none"> <li>• Program Spotlight: Annual Plan Review &amp; CPPP Data</li> </ul>  |
| October 28, 2022    | 2:00-4:00pm | Go To Meeting | <ul style="list-style-type: none"> <li>• Leg Information: LPS/Conservatorship</li> </ul>   |
| November 18, 2022** | 2:00-4:00pm | Go To Meeting | <ul style="list-style-type: none"> <li>• Presentation: Supportive Housing</li> </ul>   |
| December 16, 2022** |             |               | <ul style="list-style-type: none"> <li>• Program Spotlight/Presentation:</li> <li>• MHSA Policy &amp; Legislation Review</li> <li>• End of Year Celebration/Retreat</li> </ul>                             |
|                     |             |               | <ul style="list-style-type: none"> <li>• Interview Qs</li> </ul>   |

# Appendix B. Outreach & Engagement Materials



## MHSA Community Input/Public Comment Outreach & Marketing Plan

(Updated: May 19, 2022)

**Our vision**  
**Our mission**

Expand and transform the mental health system while improving the quality of life for people living with mental health challenges. Fund effective treatment, prevention, and early intervention, outreach support services, and family involvement programs to increase access and reduce inequities for underserved, underserved, and inappropriately served populations

| ACTIVITY  | OBJECTIVE   | DELIVERABLE  | METRIC   | COST | OUTCOME   |
|---|---|--|--|------|---|
| <b>GOAL 1: Maintain administrative transparency to carry out plan objectives in order to deliver quality services to target population(s)</b> |   |  |  |      |   |
| MHSA CPPP Outreach & Marketing Plan   | Create an outreach & marketing plan with visual diagram to guide planning efforts.                        | 1. Develop an outreach and marketing plan which includes: outreach goals, strategies, metrics, and outcomes.   | <ul style="list-style-type: none"> <li>Approved outreach/marketing plan</li> </ul>   |      | <ul style="list-style-type: none"> <li>Directors letter to BOS on 4/21/20</li> <li>HCSA Sent to T.H 4/21/20</li> <li>Sent to HCSA: 5/2020</li> <li>Sent to BOS 4: 5/2020</li> <li>Convened <b>10</b> meetings (initiated 10/1/21 – 1/31/22)</li> <li>SM consisted of <b>14</b> MHSA Stakeholders and HRHEC</li> </ul> |
| Convene Steering Committee Meetings   | Host biweekly Steering Committee Meetings consisting of a cross-section of experts and community liaisons | 1. Convene & facilitate biweekly steering committee meetings comprised of ACBH staff, consumers, and family members  | <ul style="list-style-type: none"> <li>Steering committee roster and composition</li> <li># meetings held</li> </ul>   |      |   |
| MHSA Community Participation & feedback Survey <i>(hyperlinked in flyer/palm card)</i>  | Reach 500 respondents by May 30, 2023.  | 1. Develop & translate approved CPPP SurveyMonkey<br>2. Embed on the MHSA webpage<br>3. Embed link on flyer<br>4. Track response rates weekly<br>5. Establish remote kiosks at human service sites | <ul style="list-style-type: none"> <li># unduplicated survey completion/each language</li> </ul>   |      | <b>Not applicable to FY22/23 Annual Plan Update</b>   |
| 3-Year Plan/Annual Updates  | Reach 1.2M ALCO residents with information about MHSA/Prop 63   | 1. Develop Plan<br>2. Secure approval<br>3. Post to MHSA website   | <ul style="list-style-type: none"> <li>Approved MHSA Plan</li> <li># residents reached</li> <li>#<a href="#">website hits</a>/pageviews/downloads</li> </ul> |      | <ul style="list-style-type: none"> <li>MHSA Plan approval date subject to BOS Health Committee Review 6/13/22</li> </ul>  |

Alameda County Behavioral Health, Mental Health Services Act (MHSA) Division  
MHSA CPPP/Public Comment Outreach & Marketing Plan

Created by Mariana Real, MPH, MCHES  
Creation Date: April 21, 2020



# MHSA Community Input/Public Comment Outreach & Marketing Plan

(Updated: May 19, 2022)



|  |  |   |  |  |
|--|--|---|--|--|
| <p>programs/services within 5 months of CPPP activities</p>                              |  |   |  | <ul style="list-style-type: none"> <li>ACMHS Website hits: (4/1/22 – 4/30/22): <b>1,032 users (82% new users) and 4,433 page views</b></li> <li># residents reached via outreach: <b>at least 340,000</b></li> </ul>   |
| <p><b>GOAL 2: Promote broad-level/regional awareness to Alameda County residents</b></p> |  |   |  |  |
| <p>Community Input Website</p>   | <p>Centralize community input information and community feedback survey.</p>   | <p>1. Build a Community Input website to host the following:<br/>Flyer, surveys, PPT video, MHSA FACT Sheets, press/media toolkit, Innovations idea web form</p>  | <ul style="list-style-type: none"> <li># calls to HHREC/POCC Hotline via website</li> <li># completed Innovations Idea forms</li> </ul>  | <ul style="list-style-type: none"> <li>New Community Input page, INN idea form, and Pop up message live <b>4/1/22</b></li> <li>HHREC/POCC hotline calls: <b>0</b></li> <li>INN forms received: <b>0</b></li> </ul>   |
| <p>Conduct Macro-level community outreach via Media/Public Relations efforts</p>         | <p>Promote regional awareness of local MHSA efforts</p>  | <p>1. Develop &amp; deliver approved Press Release, MEMOs, social media toolkit which includes a publishing schedule and topics to drive traffic to the MHSA website by April 30, 2022.<br/>2. Send press release package to media outlets and post on MHSA CIP website</p> | <ul style="list-style-type: none"> <li># media outlets receiving press release &amp; social media kit: <b>KCCEB, Donna White Carey, KPIX, KTVU, KRON, Tri Valley Paper, Post News Group (El Mundo paper &amp; Oakland Post), East Bay Times, east Bay Express, Alameda Contra Costa Medical Assoc. Newsletter, Bay Areas Reporter-BAR, City of Oakland cultural Arts,</b></li> </ul> | <ul style="list-style-type: none"> <li>Start date: <b>4/1/22</b></li> <li>Subscribers HCSA newsletter: <b>9,000</b></li> <li>Media Outlets Contacted: <b>9</b></li> <li>PSAs: <b>1 (HHREC YouTube)</b></li> <li>Podcasts/Interviews Completed: <b>1; 43,838 views</b></li> </ul> |
|  | <ul style="list-style-type: none"> <li>KCCEB (3/15/22): 3,000-5,000 subscribers</li> <li>Dr. Donna White Care (3/16/22): 100-300 views</li> <li>+1,000 church association + 20 medical associated CBO</li> <li>Easy Bay Express</li> </ul> |   |  |  |

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# MHSA Community Input/Public Comment Outreach & Marketing Plan

(Updated: May 19, 2022)



|   |  |   |  |   |   |
|---|--|---|--|---|---|
| <p><b>Social Engagement/Paid Advertisements</b></p> | <p>Reach 7,500 in Alameda County through paid advertisements and targeted outreach</p> | <ol style="list-style-type: none"> <li>1. Subcontract with PR Firm through HHREC                             <ul style="list-style-type: none"> <li>o LaNiece Jones Media PR firm sends E-Blasts</li> </ul> </li> <li>2. HHREC develops podcasts</li> <li>3. HHREC pay for Facebook advertisements (Send in Blue) and paid aids in</li> </ol> | <p>Native American Health Center, Asian</p> <ul style="list-style-type: none"> <li>• # PSAs completed by ACBH staff: 0</li> <li>• # interviews completed by ACBH staff: 0</li> </ul> | <p>(3/28/22): 49,799 e-readers &amp; 35,000 newspaper readers</p> <ul style="list-style-type: none"> <li>• Bay Area News Group (11 outlets): 70,000 e-readers</li> <li>• El Mundo (3/23/22): 4,500 newspaper readers</li> <li>• Oakland Post (3/25/22): 55,000 newspaper readers</li> </ul> | <ul style="list-style-type: none"> <li>• HCSA/ACBH social media posts via Hootsweets: <b>multiple</b></li> <li>• # HHREC Social media PR Blasts: <b>multiple</b> (initiated on 4/1/22)</li> <li>• # HHREC Google Ads (initiated on 4/1/22)</li> </ul> |
|---|--|---|--|---|---|

Alameda County Behavioral Health, Mental Health Services Act (MHSA) Division  
 MHSA CPPP/Public Comment Outreach & Marketing Plan

Created by Mariana Real, MPH, MCHES  
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# MHSA Community Input/Public Comment Outreach & Marketing Plan

(Updated: May 19, 2022)



|   |  |   |   |  |
|---|--|---|---|--|
| <p>County intranet/<br/>internet, List Servs,<br/>and Newsletters</p> | <p>Reach Alameda<br/>County system of<br/>care providers<br/>through Countywide<br/>distribution lists,<br/>intranet/internet<br/>websites</p> | <p>online newspapers (e.g.<br/>Oakland Post)<br/>4. ACBH Hootsweets app<br/>(social platforms)<br/>5. Utilize YouTube as a<br/>platform</p> <ol style="list-style-type: none"> <li>1. Develop event<br/>Memorandums, flyers</li> <li>2. Send messaging to<br/>County distribution lists<br/>to include: <b>HCSA</b><br/><b>Webmaster</b> ; ACBH<br/><i>webmaster, Trauma</i><br/><i>Informed Care, MHSA,</i><br/><i>Re-entry/ AB109, Board</i><br/><i>of Supervisors</i><br/><i>(NextDoor-80,000K)</i></li> <li>3. Post content through<br/><b>Alameda County CAO</b><br/>lists, HCSA intranet<br/>page, DA, BOS/ CAO/<br/>Court/ MHSA/ INN<br/>distribution lists &amp;<br/>MHSA-SG lists (NAMII,<br/>Swords to Plowshares)</li> </ol> | <ul style="list-style-type: none"> <li>• Complete register of<br/>distribution lists:</li> <li>• Listservs: LANI/CE JONES<br/>Listserv (7,500); POCC<br/>(1,600); Jennifer Link (250);<br/>MHAB (xx); ACBH<br/>Webmaster (weekly : 550-<br/>1600); MHSA Staff (11);<br/>MHSA-SH (18); MHSA<br/>CPPP_SM (13); ACBH<br/>Finance//Contracts (9);<br/>EBAC (2- XX); ACBH<br/>Leadership (11); Crisis<br/>Providers (XX); PEI (XX);<br/>TAY/TAY prevention (2014);<br/>PEERS (2,500); POCC-Policy<br/>(CC); District Attorney (XX);<br/>ACPD AB 109 RE-entry<br/>Listserv (CC); RHP 1400<br/>(806); BOS 4 (8,000-<br/>800,000); HER; ACBH<br/>System of Car-, TAY ( 4<br/>listservs); Colleges, Foster<br/>Care Collab, HCSA Dept<br/>Heads (XX); City of Oakland</li> </ul> | <ul style="list-style-type: none"> <li>○ Webmaster emails<br/>sent weekly beginning<br/><b>3/30/22: 950</b><br/><b>recipients</b></li> <li>○ Webmaster notices:<br/><b>1,000+</b></li> </ul> |
|---|--|---|---|--|

# MHSA Community Input/Public Comment Outreach & Marketing Plan

(Updated: May 19, 2022)



|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <p><b>Convene Listening Sessions (LS)</b></p>   | <p>Identify, recruit, host 10 community listening sessions by January 31, 2022.</p> | <ol style="list-style-type: none"> <li>1. Develop LS materials</li> <li>2. Coordinate LS Facilitator Training</li> <li>3. Develop LS tip sheet and Questionnaire</li> <li>4. Host 10 LS and target: ACBH Leadership, MHSA-SG, MHAB, AA/Faith-Based, Latinx, UELP/ API/ immigrant/</li> </ol> | <ul style="list-style-type: none"> <li>• # LS Trainings</li> <li>• # and name of participating agencies</li> <li>• # focus groups</li> <li>• # participants per agency</li> <li>• # consents received</li> <li>• # completed (paper only):                             <ul style="list-style-type: none"> <li>○ MHSA/MHAB: 1</li> <li>○ POCC Volunteers</li> <li>○ HHREC</li> </ul> </li> </ul> | <p>Culture Funding; A Touch of Life/ACBH CBL trainer; Conscious Voices/ACBH CBL Trainer; ACBH CBL Trainer; NIA Collective- Lesbians of African Descent; City of Refugee- UCCACBH CBL Trainer; Native American Health Center; St. Mary's Senior Advocates for Hope and Justice; City of Fremont- Aging &amp; Family Services Division; HHREC; Bay rea Chapter of the Association of Black Psychologists; AECreative Consulting Partners; Nurse with Doctors without Borders; Political Community Activist NPHC</p> |  |
| <p><b>GOAL 3: Target and motivate the historically underserved and unserved communities/populations to participate in MHSA-funded activities</b></p>  |   |  |   |   |  |
| <ul style="list-style-type: none"> <li>• Focus Group Toolkit posted: <b>5/2020</b></li> <li>• # Trainings: <b>6</b> <ul style="list-style-type: none"> <li>○ MHSA (5/11/20): 3</li> <li>○ SM meeting (5/20/20): XX</li> <li>○ PEERS (5/12/20): 2</li> </ul> </li> </ul> |   |  |   |   |  |

Alameda County Behavioral Health, Mental Health Services Act (MHSA) Division  
MHSA CPPP/Public Comment Outreach & Marketing Plan

Created by Mariana Real, MPH, MCHES  
Creation Date: April 21, 2020



# MHSA Community Input/Public Comment Outreach & Marketing Plan

(Updated: May 19, 2022)



|                                 |   |  |   |  |
|---------------------------------|---|--|---|--|
| <p>System of Care/Providers</p> | <p>Educate providers on MHSA efforts and utilize providers to facilitate information to consumers and their families</p>  | <p>refugee, Children/TAY, Adult, LGBTQQ+, VA, Reentry)</p> | <ul style="list-style-type: none"> <li>o BOS 4</li> </ul>   | <ul style="list-style-type: none"> <li>o All MHAB (5/16/20): XX</li> <li>o MHAB Children (5/XX/20): 2</li> <li>o POCC (5/26/20): 7</li> <li>• # Listening Sessions/ attendees: <b>18 FG/ 307+</b></li> <li>• <b>ACBH-HHREC E-blast: 250 providers</b></li> </ul> |
|                                 |   |  | <ul style="list-style-type: none"> <li>• # attendees (roster)</li> <li>• # meetings presented</li> <li>• # clinicians (55,817)</li> </ul> |  |
|                                 | <p>1. Issue MHSA-CPMP Memo to ACBH System of Care providers via webmaster blast</p> <p>2. Participate in ALCO system of care meeting to include: POCC, FSP, Adult, and Children SoC, Crisis Providers, PEI</p> <p>3. Augment electronic health records and proprietary case management systems/software (e.g. EPIC, CalWIN, ETO, Persimmony) to provide information/proctor surveys</p> <p>4. Contact CA Dept. of Consumer Affairs, procure Provider List &amp; send CPPP flyer via PS Print:</p> |  |   |  |



# MHSA Community Input/Public Comment Outreach & Marketing Plan

(Updated: May 19, 2022)

|  |   |  |   |  |  |
|--|---|--|---|--|--|
|  |   | <ul style="list-style-type: none"> <li>o Behavioral Science: 6,890</li> <li>o Psychology: 1,641</li> <li>o RNs: 26,734</li> <li>o LVN Psytech: 13,868</li> <li>o MedBoard: 6,684</li> </ul> <p>5. (Medical Board of California and Board of Registered nurses)</p> |   |  |  |
| <p>Phone Banks/Roto Calls</p>  | <p>Utilize consumer and family member word of mouth to promote awareness</p>  | <p>1. Recruit &amp; train POCC members as call center volunteers</p> <p>2. Proctor consents/assents and surveys to respondents</p>   | <ul style="list-style-type: none"> <li>• # unduplicated calls to center</li> <li>• # surveys completed with consent/assent forms</li> </ul>   |  |  |
| <p>Incentivized Street Outreach</p>  | <p>Conduct street outreach activities to target transient community</p>   | <p>1. POCC, Abode IHOT, HCH mobile units conduct community canvassing to proctor surveys to homeless pop.</p>  | <ul style="list-style-type: none"> <li>• # contacts per outreach worker</li> <li>• # complete surveys</li> <li>• #/Cost of incentives distributed</li> </ul>  |  |  |
| <p><b>GOAL 4: Educate community on the benefits of MHSA -funded activities to increase demand for services and build capacity through partnerships</b></p> |   |  |   |  |  |
| <p>Community Planning Meetings</p>   | <p>Convene Community Planning Meetings in each supervisorial district of the county to share information annually</p> | <p>1. Host 5, two-hour meetings with POCC in each Alameda county supervisorial district</p> <p>Identify satisfied MHSA-SG members to share story on MSHA website and CPM events</p>  | <ul style="list-style-type: none"> <li>• # registrants</li> <li>• # attendees at event</li> <li>• # surveys completed (paper-based)</li> <li>• CPM Satisfaction rate</li> <li>• #/cost of distributed incentivizes</li> </ul> |  | <ul style="list-style-type: none"> <li>• Community Forums for Young Men of Color: <b>60 attendees</b></li> </ul> |



# MHSA Community Input/Public Comment Outreach & Marketing Plan

(Updated: May 19, 2022)

|                         |  |  |   |   |
|-------------------------|--|--|---|---|
| <p>MHSA 101 Toolkit</p> | <p>Develop educational toolkit for community members, providers, and consumers</p> | <p>(COVID-19 alt. online YouTube)</p> <p>1. Develop/Post educational PowerPoint, MHSA FAQ, MHSA Unit Profile Sheets, and INN web form to MHSA website.</p> | <ul style="list-style-type: none"> <li>• # materials distributed to providers</li> <li>• # materials distributed at CPMs (# LS participants)</li> </ul> | <ul style="list-style-type: none"> <li>○ See # LS participants</li> <li>○ # INN forms: 0 web forms submitted</li> </ul> |
|-------------------------|--|--|---|---|

Alameda County Behavioral Health, Mental Health Services Act (MHSA) Division  
 MHSA CPPP/Public Comment Outreach & Marketing Plan

Created by Mariana Real, MPH, MCHES  
 Creation Date: April 21, 2020



## Appendix B-2 CPPP Outreach Flyer

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

**COMMUNITY PROGRAM PLANNING PROCESS & 30-DAY PUBLIC COMMENT NOTICE**  
 for the Alameda County Mental Health Services Act Annual Update FY22/23











MHSa is funded by a 1% tax on individual incomes over \$1 million.

**ALAMEDA COUNTY BEHAVIORAL HEALTH SERVICES INVITES YOU TO:**  
**Contribute** ideas about how to improve the County's mental health services between 10/1/21 - 1/31/22  
**Share** information about the Mental Health Services Act.

Learn more about MHSa podcasts and events,  
 read the MHSa plans, and provide public comment at


**acmhsa.org**








## Appendix B-3 30-Day Public Comment Flyer

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

**30-DAY PUBLIC COMMENT NOTICE**  
 for the Alameda County Mental Health Services Act Annual Update FY22/23








MHSa is funded by a 1% tax on individual incomes over \$1 million.

**ALAMEDA COUNTY BEHAVIORAL HEALTH SERVICES INVITES YOU TO:**  
**Contribute** ideas about how to improve the County's mental health services between 4/1/22 - 4/30/22  
**Share** information about the Mental Health Services Act.

**Monday April 4, 2022 | 6PM | Webinar | "How to Read the MHSa Plans"**  
 Please join the Zoom webinar from your computer, tablet, or smart device:  
<https://us02web.zoom.us/j/82196485846>  
 You can also dial in using your phone:  
 United States (Toll Free): 1 (669) 900-6833 | Access Code: 82196485846

Learn more about MHSa podcasts and events, read the MHSa plans, and provide public comment at

**acmhsa.org**

# Appendix B-4 “How to Read the MHSA Plan” PPT & Infographic



## Mental Health Services Act How to Read the Plan MHSA Plan Update FY 22/23

Presented by:

Mariana Real, MPH, MCHES | MHSA Sr. Planner, Alameda County Behavioral Health Care Services  
Health & Human Resource Education Center | MHSA Community Planning & Media Partner

### MHSA Webinar Highlights

#### Objectives

- Define Mental Health Services Act (MHSA)
- Identify 1 public website where the MHSA Plan is located
- Identify where to locate services for specific groups
- Identify 2 ways to provide public input



WELCOME



OVERVIEW

- Funding
- Plan Location



PLAN SECTIONS

- Programs
- Public Comment



QUESTION & ANSWER



## Community Agreements

- *Microphones have been muted to reduce background noise*
- *Use the Q&A module on the toolbar to ask a question*
- *Pause/Breathe: We have a variety of people participating using different communication methods (phone, webcam, etc.) we might take time to pause throughout the presentation to address comments/questions*
- *Have fun and learn*



## Glossary of Terms & Acronyms

- ACBH: The county Mental Health Plan that administers MHSA locally
- CBO: Community-based organization/agency
- CJI: Criminal justice involvement
- CPPP: Community Program Planning Process. Required by the state involving stakeholder input on MHSA funds/ services
- Encumbered: Money set aside for planned/obligated services
- Expenditure: To spend money/funds
- Fiscal Year: Financial year/budget year used in local government accounting. Begins July 1 through June 30
- MHSA: Proposition 63 known as the Mental Health Services Act (MHSA)
- Plan: ACBH is required to prepare and submit a Three-Year Program & Expenditure Plan (Plan)
- RFP: Request for Proposal, used to procure/"get" a new good or service
- SMI: Serious Mental Illness
- Update: The Three-Year Plan is updated annually and called the Annual Update or Update.
- WIC: MHSA regulations located in the California Welfare & Institutions Code (W&I Code) Section 5847(a) &



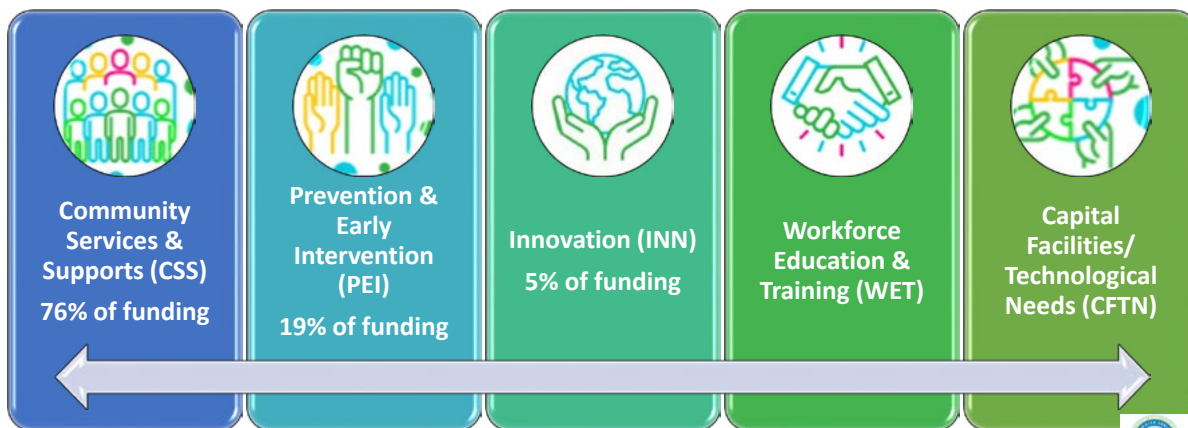
## Mental Health Services Act (MHSA)

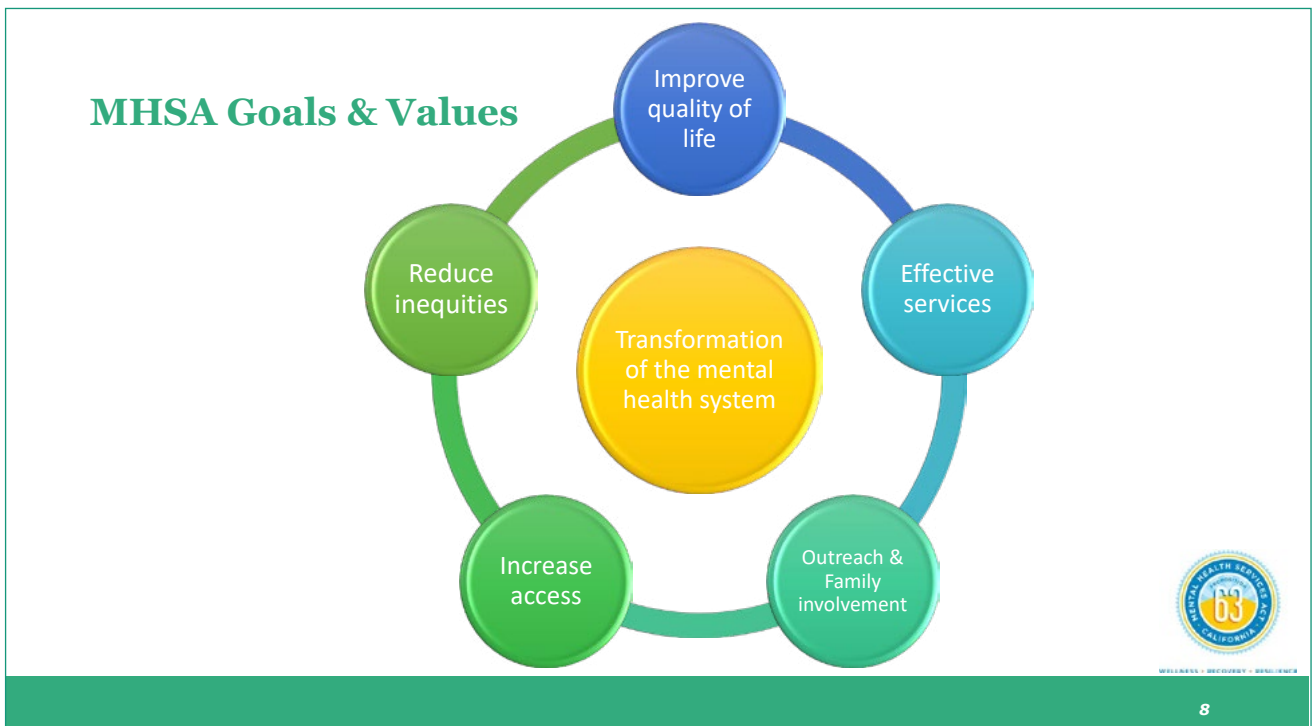
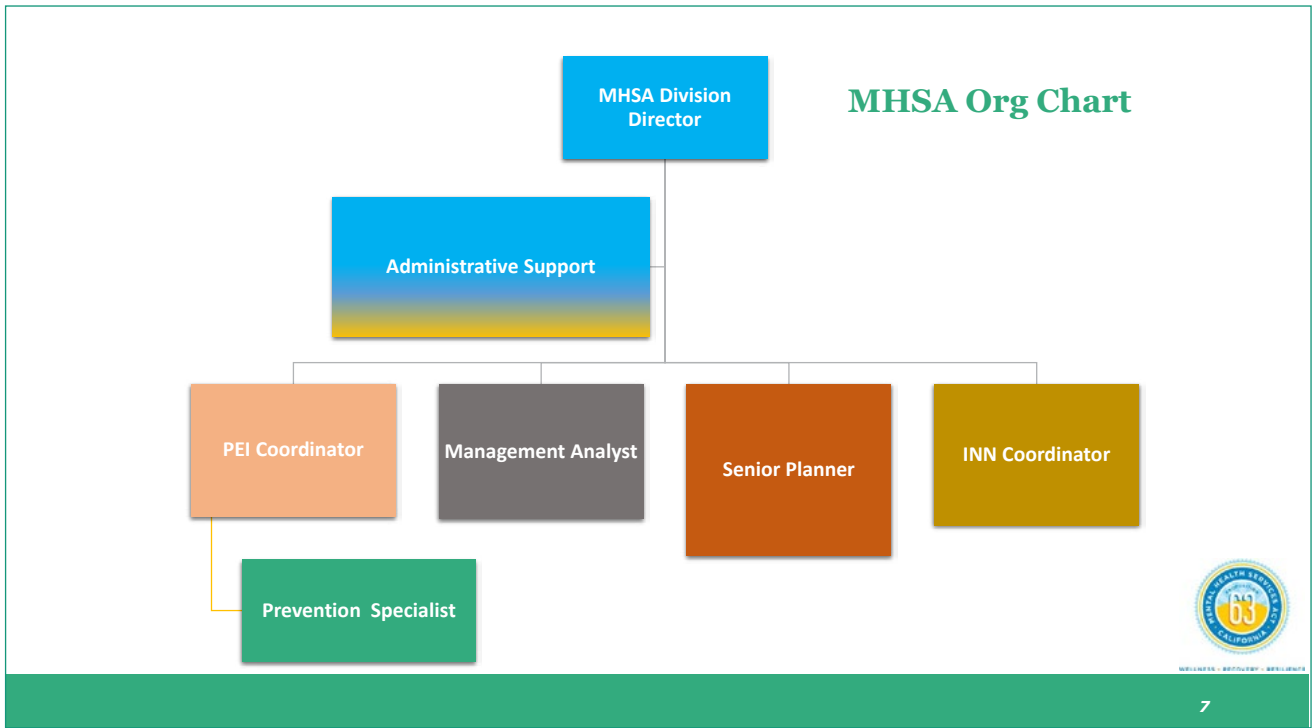


- In 2004, California voters passed Proposition 63, known as the Mental Health Services Act.
- Funded by 1% tax on any personal incomes over \$1 million.
- Unique to California
- Administered by the Alameda County Behavioral Health Care Services (ACBH) Department



## MHSA Component Areas







### 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
- Services must be in a voluntary setting, meaning MHSA funds can not be used to provide services in the jail or a locked facility.
- Non-supplantation: MHSA may not replace existing program funding or be used for non-mental health programs.

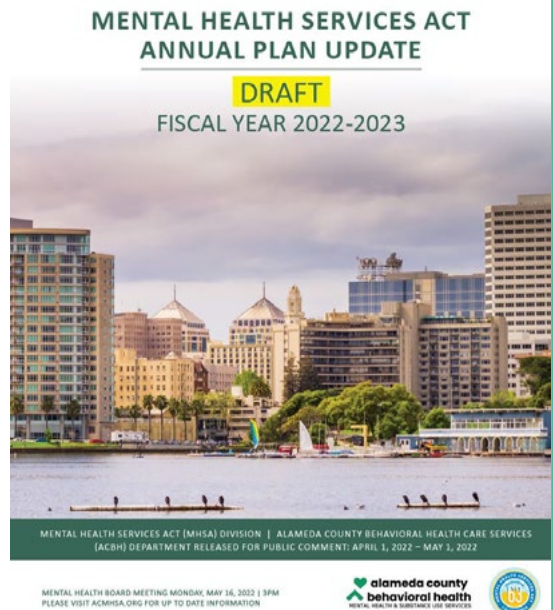


# What IS the MHSA Plan?

## MHSA: What is the MHSA Plan?

County Mental Health Plans (ACBH) are required to prepare and submit a Three-Year Program & Expenditure Plan (**Plan**) which shall be:

- Updated at least annually (**Update**)
- Collaboration with constituents & stakeholders
- Approved by the County Board of Supervisors
- Submitted to the California Department of Health Care Services (DHCS) after review and comment by the Mental Health Services Oversight and Accountability Commission (MHSOAC).



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## 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 MHSA programs and expenditures.

- Alameda County's Three Year Plan: FY 20/21-22/23
- FY 22/23 is the final 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: April 1, 2022-April 30, 2022
- MH Board Hearing: May 16, 2022

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: June 13, 2022
- Full BOS
- For INN projects MHSOAC Approval

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# Where is the MHSA Plan located?


Plan location on MHSA Website [ACMHSA.org](https://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 Powered by Translate Home Find Support Get Involved MHSA Info Contact

 **Mental Health Services Act (MHSA)**  
Alameda County Behavioral Health Care Services

WELLNESS • RECOVERY • RESILIENCE

 **alameda county behavioral health**  
MENTAL HEALTH & SUBSTANCE USE SERVICES

Community Services & Supports    Prevention & Early Intervention    Workforce Education & Training    Innovation & Community Learning    Capital Facilities & Technology

## MHSA: How to Navigate Report

The Plan is grouped into **THREE** sections:

1

**BACKGROUND** | *Table of Contents, MHSA Overview, Letter from the Director, Summary of what the plan contains and new updates from the previous year, and background on Alameda County and community needs*

2

**MHSA COMPONENTS & PROGRAMS & SERVICES** | *Contains every funded program, project or service in Alameda County, including information about the service and how well they serve the community*

3

**APPENDICES** | *Additional information such as reports, outreach samples, data from community input*



## Section 1 : Tips

Use the **Table of Contents** to find what you're looking for.

### MENTAL HEALTH SERVICES ACT FY22-23 ANNUAL PLAN UPDATE Table of Contents

|   |    |
|---|----|
| Message from the Director .....                     | 7  |
| ACBH Mission & MHSA Guiding Principles .....        | 8  |
| Executive Summary .....                             | 11 |
| Plan Update from FY 21-22 .....                     | 15 |
| MHSA Funding Summary.....                           | 21 |
| Alameda County Profile.....                         | 27 |
| MHSA Community Program Planning Process (CPPP)..... | 37 |
| MHSA Community Input & Public Comment Results ..... | 43 |

✓ **Contains Adobe PDF page numbers**

✓ **Identifies every MHSA funded program by component**

✓ **Hyperlinked:** Click on different sections to skip the rest



## Section 1: Executive Summary

(Our personal favorite!)

- Cheat sheet summarizing the Plan in 4 pages.
- High-level overview of MHSA, available money for programs, outlines problems/ trends in Alameda County, top issues as reported by the community, and new solutions (aka "programs")

**Everyone is encouraged to read this section especially if you're time-limited.**



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## Section 1: Plan Update/Summary of Changes

- What's new from the previous fiscal year
- Current MHSA priority area also summarized in the Executive Summary

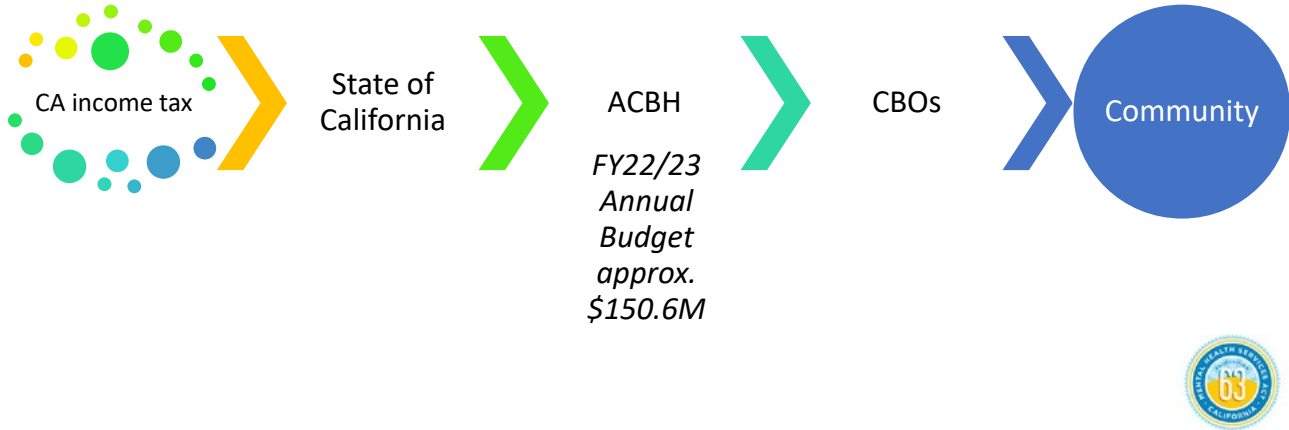
**This is where you go to see how community input from previous years (Three-Year Plan) has impacted current and planned services!**



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## Section 1: Funding Overview



## Section 1: How to Read the Funding Summary

FY 2022/23 Mental Health Services Act Annual Update  
 Funding Summary

County: Alameda Date: \_\_\_\_\_ Date: 3/23/22

|   | MHSA Funding                    |                                   |            |                                  |  |                 |
|---|---------------------------------|-----------------------------------|------------|----------------------------------|--|-----------------|
|   | A                               | B                                 | C          | D                                | E  | F               |
|   | Community Services and Supports | Prevention and Early Intervention | Innovation | Workforce Education and Training | Capital Facilities and Technological Needs | Prudent Reserve |
| <b>A. Estimated FY 2022/23 Funding</b>              |                                 |                                   |            |                                  |  |                 |
| 1. Estimated Unspent Funds from Prior Fiscal Years  | 68,200,047                      | 3,407,176                         | 14,209,262 | 275,819                          | 3,519,226                                  |                 |
| 2. Estimated New FY 2022/23 Funding                 | 84,964,960                      | 21,241,240                        | 5,589,800  |                                  |  |                 |
| 3. Transfer in FY 2022/23 <sup>1</sup>              | (12,000,000)                    |                                   |            | 4,500,000                        | 7,500,000                                  |                 |
| 4. Access Local Prudent Reserve in FY 2022/23       |                                 |                                   |            |                                  |  |                 |
| 5. Estimated Available Funding for FY 2022/23       | 141,165,007                     | 24,648,416                        | 19,799,062 | 4,775,819                        | 11,019,226                                 |                 |
| <b>B. Estimated FY 2022/23 MHSA Expenditures</b>    | 105,357,034                     | 18,675,518                        | 11,242,069 | 4,607,925                        | 10,761,713                                 |                 |
| <b>G. Estimated FY 2022/23 Unspent Fund Balance</b> | 35,807,973                      | 5,972,898                         | 8,556,993  | 167,894                          | 257,513                                    |                 |

MHSA funding is based on fiscal year cycle which begins July 1 through June 30 of the next year. The **Funding Summary** is a high-level overview of the MHSA budget:

✓ **A.1 Unspent funds** is rollover money from previous year. MHSA has up to 3 years to spend.

✓ **B. line-item** is how we estimate what is available to fund existing and new programs. This is reflected in the Executive Summary, page 1.

**\$150,644,250**

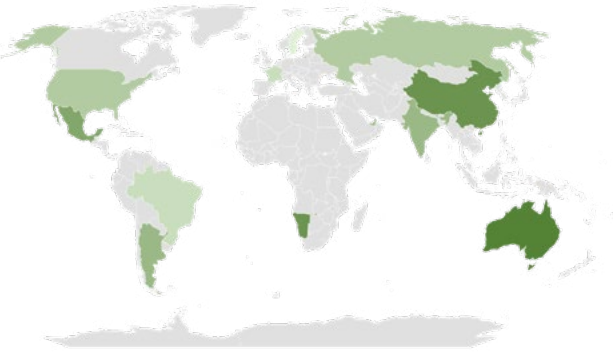


## Alameda County Profile

Provides an overview of the County and mental health needs.

### How does this impact you?

- Students: use this information for a school report
- Fund developers/administrators: In a grant narrative
- General public: Learn more about the people who make up Alameda County



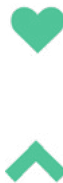
# When can you provide feedback & input?

### Community Input

Counties conduct a Community Program Planning Process (CPPP) every 3 years. Alameda County chooses to gather additional data each Annual Update period through forums.

#### How does this impact you?

- Helps ACBH prioritize needs if additional \$\$ is available (i.e. New programs, expanding existing programs with positive feedback)
- Please see the Appendices for CPPP results



# Where can you find MHSA services & client stories?

## Navigating the MHSA Components & Program Summaries

Each MHSA component contains program summaries following standardized format:

- Page 1: MHSA component definition
- Client story (also known as vignettes or success stories)
- Program/project summaries

MHSA **must** include all projects intended to be funded for the year in this plan. Each program/project summary will include:

- MHSA Work Plan Budget identifier (e.g. OESD 33). This aligns with the Table of Contents
- Organization name
- Program/Project name
- Funding amount
- The number of children, adults, and seniors to be served
- Results based Accountability (RBA): Addresses 3 questions



How Much Did We Do?



How Well Did We Do It?



Is Anyone Better Off?



# When can you provide feedback & input?

## MHSA Component 1: Community Services and Supports (CSS)

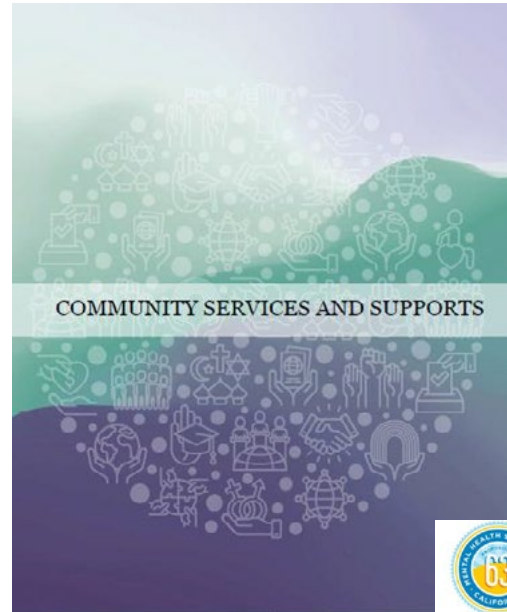
Aims to Reduce...

- Disparities
- Homelessness
- Involvement with justice and child welfare systems
- Hospitalization and frequent emergency medical care
- Promote a client- and family-driven system
- Develop necessary infrastructure for the systems of care



**Visit this area if you're looking for...**

- Direct services to adults with severe mental illness and children with severe emotional disturbance



## MHSA Component 2: Prevention & Early Intervention (PEI)

Aims to Serve underserved communities before the onset of mental illness by...

- *Outreach to families and providers*
- *Reduce stigma through campaigns*
- *Access/linkage to early medical care*



**Visit this area if you're looking for...**

- School-based services, TAY and cultural/linguistic/ethnic groups



Photo Image: Ashland REACH Youth Center

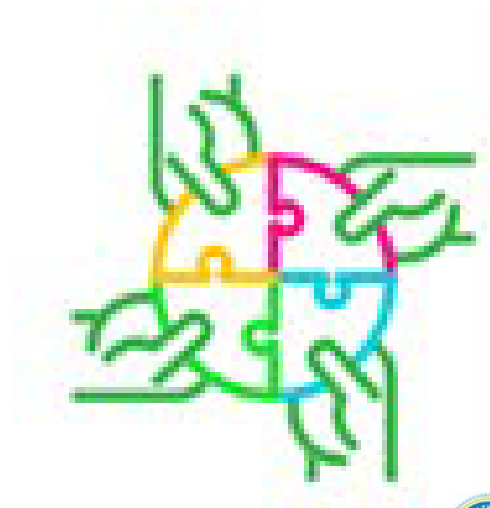




### MHSA Component 3: Innovation (INN)

**Time-limited** programs based on recent CPPP aiming to

- *Underserved groups*
- *Increase quality of services*
- *Promote interagency collaboration*



**Visit this area if you're looking for...**

- Fun projects
- Ways to submit your own ideas



### MHSA Component 3: Innovation (INN)

Review INN projects & proposals at:  
<https://acmhsa.org/innovation-community-based-learning>



Help us by submitting feedback on current projects.



Photo image: INN Project- Community Assessment Treatment Team (CATT) mobile unit

### MHSA Component 4: Workforce Education & Training (WET)

Aims to fund programs designed to enhance the public mental health workforce.

- *Loan repayment for mental health providers*
- *Trainings*



**Visit this area if you're looking for...**

- Human resource projects



WELLNESS • RESPECT • BELONGING

### MHSA Component 5: Capital Facilities Technological Needs (CFTN)

Projects that provide infrastructure to support the mental health system, which includes

- Improving or replacing existing technology systems
- Developing capital facilities to meet increased needs of the local mental health system.



**Visit this area if you're looking for...**

- New building projects/ technology to improve access to care



WELLNESS • RESPECT • BELONGING

## MHSA Performance Management Initiatives

Quality assurance efforts to improve how our system functions



### Visit this area if you're looking for...

- How we manage contracts and funds to ensure effective service delivery
- Improvements to our database systems
- Trauma-informed care initiatives



## Section 3: Tips

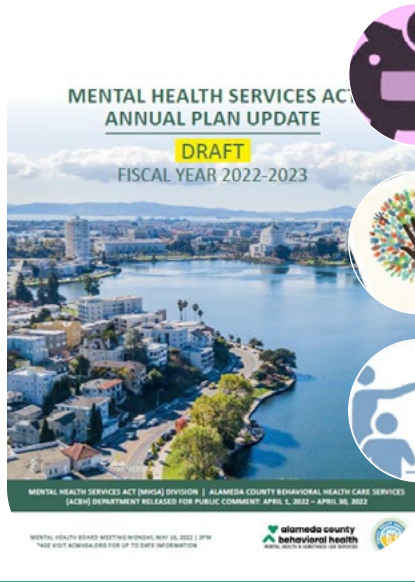



Don't sleep on the **Appendices!**


- ✓ **Review** the comments from all Community Listening Sessions
- ✓ **Check out** the outreach & marketing plan to find out how we publicize information and how many people we were able to connect with
- ✓ **Read** the Innovations (INN) project proposals and provide feedback by April 30, 2022 at [acmhsa.org](http://acmhsa.org)
- ✓ **Find** your public comment and our response





## MHSA Plan Key Points



 Income taxes on very few high-income earners fund the plan. Funding not guaranteed

 The Plan is developed every 3 years & annually with community input

 The Plan is publicly available at [acmhsa.org](http://acmhsa.org) or [acbhcs.org](http://acbhcs.org)



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Alameda County Behavioral Health  
Care Services



WELLNESS • RECOVERY • RESILIENCY

**thank you.**

Please visit us at [acmhsa.org](http://acmhsa.org)



# HOW TO READ THE MHSA PLAN



01

## START WITH THE TABLE OF CONTENTS

The *TOC* is interactive and will guide you to where you need to go in the plan. Use as a resource.

02

## FOR TIME-LIMITED FOLKS

Read the *Executive Summary* to preview the entire plan in under 5 pages.



03

## FOR NEW INFORMATION

- Start with the *Plan Update*
- For new programs, and
- Cutting edge funding initiatives





03

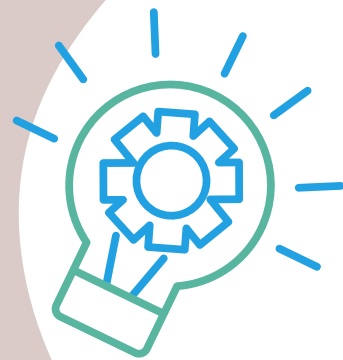
### FOR NEW INFORMATION

- Start with the *Plan Update*
- For new programs, and
- Cutting edge funding initiatives

04

### FOR THE DATA SAVVY

The *Alameda County Profile* is perfect for the data lovers, grant writers, & curiosity-seekers. This describes residents, and health information



05

### FOR THE COMMUNITY

View the *Community Input & Public Comments* sections to see how the community ranks their needs



06

### FOR OVERALL PERFORMANCE

Read program summaries to learn about local mental health services, how clients benefit, and outcomes.



For more information and to read the MHSA Plan visit [www.acmhsa.org](http://www.acmhsa.org)



2000 Embarcadero Cove, Suite 400  
Oakland, Ca 94606  
510-567-8100 / 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. **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 County requests **YOUR** feedback to help identify which of the **THREE** innovative concepts to implement. Please submit your suggestions by **April 30, 2022**.

### 1. Consumer Empowerment Using DBT (Dialectical Behavioral Therapy)

The DBT project will develop an online Dialectical Behavioral Therapy (DBT) Peer to Peer training program to train peers with the skills of DBT. An online training program is able to provide an avenue that is self-paced, recovery-oriented mode of learning for peers to cultivate relationships with others committed to learning, practicing, educating others about, and building mastery of the 4 DBT skill sets: *core mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness*.

### 2. Peer-led Continuum of Forensic Services

The Peer-led Continuum of Forensic Services is a collection of four (4) components, three of which are peer-led and one that is family focused: *Reentry Coaches, WRAP for Reentry, Forensic Peer Respite, and Family Navigation and Support*. The project seeks to support mental health consumers who are justice involved transitioning back into the community. This project also seeks to build capacity of family members to advocate for loved ones with a serious mental illness who has become justice involved.

### 3. Alternatives to Confinement Continuum of Forensic Services

The Alternatives to Incarceration Continuum of Forensic Services is a collection of three (3) services that work together and are intended to prevent incarceration and divert individuals from criminal justice system into mental health services. Diversion is sought when early signs of crisis occur, police contact which may lead to arrest, and probation or parole non-compliance. The services include: *Forensic Crisis Residential Treatment, Arrest Diversion/Triage Center, and Reducing Probation/Parole Violations*.

**1. Innovative Ideas:** Please check the primary concept below that your recommendation will address.

- Consumer Empowerment Using DBT                       Peer-led Continuum of Forensic Services  
 Alternatives to Confinement Continuum of Forensic Services

**2. Age Groups:** 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:

- 0 to 18 years     16 to 25 years  
 18 to 59 years     60 years and above

**3. Which of the three innovative ideas should the County test/try out?** (Limit: 250 characters)



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510-567-8100 / TTY 510-533-5018  
Karyn L. Tribble, PsyD, LCSW, Director

**4. What challenging problem does this idea address in the Alameda County mental health community?**  
(Limit: 250 characters)

**5. What has prevented solutions to solving this problem in the past? Describe the barriers to resolving the problem.** (Limit: 250 characters)

**6. What do we want to learn in overcoming the barriers and resolve the identified problem or issue?**  
(Limit: 250 characters)

**7. What should be the outcome(s) to show success?** (Limit: 250 characters)

**8. Has this idea (approach or practice) been tried elsewhere or in other populations? If yes, please describe.** (Limit: 250 characters)

**9. Contact Information** (optional)

Name:

Organization:

Phone:

Email:

Attach any additional information that describes why this innovative idea should be tested and/or successful. Return input via email to: [MHSA@acgov.org](mailto:MHSA@acgov.org), fax to: (510) 567-8130, or mail to: 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606, Attention: MHSA Innovation Unit. Thank you for your participation!

# Appendix C. MHSA Listening Session Q&A



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23



### Community Program Planning Process (CPPP)

### LISTENING SESSION - INPUT QUESTIONS & ANSWERS

Focus Group: Veterans Collaborative Court | Date: 10/29/21 | Attendees: 9

1. What are the top or most pressing mental health issues right now in your community?
  - **Mental struggles** in the psyche. Fear & mental fragility, bot physical
  - **Basic access** to MH services. These services don't feel available to vets.
  - **Boredom**, which can lead to depression. Being alone/**isolated**, lacking community, no one to talk to, nothing on weekends.
  - **Easy access to alcohol**, it's all around
  - There are 3 VA's in the Bay Area and each of them is different in terms of quality. Many reported the **Oakland VA's quality is not great**. Palo Alto is much better.
2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being adequately served**?
  - Homeless Veterans
3. What do you see as **barriers** for people to get help?
  - **Lack of services** on the **weekends** and **after hours**
  - **Lack of familiarity and knowledge** about what is out there **for services and supports**, Vets just don't know. Without familiarity there is hesitancy.
  - There's a lack of knowledge/awareness and **lack of assistance/navigation** on how to access services
  - Disconnection between VA and County MH system
  - **Wait times** can be weeks. Which doesn't help in a crisis
  - Lack of access to **technology** (computer, phone) and **transportation** (car)
4. What are your ideas on how to **better serve** our communities?
  - **More communication with the courts** about who is eligible for the Veterans Collaborative Court, more information for attorneys.
  - **More training** at VA's
  - Services and support on **weekends and evenings**
  - **Outreach and better information about the VA's**
  - Information on **housing** and housing supports
  - Information on how to get started and **navigate with the VA**
  - **Setting up a "game plan"** once your service is complete, so that you have activities and supports.
  - **Holding Veteran's community forums** where people can share out and information is provided.
  - More local resources listed on CalVet website



**ALAMEDA COUNTY BEHAVIORAL HEALTH**  
**Mental Health Services Act (MHSA) Annual Update, FY 22/23**



**Community Program Planning Process (CPPP)**

**LISTENING SESSION - INPUT QUESTIONS & ANSWERS**

- Information on resources included in an individual's military discharge packet.
5. 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 recommending to others?
- Swords to Plowshare
  - Operation Dignity Berkeley Free Housing





**ALAMEDA COUNTY BEHAVIORAL HEALTH**  
**Mental Health Services Act (MHSA) Annual Update, FY 22/23**

**Community Program Planning Process (CPPP)**

**LISTENING SESSION - INPUT QUESTIONS & ANSWERS**

**Focus Group: ACBH contracted CBOs | Date: 12/3/21 | Attendees: 23**

Note: Workforce was an overall theme throughout the listening session:

- ✓ How to build peer and para professional pipelines.
- ✓ More workforce incentives for undergraduates and individuals at community colleges.
- ✓ More culturally congruent services with a workforce that looks and speaks the languages of clients.
- ✓ Making sure the workforce is properly trained.
- ✓ Use of WET funds to develop apprenticeship partnerships with local community colleges.

1. **What are the top or most pressing mental health issues right now in your community?**
  - **Crisis Services for Kids:** Lack of enough Crisis Residential Services for kids; Kids getting stuck in the ER, no aftercare planning
  
2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being**
  - Residents in East County, where there are few services
  - Individuals where English isn't their first language, not having bi-lingual staff is a barrier to future services.
  - Transgender and Gender fluid community
  - Individuals with sex addictions
  - SUD issues, especially with crystal meth
  - Youth/young adults that can "age out" of the children's system, but due to factors like trauma and relapse, they need more time with the types of services provided in the children's system. This was titled "more grace group"
    - Similar comment: The gap for **foster youth** (and others) that lose EPSDT eligibility at 21, are still in need of services, and don't necessarily qualify for Adult SMHS
  
3. What do you see as **barriers** for people to get help?
  - When clients have to move from provider to provider, clients feel tossed around
  - Medi-cal billing
  - Not enough coordination/collaboration between CBO's education system and the home
  - Timing of when services/supports/activities are available: Need services/supports/activities in the evening and weekends.
  - Severe lack of bilingual clinicians to work with the client and family members
  - many school-based mental health services are only available to youth who have Medi-Cal.
  
4. What are your ideas on how to **better serve** our communities?
  - More **culturally congruent services with a workforce that looks and speaks** the languages of clients
  - Services/supports/activities on the weekends after hours
  - **More mobile crisis services**, especially in the evening weekend and early morning that also don't include law enforcement (aka like CATT). Crisis Support said the need to have a mobile team go out to see a person who has called the crisis line is ballooning. Multiple people echoed this comment.



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23



### Community Program Planning Process (CPPP)

#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- It would be great to see ACBH pursue the BHCIP funding opportunity to develop crisis care mobile units, and leverage MHSA to provide services.
  - More focus on **community mental health using more primary prevention strategies**. Focusing on the community as compared to the individual.
  - **Wholistic programming** where there is a staff/provider that follows a client, even if they switch programs or providers so that the person doesn't fall through the system and has a constant connection to help them navigate and adjust to the BH system.
  - True MH and primary care integration
  - **Using MHSA to fund coordination of services**. A lot of new funding is coming to counties and MHSA could be used to assist in the coordination of all of the funds and services.
  - **More ethnic and linguistic focused services, like the UELP** programs (MHSA PEI programming)  
Here's an excerpt from the chat:  
Our PEI funded UELP program is doing a lot of community-based work engaging monolingual Spanish speaking residents who won't necessarily identify with the traditional behavioral health care delivery, they create community, in addition to culturally responsive group and individual counseling. I am calling this out as a successful, cost effective model flexible enough to tailor to the unique cultural needs of diverse communities.
  - More **early childhood** intervention services
  - More **training for caregivers**.
  - **Expand children's services** by leveraging MHSA as the non-federal share of cost (done in other counties).  
Use of **technology funds** to support implementation of forthcoming **CalAIM**.
  - Use of **technology funds** to help CBOs with **implementation of EHRs**
  - Funding
5. 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 recommending to others?
- Crisis Support Services of Alameda County
  - Family Education Resource Center (FERC)/Mental Health Association of Alameda County (MHAAC)
  - Full Service Partnerships (FSP's)
  - Felton Institute, First Break program



**ALAMEDA COUNTY BEHAVIORAL HEALTH**  
**Mental Health Services Act (MHSA) Annual Update, FY 22/23**



**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

**Focus Group: Reentry Collaborative Court | Date: 11/16/21 | Attendees: 6**

1. **What are the top or most pressing mental health issues right now in your community?**
  - Coming home is stressful—especially when you start off homeless. Seeking help with mental health issues can be overwhelming, but things become more bearable when you get treatment
  - Being able to find people you trust that want to help you
  - Finding new ways to cope
  
2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being**
  - Homeless and trying to survive after getting out
  - Dealings with race and substance use issues
  - African American and Latino populations have nowhere to get help with the traumas from being back in jail- trauma, grief, losses, depression. We may not be educated, we’ve adapted to jail life and life outside is hard. We have to ask where do you live? Who cares about me? Who do I reach out to?
  - Drugs led me to criminal activity, and criminal activity took me to jail. When we’re inside, we’re not rehabilitated. We still have the same problem so when we get out and we have a habit, we get into trouble again. We need to be honest with ourselves and others to get the help we need
  - I made myself a target—I chose and got addicted to the lifestyle. I have PTSD from what I experienced in that lifestyle
  - I can’t help anyone until I help myself. I chose to get this help and I am happy
  
3. What do you see as **barriers** for people to get help?
  - Wanting to visit your old atmosphere. You get lost and feel like you’ve got to catch up. You end up crashing- you can’t go back, you’ve got to cut all ties. If you want to live a new life, you’ve got to leave the old life alone
  - I came “home” homeless. I had no way to cope with my grief and losses. I was in for so long, I didn’t recognize this life
  - My situation was different, it was my attitude. I sought help, I didn’t have room to breathe. Each person’s journey is unique. You’re a newborn coming back to society, some people don’t have a choice to not return to the same atmosphere. I’ve learned how to breathe, you’ve got to get help and connect with like-minded people. I’m starting to heal. I had to become vulnerable to get what I need.
  - I had to come out of my comfort zone- had to do things differently. Prison became a comfort, so I had to break the cycle of seeking comfort in the streets and in prison, I had to change my thinking, start doing things that were productive and now I can be proud of myself. I had to seek therapy, I had to change my whole life.



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23



### Community Program Planning Process (CPPP)

#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- Being honest with yourself- it's hard. You've got to stay positive. You've got to know who is good for you or not, have self-respect and have boundaries
  - Breaking out of the mental prison
  - Need to want to seek a better life for myself
4. What are your ideas on how to **better serve** our communities?
- Peer counselors who understand this experience in the institutions and in outreach programs and even those like you who are doing listening sessions
  - Intervention in pre-release. Help those about to exit understand what PTSD is, educate them on mental health issues that commonly effect the re-entry population and educated them on how and where to get services to help
  - Tell us what we need to hear, not what we want to hear
  - Build trust with us to let us know that you truly want to help us
  - Build a real "Dream Team" support system to keep you uplifted and accountable. (People who believe in you, people who will give it to you straight, people who you don't want to let down, and people who have more time clean and sober for you to call)
  - Keep your circle small
  - Homeless services
  - Know how to approach the younger generation- a lot of them aren't using low-level drugs, they're going straight to the hard stuff. Their parents are acting and dressing too young, bad examples to the kids. Not involved in raising them, letting electronics raise them. They're not communicating, there's no respect for their parents
  - Coming up, I always understood everyone else, but I never had anyone to talk to



ALAMEDA COUNTY BEHAVIORAL HEALTH
Mental Health Services Act (MHSA) Annual Update, FY 22/23

Community Program Planning Process (CPPP)

FOCUS GROUP - INPUT QUESTIONS & ANSWERS

Focus Group: PEERS Life Every Voice & Speak (LEVS) | Date: 11/17/21 | Attendees: 19

- 1. What are the top or most pressing mental health issues right now in your community?
- Homelessness
- Racism
- Isolation
- Re-Gentrification
- Drugs
- Housing conditions for people who live in board in-care (nutrition, communication, admin)
- Worry about an attempt to expand forced treatment series
- Mental health challenges
- Undiagnosed - Not enough access to cultured and colored therapists
- Fear of not being able to be understood during crisis intervention
- Lack of quality MH services, i.e. therapy and peer support
- Trying to receive services from people who aren't native
- Affordable housing and housing services for communal natives
- Police-Training for people of color
- Lack of opportunity/lack of jobs
- Emphasizing more state services
- Training and practical application of Peer Support & MH Consumer
- Movement Values & Principals for Peer Support Specialist Managers
- More education around healthy lifestyle/healthy living
- Lack of neighborhood support groups/peer support house
- Making sure that we try to help our unhoused folks without taking the funds and services away from existing MH programs and services

2. Are there individuals, groups and/or cultural communities who you believe are not being
- African American Community, poverty
- Elderly, Seniors Community
- Seniors with mental health challenges
- People in the autism spectrum (i.e. Less services for adults and children)
- Veterans
- Incarcerated / Re-Entry
- Youth, TAY Community / Rebellion
- Immigrants, undocumented
- Lack of knowing how to get services, assistance with documents
- Unhoused, displacement
- Access to SOAR specialists to help with benefits and appeals

3. What do you see as barriers for people to get help?
- Seniors live with roommates not of their choosing and food not of their choosing because they do not have enough income to live with choices and options





## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23



### Community Program Planning Process (CPPP)

#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- access to tech and knowledge to interface in order to access/apply for services
  - Illiteracy, lack of education
  - Lack of advocates
  - Fear of asking for help (looking stupid)
  - Being mis-understood
  - Outreach in multiple languages, assistance for people where they are (remote tech access)
  - Some folks don't access services for fear of being mistreated or being forced into services or forced to take medications.
  - Frustration with constantly making calls related to services and not receiving an immediate response
  - The experience of forced treatment and resultant trauma and stigma.
  - More anti-stigma campaigns and education to lower/remove barriers to accessing care
  - Release of independence/ fear of not being understood
  - really lengthy applications for services
  - Some have experience of being disrespected or not being heard or being provided services that weren't helpful to them.
  - mobile services (I know there are examples of this)
  - Hard to try and get ahold of services while trying to stay compliant around covid standard
  - Stigma, being afraid of being labeled "mentally ill" and how this can affect person's ability to qualify for future employment. - Stigma of being labelled "addict"
  - Fear of organization's being pushed for covid vaccinations and or being fired for not being vaccinated
4. What are your ideas on how to **better serve** our communities?
- More SOAR specialists, more resources to go to
  - Fund more quality peer support services.
  - Peer support positions are very underfunded and peer support persons are underpaid
  - Warming centers/respice/community center with resources, SOAR/eligibility specialists, technology mentoring/assistance/access
  - we need more mental health services for people on the Autism Spectrum
  - I think that pop up clinics in traditionally underserved areas would be helpful. I think that going to tent cities and homeless encampments to let them know about the services that are available would be good as well
  - Ditto
  - Training on best practices, trauma-informed care, employment services
  - Having the right peer support with lived in experiences - more peers with lived experience on boards
  - Ditto on increased services for those on autism spectrum; all neuro-divergent
  - Create space for open dialogue between peer and all other services providers to help reduce stigma of people with lived experience working in behavioral health system
  - All voices at the table! Benefit of education, experience, lived experience, strategies, etc.
  - Socialization of seniors, wanting to be with others



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23

### Community Program Planning Process (CPPP)

#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- Improve career pathways for peer support specialists and provide them with living wage.
  - Make sure they feel respected and valued in the workplace. - diversity of peers within the mental health system
  - A good resource person on staff in senior centers to accommodate seniors on their challenges
  - Provide more opportunities for all of us in the community to connect, spend time together and support each other. This will help reduce isolation.
  - More collaborations with service providers and all different walks of life
  - Continue improving Mobil Crisis Response
  - More community opportunities, village type of vibe
  - Fund VOLUNTARY services and stop expansion of involuntary services that are NOT helpful and create more trauma
  - More support for LGBTQ
5. 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 recommending to others?
- PEERS
  - CRISIS SUPPORT SERVICES
  - Lift Every Voice and Speak
  - Wellness House
  - BACS: Be a little more supportive in coordination of care
  - Benita House: Their staff and experience was nice
  - Jay Mahler Center
  - HHREC
  - Sally's Place



## ALAMEDA COUNTY BEHAVIORAL HEALTH

### Mental Health Services Act (MHSA) Annual Update, FY 22/23



#### Community Program Planning Process (CPPP)

#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

Focus Group: PEI Providers | Date: 11/18/21 | Attendees: 28

1. **What are the top or most pressing mental health issues right now in your community?**
  - Homelessness
  - Community Violence
  - Disconnection, Loneliness
  - Grief/Loss (connected to community violence)
  - Need for expanded CATT services and another crisis response team supports like MET
  - Complex Trauma
  - Financial
  - Increased Food Prices
  - Non-police responses to mental health crises
  - Unaccompanied youth trauma
  - Suicide
  - Mental Health
  - Need for residential treatment beds; out of homecare for loved ones when released from 5150 and related hospitalization
  - Teen stressed with impacts of school and work expectations
  - Reduced income/joblessness
  - Hopelessness and helplessness resulting from isolation during the covid 19 pandemic
  - Heightening of range of issues in schools have always been there – for staff and students and families – depression/suicidality – crisis support, disconnection, general overwhelm, anxiety, basic needs
  - Need to focus on healing spaces, lack of providers and staff (teachers, counselors, etc.)
  - Parent / Child Conflict
  - Loved ones being unhoused
  - Challenges with technology and lack of access to technology
  - Heightened use of substances exacerbating mental health
  - Financial hardship in older individuals without tech devices
  - Covid shame
  - Isolation of the LGBTQIA+ folks who live solo w/o children, w/o tech
  - Loss of miles stones and adjusting to our new normal
  - Covid has magnetized equity issues
  
2. **Are there individuals, groups and/or cultural communities who you believe are not being adequately served?**
  - Hmong Communities – in particular school systems
  - Capacity to support and serve afghan refugee community
  - Older adults in the African community
  - Older adults need tech devices, Wi-Fi connection and training / coaching to use tech
  - Spanish speaking families we serve do not have enough MH resources and supports in Spanish
  - Kids with low-income insurance
  - Language capacity barriers
  - Access to primary and preventative care
  - More culturally syntonc MH support services for our Punjabi speaking community in south county
  - API community experiencing increased amount of violence and hate crimes
  - Lots of waitlists and the need to be innovative with service delivery



**ALAMEDA COUNTY BEHAVIORAL HEALTH**  
**Mental Health Services Act (MHSA) Annual Update, FY 22/23**



**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

- The need for practitioner and mental health workers’ self-care
3. What do you see as **barriers** for people to get help?
    - Funding for healing circles would be incredible
    - Language barriers
    - County outlines on forced treatment / leaves consumer with additional trauma
    - Cultural barriers
    - Transportation
    - Fear, not feeling safe to bring their full selves to the providers, language, providers not understanding
    - Criminal justice system not set up to meet mental health needs. Clients don’t get services they need when incarcerated and transition out
    - Loss of trust in mental health system due to past experiences requires us to invest in relationship building in the impacted communities before expecting folks to participate in services
    - Hard to hire folks because of community based work is underpaid, shortage of folks entering the mental health field
    - The lack of culturally responsive providers /responsive services
    - Families left out due to HIPAA
  
  4. What are your ideas on how to **better serve** our communities?
    - Lifting mental health services in schools
    - Making sure your providers are taking care of themselves in order to take care of the community they serve
    - A peer provider MH warmline for African American Families
    - Financially supporting QTBIPOC folks who are training to become therapists
    - Mutual Aid / Respite Care for people / families in MH crises
    - Build up community ambassadors that can be liaisons onto the community
    - Increased PEI funding for healing circles
    - More Mental health expressive arts programs, workshops, etc. for all ages, and cultures
    - Tier 1 practices of creating a sense of belonging (in a classroom, etc.)
    - Mental Health & Wellness programs in faith communities (across all faiths)
    - Resource sharing forum to encourage more collabs/partnerships between communities
    - resources to better support community members as a whole person)
  
  5. 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 recommending to others?
    - PEERS
    - HHREC: Get Fit, TAY, Health Through Art



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23



### Community Program Planning Process (CPPP)

### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

Focus Group: [MHSA Stakeholder Group](#) | Date: [11/19/21](#) | Attendees: [11](#)

1. **What are the top or most pressing mental health issues right now in your community?**
  - Housing and housing being labeled as available for people with mental health issues—there’s hardly anything in housing available for those leaving locked facilities and Sally’s Place only has 8 beds—it’s abysmal. What’s available and how do they get there?
  - Supportive housing is a huge need. We need to offer something that leads to independent living
  - More sub-acute and acute beds and catastrophic episodes needing more than 36 hours—more beds are needed
  - Pre and Post Crisis services with hospitalizations
  - Not having connection—even on hotlines or Zoom—not everyone has access
  - Distance groups don’t work for everyone, people feel alone
  - More early treatment at first episode
  - COVID anxiety, Zoom fatigue and social disconnection
  - Technological issues within the SMI community are worse-- some people don’t know how to use the technology or they don’t trust it
  - Lack of crisis facilities and re-entry facilities in south county
  - Not everyone has access to computers, phones and Internet
  - Not enough transportation available for mental health crisis
  - Providers expand criteria to get funding then lower their criteria or capacity due to lack of staffing
  - With COVID demand for mental health services has gone up, but the funding has not
  - We need more—not to move money around (Peter to pay Paul) but we need more money for more services
  
2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being**
  - People with developmental disabilities and mental health issues—it’s more complex to treat medically and psychologically so that population falls through the cracks or don’t meet criteria
  - Accessibility and cost—especially for students
  - Immigrants—access difficulty and financial hardships
  - Asian community—stigma and cultural resistance to having to ask for help
  - Not enough definition expansion on criteria—there are people who don’t match the specifics
  - Veterans (as a whole) but especially those who aren’t eligible for VA benefits—not everyone know that not every Veteran gets VA benefits
  - Those who have more mild mental illness—it might hinder function but not as much help is offered as it in with SMI
  - New influx of Afghani community—not enough providers are equipped to serve





**ALAMEDA COUNTY BEHAVIORAL HEALTH**  
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**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

3. What do you see as **barriers** for people to get help?
  - Communication silos—our systems don’t communicate, people are hitting roadblocks without knowing there’s help along the way and they don’t know where to get it
  - Need more workforce
  - Mild or moderate mental illness—they’re not seen as urgent needs
  - Difficulty in communicating needs—especially in the black community
  - Need more black practitioners
  - Lack of qualified providers
  - Lack of providers who can connect culturally and linguistically
  - Cost of living—effects ability to keep providers working here
  - Workforce pay is low, high turnover, low recruitment
  - People passing the buck—leads to dead ends for people who need help
  - Even those who get connected to services don’t always continue
  - Clinicians don’t often follow up with those who don’t continue because they think they “don’t want the service”
  - Hearing “I don’t believe you” from people who are supposed to help them
  - Own-ness on the client
  - Not enough qualified and available providers, but we all still need to challenge our views, points of privilege, biases, etc.
  - Specifically, people who don’t want to return due to a negative cultural encounter
  
4. What are your ideas on how to **better serve** our communities?
  - Combat to community training for agencies providing services to Veterans
  - Outreach to high schoolers and college students to prepare and encourage them to pursue this field as their career path
  - More peer support specialist—to help others navigate the systems
  - Changing language around mental illness—mental illness doesn’t hold the same validity in the general population as physical health, switch focus to wellness concept
  - Stress the continuum of variations of severity in mental health—chronic, severe, moderate, mild
  - More public education on mental health
  
5. 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 recommending to others?
 

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• FERC</li> <li>• Innovation grant winners</li> <li>• PEI Providers</li> </ul> | <ul style="list-style-type: none"> <li>• PEERS</li> <li>• So many things! Hard to say something specific</li> </ul> |
|---|---|



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23



### Community Program Planning Process (CPPP)

### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

Focus Group: City of Fremont Mobile Evaluation Team (MET) | Date: 12/2/21 | Attendees: 8

1. **What are the top or most pressing mental health issues right now in your community?**
  - Lack of crisis stabilization services, residential facilities - if people need to be placed they have to go North. Law enforcement has to transport out of the area. Big hole in the service delivery system here.
  - Delusion disorder, Schizophrenia. Crisis stabilization services are only for two weeks. Not enough supportive housing. Need residential / closed facility - Villa Fairmont.
  - Co-occurring disorders - substance use/meth/alcohol in conjunction with severe mental illness along with trauma.
  - For school/students - so far for the academic year we have had 15 students go through 5150 evaluation; Students from affluent parts of the community;
  - Walk in to emergency rooms include both adults and adults;
  - Need more drop-in facilities for unsheltered communities Anxiety, depression, adjustment disorders since COVID;
  - Homeless are more A.A./ PI men; veterans; adults/seniors
  - Some have private ins/lack of services;
  - People not comfortable with P.D /we don't have clin who are auth to do 5150s
  
2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being**
  - Insurance
  - culturally appropriate services
  - stigma among some cultures
  - medical issues
  - family supports
  - accessibility to walk-in services
  - have to call ACCESS which has a procedure that is difficult for homeless clients
  - technology gaps
  - programs not welcoming
  - lack of stable housing
  - isolation
  - services aren't available when the client needs them
  - post-hospital placement not meeting criteria for skilled nursing board
  - conservatorship for homeless
  - youth need more crisis stabilization programs
  - IHOT caseloads too high
  - lack of crisis stabilization programs in south county
  - lack of staffing
  - lack of SUD services
  - Privacy barriers related to HIPAA/Privacy regulations
  
3. What do you see as **barriers** for people to get help?
  - Crisis stabilization services;
  - Funding to expand MET team
  - Long term funding for SUD/MH recovery programs
  - More youth services
  - Paramedic type clinicians - different way to configure response teams



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23

### Community Program Planning Process (CPPP)

#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- Multi-disciplinary teams that are authorized to coordinated;
  - Outreach specialists that community members trust - "SOAR - Services, Outreach, Accessibility & Recovery"
  - Law enforcement provided appropriate training for 5150 eval
  - Affordable housing
  - Peer specialists
  - expertise in working with developmentally disable
  - Jail diversion programs for mentally ill and homeless
  - More medication management needed
4. What are your ideas on how to **better serve** our communities?
- Mobile mental health services offered by City of Fremont Human Services which is MHSA
  - Senior peer counseling program for older
  - Prevention
  - MET team expansion
  - Education, support and engagement with youth and parents to increase access and utilization of services
  - Anti-stigma campaigns addressing parent/child died
  - Expansion of LGBTQI+ services and gender identify issues for both youth and adults
5. 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 recommending to others?
- Alternatives to 5150 - "Living room" model; safe places to go that are not necessarily hospital admission;
  - Could County have more long-term treatment options;
  - Need more peer/lived-experience staff



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23



### Community Program Planning Process (CPPP)

### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

Focus Group: NAMI East Bay | Date: 12/8/21 | Attendees: 20

1. **What are the top or most pressing mental health issues right now in your community?**
  - Supportive housing, with resources and vocational component
  - No follow-up from institutions, no continuum of care established—no place to stay when leaving John George or jail—need case management for those being released from those institutions
  - Hearing Voices— if medication and hospitals didn't work, having more Hearing Voices groups with others and with peers with lived experience—especially in underserved communities
  - Lack of stabilization before release—neglected, no step-down services or locked care after release without being stabilized
  - Substandard facilities
  - Make families a part of the services and care teams—find a way to collaborate and work around HIPAA
  - Lack of follow-up and case management—some people are good at “gaming the system” to get out without treatment
  - Many people end up on the street over and over again
  - Addressing the website—where to go for resources, and what about those with private insurance? They don't know where to go
  - Advocates need3d to help set up health care and supplemental services
  - Failure to serve the needs of those unable to engage in voluntary treatment—some people don't know or don't think they need help
  - Need a more robust AOT program
  - More dialogue groups
  - Working on better use of money with recovery proof and recovery focused campaign/outreach
  - There's a disconnect of Mental Health and Mental Illness—what does painting a mural have to do with Mental Illness?
  
2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being**
  - SMI population being discharged
  - People of color—many are afraid of phoning the police, fearful of shooting incidents and wrongful incarceration
  - People of color who are incarcerated—anywhere to go that can connect them with help after release?
  - Cantonese speaking population, Spanish speaking population and the LGBTQ population— especially needing the Hearing Voices groups, they build community and support others with lived experience
  - High utilizers—repeated visits to John George and to jail. Obviously, their need isn't being met AT ALL!



**ALAMEDA COUNTY BEHAVIORAL HEALTH**  
**Mental Health Services Act (MHSA) Annual Update, FY 22/23**



**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

- The families of the folds who have no support
- Stabilizing people of color in the hospitals—not sending them to jail

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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Normalizing mental health language</li> <li>• Mental illness blame issue</li> <li>• Definition of a 5150 is a problem—some are volatile but not yet a “danger”</li> <li>• Issues of independence in voluntary vs. involuntary services—some people refuse</li> <li>• Lack of adequate shelter and housing</li> <li>• No answers, no call backs, all the recordings with no live people for people trying to get services—dead end phone numbers, if I was in crisis I would have given up</li> <li>• 51510 with police—people want help but not cops</li> <li>• Sometimes people can “pull it together” when cops are there or when they want to get out of going to John George – many cops don’t</li> </ul> | <p>know how to access they history of hospitalizations before arriving on scene—there’s a law AB (something)</p> <ul style="list-style-type: none"> <li>• Stigma and fear, fear of hospitalization. Normalizing and education with voices and other extreme experiences</li> <li>• Lack of beds</li> <li>• The Medicaid Institution for Mental Diseases (IMD) exclusion at facilities and beds</li> <li>• Undiagnosed—especially those with substance use disorders, they may not receive proper or any mental health diagnosis</li> <li>• Record keeping needs improvement—sharing information is necessary and it’s too siloed</li> </ul> |
|--|---|

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

- Money! We need more! Need more facilities and more staff, better pay for the staff, especially because the burn out is a major factor
- FSPs—we need more, they’re very helpful
- Any in-between services available? Something between self-identified services and FSPs?
- Centralized place for links to find services and resources, for every city in the county—with updates quarterly. They need people to update and check links and accuracy regularly so people aren’t receiving outdated information
- Enter into partnerships with other community clinics—train them to run groups, (i.e. Hearing Voices group) and peer to peer training
- Political voice needed—someone to push for our needs
- FASMI has a good presence to push for mental health issues
- Specialized care unto for mental health, take them to respite, 24-hour site to decompress (diversion services)



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23



### Community Program Planning Process (CPPP)

#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- Services without treatment, resources, case management and follow-up
  - Board and Cares needed
  - Need services for those with private insurance (like Kaiser) to participate with these special services
  - Kaiser waiting rooms are not safe
5. 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 recommending to others?
- Land trust would have a great impact on housing
  - Hearing Voices groups
  - FERC, Mobile Crisis services (but need weekend and evening services)





**ALAMEDA COUNTY BEHAVIORAL HEALTH**  
**Mental Health Services Act (MHSA) Annual Update, FY 22/23**



**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

**Focus Group: Veterans-Swords to Plowshare | Date: 12/10/21 | Attendees: 7**

1. **What are the top or most pressing mental health issues right now in your community?**
  - PTSD is a big problem
  - PTSD in addition to lack of sleep, nightmares and flashbacks
  - Exacerbated issues due to COVID—food insecurities, jobs, housing issues and being unsure of the future
  - Being terrified of failure—people end up in limbo instead of trying
  - Afraid of change and adapting
  - For Student population of Vets, remote learning leads to isolation and depression
  - Not knowing all the options for services—in alternative (not Vet focused) settings
  
2. **What do you see as **barriers** for people to get help?**

|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Affordable housing for Vets</li> <li>• Needing services on site where Vets are living</li> <li>• Finding one’s own benefits—finding the proper information (not all Vets are eligible for VA benefits)</li> <li>• How counties interpret/understand Vets needs and benefits, and not knowing how to help them navigate</li> <li>• Needing more education on benefits and who gets them</li> <li>• Some Vets don’t want to go to the VA</li> </ul> | <ul style="list-style-type: none"> <li>• Visibility of resources—where and how?</li> <li>• Associations with bad experiences</li> <li>• Not feeling safe in the spaces with other Vets—some people didn’t have the best experience with the military and don’t want to be associated with them</li> <li>• Provide funding for more holistic and alternative therapies—outdoors activities, art, and services that lead to organic conversations</li> <li>• Offer services for meditation for stress management</li> </ul> |
|--|---|
  
3. **What are your ideas on how to **better serve** our communities?**
  - Decreasing isolation Safe space for seniors to not be “scoffed at” but welcomed to participate
  - Designated housing for Vets—supportive housing
  - Training for providers on inclusiveness and cultural competency
  - Make spaces more welcoming for women and LGBTQ population of Vets
  - Improving employment opportunities—translating military jargon to fit civilian job descriptions
  - Create a space for mild to moderate mental health issues
  - Provide services for Vets around parenting and spousal relationships for family stabilization
  - Provide Combat to Community training for providers
  - More visibility of services



## ALAMEDA COUNTY BEHAVIORAL HEALTH

### Mental Health Services Act (MHSA) Annual Update, FY 22/23



#### Community Program Planning Process (CPPP)

#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- When exiting Military service, provide service members a packet of resources in the area and how to find them
  - Provide a liaison from military to civilian life—a warm hand off
  - More work in cannabis and psychedelic drug options as alternative to VA prescribed drugs for mental health management
4. 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 recommending to others?
- HHREC
  - Oakland VA
  - Castro Valley area—library and other places for Vets to plug in
  - Eden House
  - Swords to Plowshares



**ALAMEDA COUNTY BEHAVIORAL HEALTH**  
**Mental Health Services Act (MHSA) Annual Update, FY 22/23**



**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

**Focus Group: PRIDE Coalition | Date: 1/5/22 | Attendees: 16**

1. **What are the top or most pressing mental health issues right now in your community?**
  - Clients calling in reporting isolation, substance use (stigma, pandemic).
  - Community violence- recent cases of trans people killed.
  - complicated relationships in bio family made worse due to the pandemic. especially youth who may have been at school and now have to be home.
  - i second the isolation comment. much more substance use. difficulty getting sensitive medical care.
  - Homelessness, discomfort entering facility like Cherry Hill for detox (maybe frontline, first person the level of competence of working with population is missing), isolation, lack of resources
  - Issues around grief and loss from the pandemic.
  - Availability of more organizations that provide gender affirming medical and mental health care throughout the county
  - Homelessness – residential living of care is lacking (not enough beds), Resources not always LGBTQ+ friendly; SUD residential services/adult residential / crisis residential services.
  - access to services in unincorporated and East County.
  - These groups need extensive services, like wrap around services. MHSA funding never went to CSS. WE have dedicated agencis that serve NA/Latinx/Asian folks but not for these communities. We’ve done prevention & early intervention & one-time INN services, but we’ve neglected these folks. Folks don’t feel safe going to a lot of programs. They may call out for crisis but dont beyond that. They recyle in and out of the jail. We need extensive wrap around dedicated services. MHSA was designed to meet the *unmet* needs and unserved folks
  
2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being**
  - A lot of our services aren’t outwardly LGBTQ friendly which discourages many queer/trans individuals from pursuing help
  - Services not covered by insurance
  - Learning how to navigate the ACCESS for services in a timely manner. I’ve waited 1-1 ½ weeks to receive a response. Client was discouraged because of issues with culture and language which prompted [me] to go through a provider to help this individual.
  - Navigating the 1-800 number and coaching people who need to learn how to navigate support such as John George. Why aren’t there billboards or signs on the bus, such as “ If you need help blah blah blah, call Alameda County”
  - Disconnect. Breakdown in county from orgs funded to provide mental health. There is a breakdown in care. Left hand doesn’t know what the right hand is doing. There is funding, a lot goes to orgs that have been around a long time but not those doing the work
  - Services for the older/aging population
  
3. What do you see as **barriers** for people to get help?
  - Capacity building & other Funding for new organizations doing the work.



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23



### Community Program Planning Process (CPPP)

#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- Creating physical, inclusive spaces would serve the population better
  - Advertisements & visuals (radio stations, television advertisement, audio and visuals) using mobile technology when they log onto the internet with an advertisement bar
  - We have models for cultural competencies that are doing this (such as access lines for the Asian community). We need these models for the LGBTQ community as a cultural group.
  - Add policy and inclusion initiative in our RFP/FOA. We can ask them to include integrate questions addressing how they'll serve LGBTQ folks, training,
  - Local data – missing tangible information on the actual/accurate rate of suicide deaths among LGBTQ folks. We know rates of attempts and through anecdotal information. There was a CA bill approved in 2021 regards to death certs having non-binary identification. We can do better at a local level.
  - require our providers to enter the SOGIE data that they already collect at assessment. InSyst now can accept this data, but ACBH is not yet requiring it be entered as they do for the other data.
4. What are your ideas on how to **better serve** our communities?
- Trans people of color
  - Individuals with substance use
  - Our LGBTQ+ youth, particularly our Transgender and Non-binary youth. The CHKS reports from our schools in Alameda Co confirm this.
  - People of color, certainly trans
  - Developmentally delayed
  - Newcomer youth who identify as LGBTQ
  - The undocumented
  - New immigrants/asylum seekers
  - The homeless
  - Our aging folks compounded with isolation
  - seniors-absolutely, especially those in nursing homes. Many have to go back into the closet and even de-transition when in the SNF's to be safe.
  - Trans community of color
5. 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 recommending to others?
- Pacific Center
  - I don't know, I have no idea what services are funded by MHSA
6. **Other comments/suggestions**
- ACBH should collect data and look at how they serve/dont serve unserved/underserved groups
  - It would be great if these questions could be brought to focus groups which comprise these individuals: LGBTQ+ youth, seniors, non-binary from both MH and SUD clients.
  - I am very happy to see so many people attend this. Yay!



**ALAMEDA COUNTY BEHAVIORAL HEALTH**  
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**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

- Oakland has had one of the largest lesbian community and receive da center. We need to recruit culturally competent mental health providers. I don't want to compare it to a language differential for pay, thinking about creatively dinding a way to get providers who would be able to provide these services- it's one of a missing link and id like to be a part of that project.
- We desperately need CBO's who are funded to provide LGBTQ+ specific services. CBO's are funded for wrap around and case mgt services on a cost basis vs. a small amount for a specific FFS.



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23



### Community Program Planning Process (CPPP)

### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

Focus Group: Peers Organization Community Change #1 & #2 | Date: 1/5-6/22 | Attendees: 29 + 32

1. What are the top or most pressing mental health issues right now in your community?
  - Homelessness
  - Housing (stress of getting and keeping it) -also can cause drug use
  - Depression/isolation
  - Living in poverty creates stress (food is up, medication is up, gas went up, etc.)
  - Trauma
2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being**
  - Native American Community
  - Youth
  - People who identify as co-occurring
  - LGBTQ+ and LGBTQ Youth in particular
  - Victims of trauma, they get overlooked because of their behavior.
  - People who hear voices (special messages)
3. What do you see as **barriers** for people to get help?
  - Transportation
  - Technology (can't get on a listening session, telemedicine, etc.)
  - Language
  - Trauma and Historical Trauma
  - Not enough funding, we fight for crumbs
  - Lack of education around mental health
  - Lack of family and community support
  - Accessibility around and throughout the Bay Area
  - Stigma
  - Past negative experiences with "the systems"
  - Not enough support/navigation
  - Poverty
  - Fear of people with mental health issues, especially fear of those who hear voices (special messages)
  - Workforce: Providers that don't look like clients or speak their language ("if I don't see anyone that I can identify with then I don't speak up").
4. What are your ideas on how to **better serve** our communities?
5. 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 recommending to others?
  - More peer respite programs (for seniors, veterans, re-entry/forensic)
  - Peer support specialists on the County crisis teams
  - POCC would like its own facility (multiple comments on this)
  - For people to keep their own provider and not get moved around





**ALAMEDA COUNTY BEHAVIORAL HEALTH**  
**Mental Health Services Act (MHSA) Annual Update, FY 22/23**



**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

- Older Adult services
- More peer support specialists
- More advertisement for mental health services in largely Asian community areas would bring more awareness and de-stigmatization to AAPI's and their families around mental health.
- Trauma education
- Allocate funds to train ALL POLICE OFFICERS to successfully respond in crisis situations. If there's only a few then qualified officers might not respond in a crisis, therefore the situations often get out of hand and sometimes there are fatalities that can be avoided.
- Supported housing for emancipated youth
- Older Adult housing
- Better support for the family,
- Adding funds in ACBH contracts to trainings for Peer Support Specialist
- Services on the weekends and after 5.
- Connect peer support specialists with clinicians as a team
- More peer support services and activities
- Workforce:
  - Providers that look like the community and/or speak their language (if you don't see anyone that you can identify with then you don't speak up).
  - Funding or stipends for interested folks willing to go to school for necessary credentials or certifications to assist in mental health services and with regards to mental health issues
- Older Adults (hotline or warm line for Older Adults) could be run by peer specialists
- Housing supports

**6. Other comments/suggestions?**

- POCC needs their own facility.
- I think that the LGBTQ+ community gets forgotten about except for one month out of the year when, as a population, they are dealing with things all year long, not just in June...especially LGBTQ+ Youth who may end up in the streets because their families have ostracized them/kicked them out after they have come out
- I think that, especially if there are folks struggling with mental health issues or receiving messages and on the street, there are people afraid to approach them or reach to them so that they can get/know about services that could help them. I'm not sure how to reach those who are special message receivers but they are not just people to be scared of, but people who need support and services like everyone else



## ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Annual Update, FY 22/23



### Community Program Planning Process (CPPP)

### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

Focus Group: Cultural Responsiveness Committee | Date: 1/12/22 | Attendees: 25

1. What are the top or most pressing mental health issues right now in your community?
  - Mental health stigma
  - suicide among children and youth
  - isolation with Older Adults, especially those with language needs
  - Suicide and homelessness
  - Stigma
  - Homelessness/houselessness
  - Community violence & stigma
  - Linkage and navigating a complex network and system of care
  - Homelessness & mental health
  - Access to income and benefits
  - Substance Abuse, Stigma around MH, Isolation, Housing is a major issue overall.
  - racism, both interpersonally and structurally which leads to health and mental health disparities.
  - Increased trauma of pandemic on top of generational trauma and systemic racism. Deep uncertainty, anxiety and stress about survival needs such as housing and health needs
  - COVID blame/targeted attack towards Asian American community members/staff.
  - Fear: violence against API, increased symptoms of depression, anxiety, exacerbate symptoms of PTSD
  - I would agree that linkage to services and figuring out how to access services is challenging for people who would like help.
  - Criminalization of persons living with mental illness and co-occurring substance use disorders.
  - Agreed with chats and sharing re: Complex Trauma and violence upon API communities
  - LGBTIQ2S community and lack of support services throughout the county.
  - Family Member and Consumer: Counseling services in jails or for those who are incarcerated should be made more readily available so they have access to those services at no cost. This way when they are ready for release they will be mentally on a better path to recovery- and address issues with trauma.
  - Suicide rates have decreased nationally but Black/AA (40-45%) and Asian American (30-35%) had a significant increase (possibly 30-35%) for suicide rates possibly exacerbated due to isolation and hate crimes.
  - Workforce issues are going to get more impacted. There is a higher need for MH support but so many of our providers are struggling with finding people to hire.
  - POCC has hear a lot about incarceration of black/brown communities of color as well as homelessness.
  - I'm hearing people experienced homelessness due to employment loss, COVID, but not necessarily due to age old beliefs such as drug use or making bad decisions. We need messaging in the community to restructure the mindset around homelessness today



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**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

- LGBTIQ2S communities youth are have increasingly difficulty finding needed support in dealing with stigma, discrimination, and hate crimes. The Trans community also.
  - Access to technology, both devices and wifi access is huge for treatment and support as well as social and academic opportunities. Families are sharing one device for everything from medical appointments to virtual classrooms.
  - increase in late autism diagnosis of those in the adult CJ system. not sure if we are seeing the same here in Alameda County.
  
- 2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being**
  - Monolingual seniors living alone do not have adequate access to technology (or know how to use technology) during this time; thus, unable to access services including mental health services;
  - language proficient outreach services
  - ACCESS – what to ask for and how to get a referral for what they need. The help isn’t available or the wait is extremely long or they don’t meet criteria for what they need. The system is hard to maneuver through this one front door.
  - People calling ACCESS are in vulnerable places and need help maneuvering. We need the decision makers to act as “secret shoppers,” try calling themselves so they can see where it is broken
  - We only offer 1 kind of mental health treatment. We are myopic in how we approach giving support.
  - Language and lack of cultural sensitivity
  - Race
  - knowing where to get the information and having it on hand, knowing what they have available thru their plans
  - Immigration status- undocumented, fear form public charge
  - Location and trust concerns
  - Barriers include lack of non-police first responders
  - Lack of genuine trauma informed and culturally affirming approach in our work. Often staff on the ground don’t have the support to engage effectively
  - lack of bilingual/bicultural workforce...use of language line is often not ideal.
  - Racism, anti-Blackness. All forms of racism. Technology not available for the singular ways we could support people. Lack of culturally appropriate and culturally developed within the community treatment/support services.
  - Transportation
  - Communication/education to address how to access services
  - Language-assumption that African American/black don’t require services because they speak English
  - Many people are retraumatized in our locked facilities. If people seek help, we are still over medicating people and restraining them, especially the Black and Brown communities.
  - offering people a list of providers to call is just plain neglect!



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### Community Program Planning Process (CPPP)

#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- Digital divide as we enter into the telehealth world.
  - Automated system is a huge barrier
  - It would be good "training" to have all Executive and Decision Makers to spend a Friday night during a full moon at PES, and then at SRJ. The people making the decisions are so far removed from the reality of the trauma that our residents experience trying to reach help. Again, the fail first, be very symptomatic to receive any types of services.
  - Stigma
  - many clients are torn between going to work and making money to provide for themselves or their families versus attending a counseling session.
  - Administrative barriers (payment system), the billing system is archaic as are the productivity requirements that go against wellness of any type
  - Concerns around Peer Support Specialist work moving forward. Family members/Consumer peers will be trained in the same pathology driven and racist practices and billing, documenting and productivity issues that licensed clinicians are struggling with. The mere supplying of bodies isn't going to solve this if we are all working within the boundaries of this unhealthy system
  - High stress and low pay for MH workers
3. What do you see as **barriers** for people to get help?
- In home consultations with preschool aged children – high school and junior college working with the institutions to address the issues of suicide.
  - More support for API behavioral health workers who are traumatized and community members as well. We have a workforce issues and can't lose people who have the experience, knowledge, expertise to work with this community. (additional support systems for BH employees)
  - Media/messaging around homelessness to perceive peoples' negative assumptions around those who are unhoused.
  - Use MHSA to improve reentry programs
  - Cultural sensitivity in response to who we are serving. Respect community cultural beliefs re: services such as involving their family members in the process
  - Black and Latinx therapists and at the leadership level.
  - WE need to allow funding to cover non-traditional approaches to treatment, non-western approaches. Many groups are not interested in the kind of treatment being offered and we don't offer them what they are likely to respond to.
  - How can the training that clinicians receive be analyzed and transformed to not be perpetuating the Systemic White Pathology driven process of DSM and controlling of non-white bodies?
  - we need more peer and treatment providers from the afghan community - that can work in the community not at a clinic
  - Localized, community location for direct services.
  - Invite populations we target to the table to help decided/design hat interventions work for them. Not a listening session or focus group.



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#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- Listen to our communities and follow the leads that they give us. We are still doing a patronizing and White supremacy mindset to the services we are supposed to be providing. Community members know what they need, we need to listen
  - We need more open minded and lived experience leadership influence on what is needed to better serve our communities
  - African American community: a health center that focused on specific needs of AA and mirrors other centers that are available for other communities.
  - Tokenism method of populating boards and advisory committees doesn't work, its window dressing. One consumer, one family member, one or non-white person is a joke and insulting
  - Payment system needs an overall requires providers to fit their services in a box. We need to focus on overhauling the system
  - Advocacy work to change messaging and highlight peer navigators/peer workers as a health care job for those linguistic/ethnic populations that don't gravitate to this type of work.
  - Consider intersections of populations such as having BIPOC AA meetings.
  - Coaching is important- from the receptionist to the Eds
4. What are your ideas on how to **better serve** our communities?
- People in the deaf community
  - Incarcerated population
  - API population including pregnant women and incarcerated
  - "API" includes over 50 ethnic groups and over 50 languages - not including ethnically and linguistically blended families.
  - Black and Brown women, LGBTQI2S people, Incarcerated people/including juvenile "justice", people with physical disabilities, people without SMI/SED levels of symptomology - the fail first method makes for higher levels of trauma for Peers and Family Members.
  - Asian American and Pacific Islanders, in particular the limited English proficient population
  - Limited and/or Lack of outreach to home bound community members and newly arrived refugees/immigrants
  - All people who don't speak English as a first language, but also the "belief" that Black American's don't need their own services because they speak English and the various cultural differences are not considered significant enough to have specialized services.
  - Low penetration rate continues to be low for the Khmer community (Cambodian)
  - Seniors (ignored in our system, vulnerable to homelessness, subject to violence, often experiencing crises earlier in life)
  - When our Seniors get hospitalized it can be a very negative turning point in their lives. Their discharge plans overwhelmingly focus on taking away their independence and placing them in nursing homes and long-term locked environments.
  - Limited English proficient communities run across various racial/ethnic group. We have to go beyond that and look at the trends in smaller, immigrant and/or refugee communities that are left out. services cannot just be for 'threshold' languages/communities.
  - Mam community from Guatemala. Our AC3 consumer engagement team has been doing outreach and to increase health linkage



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#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- African American Youth (10-15)- need easy access to counseling and other MH services available- without parent consent so they can have services in privacy and get the help they need. For sexuality, home/school life, COVID and transiting to puberty or other milestones of development.
  - Trans and queer population especially nonbinary
  - Given the pandemic, we need to consider frontline and essential workers as a group that needs mental health support.
  - Afghan community members, sex workers, and other marginalized people should be in this conversation and in the planning. They are not being served well if at all.
5. 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 recommending to others?
- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Wellness centers</li> <li>• Sally place peer respite</li> <li>• Our FSPs</li> <li>• TAY early psychosis program</li> <li>• TAY adult triage programs</li> <li>• MHSA housing program and CLAs<br/>FSPs</li> <li>• CATT team</li> <li>• FSPs</li> <li>• PEIs</li> <li>• Housing Dept</li> <li>• UELP programs</li> <li>• POCC</li> </ul> | <ul style="list-style-type: none"> <li>• PEERS WRAP Groups</li> <li>• Social inclusion campaign</li> <li>• ACBH eating disorder consultant</li> <li>• FERC</li> <li>• ACNMHC- Berkeley drop-in center</li> <li>• Best now</li> <li>• Reaching across</li> <li>• Family support</li> <li>• Co learning</li> <li>• Coaching</li> <li>• Parents café</li> <li>• FERC</li> </ul> |
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**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

**Focus Group: African American Communities | Date: 1/13/22 | Attendees: 29**

1. **What are the top or most pressing mental health issues right now in your community?**
  - Homelessness
  - Mental Health implications due to COVID-19, COVID variants, and its impact on our seniors, parents, and children. We're 2-3 years out from having a semblance of normalcy. We need dollars to project into the future.
  - Substance abuse
  - Substance abuse creates psychosis and mental illness which is compounded with homelessness, unemployment, access to medical, and COVID
  - Mental illness and suicide
  - Health inequity and access to quality care – we need trauma informed care throughout this system
  - Foster care system: children have unaddressed trauma. The system impacts the family dealing with substance abuse, physical, and sexual abuse. The parent is overwhelmed and has issues with anxiety and the children are then abused.
  - Self-sufficiency amongst consumers
  - Lack black behavioral health professionals
  - Affordable housing
  - Safe employment opportunities. "At - Will" employment is also an issue.
  - For the youth - COVID has impacted community activities and results in substance abuse by parents & children. We need preventive measure before children reach juvenile hall or the hospital
  - Access to communication. Many are unable to access Zoom without money to get a proper phone or leverage Wi-Fi-- especially the older generation
  - The toxic impact of institutional, organizational and individual "White Supremacy" that infects all psychiatric assessment and treatment; masks itself as regulatory procedures and one-size-fits-all programs and procedures -all of which is acidic psychic terrorism
  - Lack black mental health individuals and resources to conduct adequate outreach. We need to get services to the people who need it.
  - Address the racism and hobbling of people of color (POC) internally within Alameda County Behavioral Health
  
2. **Are there **individuals, groups** and/or **cultural communities** who you believe are **not being****
  - Lack integrated care facilities, for example, Asian Americans have 3 facilities where mental health and primary health care services are integrated in one location making it easier for people to get there and access services. Resources are strategically placed in these ethnic communities whom outlive African Americans by 5 years (Native American community), 11 years (Asian American), and 8 years (Latinx community). We have the most health disparities and lowest life expectancy and we have no integrated care. We have to fight for a wellness hub which isn't equitable.



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#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- Failure to recognize and utilize the wisdom of African American culture and traditions seems to be discriminative.
  - White/BIPOC providers receiving innovation funding failed to integrate services for African Americans with no consequences or accountability 10 years ago.
  - Climate of CBO and governmental organizations that won't let you mention African American, healing, and the legacy of slavery- this is why nothing has happened for us
  - Finance and insurance
  - Lack trust in the system
  - Inappropriate outreach to African Americans
  - Lack results- a lot of talk and no action
  - Bad policy and procedure-makers
  - Disrespect towards African American providers and consumers.
  - Identify cultural brokers in the African American community and develop a pool of brokers to serve as a liaison to the County, providers, and communities
  - Absence of black leaders
  - Stigma that you don't have it together if you require mental health services
  - Others want to keep African Americans oppressed so they don't look bad
  - White supremacy
  - Structural impediments to "on the ground" folks earning contracts to provide the work
  - Every identifiable barrier related to the "Dis-at-ease" disease of white supremacy
  - Inability of County to factor in WS as a treatment related issue with many outcomes
  - Black people are often misdiagnosed
3. What do you see as **barriers** for people to get help?
- Building the capacity of African American CBOs
  - Require funding for the Wellness Hub be implemented into every MHSA plan that's being developed. Set aside \$9M from CSS, \$7.5 from PEI, and \$2M from WET programs. These programs should be implemented through the African American Holistic Wellness Hub and the Bay Area Chapter of the Association of Black Psychologists should be awarded the grant /contract by the County to implement these services. All our programs are Black-centered, our association has many national and international chapters.
  - Leadership academy to address the absence of black leaders
  - We need more Black providers in mental health
  - Increased collaborations with the resources that we have
  - African American Wellness Hub approach that' s not Eurocentric and segmented. It should be funded as stated and appropriately
  - County should emphasize the need for diversity in their funding stream and expand funding for organizations and not place so much emphasis on evidence-based practices, because they do not work for all population and/or weren't created with African Americans in mind, unlike others.
  - Need an educational component to announce new treatment modalities for African American



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**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

- An African American hub
4. What are your ideas on how to **better serve** our communities?
- African immigrant community needs more outreach
  - African American community as a whole is unserved/underserved, not represented, or are unable to access services. It's hard to find a program that identifies as African American. I hear it exists but am unable to access it. Other groups have dedicated community centers that are not available to African Americans
  - Formerly incarcerated
  - Family members lack a dedicated place where they can go to receive vital information and resources to house and empower family members living with mental health challenges.
  - Black transgender community
  - The failure to use the science of Black psychology and the application of African American culture and wisdom traditions makes all current services inadequate for all African American persons, families and community
  - Youth as suicide numbers grow
  - Black perinatal (pregnant & parenting) population given African Americans have the poorest perinatal outcomes, birth trauma, and the highest maternal, fetal and infant mortality rates
  - Youth with substance abuse issues
  - The whole Black community is not being adequately served. As a result of being inadequately served we are inappropriately served in behavioral systems.
  - African-centered implies a holistic approach, including African spiritual wisdom and culture
5. What African American Wellness Hub: Is this the solution, what are barriers, what are elements/recommendations to develop a sound hub? (Note: Co-host replaced LS question with a new one: **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 recommending to others?**)
- This is not ONE or THE solution but a part of improvements. A solution fits into the Eurocentric logical system. The African American system is not individualistic but is about collectivity. This hub is a part of a broader solution.
6. **Other comments/suggestions:**
- These are the same questions asked in previous MHSA plans, the responses are the same. We (Bay Area chapter of the Association of Black Psychologists) provided a white paper on recommendations. The County cannot compartmentalize mental health illness into different groups without addressing it holistically. A 2011 Utilization Report said African Americans were underserved/unserved, and in 2022 it's the same issue. Here is the link to African American Utilization Report: <https://acmhsa.org/innovation-communitybased-learning/innovation-grants-round-2>



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#### **Community Program Planning Process (CPPP)**

#### **FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

- [For the African American community] You should: (1) Post listening questions on an annual basis through town hall meetings and have focus groups concentrate on each question to develop a comprehensive response to the County regarding the MHSA Plan, and (2) the county should be a partner in this process and build into the process accountability not just from the County perspective but to providers targeting the African American community. The pattern we are currently following doesn't work for the African American community- we like to come together and bridge the divide which takes time for us.



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**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

**Focus Group: City of Fremont-Older Adults | Date: 1/18/22 | Attendees: 8**

1. **What are the top or most pressing mental health issues right now in your community?**
  - Logistics
  - Bureaucracy, so complex, challenging to figure out how to access services Eligibility requirements are often so different and not clearly defined, especially during the pandemic.
  - Not enough staffing
  - Limiting resources
  - Navigation of services as a lot of services require technology
  - Transportation
  - Homelessness
  - Cost of living: Not adequate/sustainable housing.
  - Inconsistency and unreliability of programs - they "come and go."
  - Staff/counselors are not consistent if they can't keep their job.
  - Homelessness is impacting senior people - they may be "couch surfing" - if they are mentally challenged they may lose their housing situation.
  - Loneliness and isolation.
  - Telehealth has been a big transition for seniors and the pandemic caused a hardship for seniors.
  - Increase of suicidality, anxiety - feelings of constant worry.
  - Safety - crime against seniors (theft, hate crimes).
  - Failure to enforce laws.
  - Strongly related to anxiety.
  
2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being**
  - Blind people also neglected.
  - Medicare population is having access issues.
  - Lack of coordination procedures in conflict with one another.
  - Cultural groups who have stigma against mental health. Groups that lack language services.
  
3. What do you see as **barriers** for people to get help?
  - Technology focus on access
  - Other options need to be maintained
  - older adults without family support
  - IHSS is often inconsistent, or clients rely on an allotted number of hours set by the county which may not be enough; and they do not offer overnight hours; but the client does not meet requirements for a nursing facility
  - Some groups delay getting services due to stigma - services need to be "wrapped" in something else like an activity.
  - Income - way it is assessed. You may have net worth but not cashflow to get services
  - Lack of awareness of services



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### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

4. What are your ideas on how to **better serve** our communities?
  - More of umbrella type of environment - helping to direct people to the service they need.
  - Going door-to-door instead of sitting in an office somewhere and requiring older people to find help. Whose job is it to do that outreach?
  - Is it possible to set up new 111 line as a single source that will help route seniors to the right service?
  - Wrapping/bundling services into an activity program.
  - Provide training to law enforcement/fire department so they have the knowledge to refer people to services as seniors may go to them when in crisis.
  - Written materials/online/short seminars to educate and refreshers for first responders.
  - Use other community services (doctors) to help distribute information.
  - Reaching out to broadcast networks/media?
  - Need more services that have language and cultural capacity.
  - Ihande' s programs are well regarded - she has developed a lot of programs that help meet some of these challenges.
  
5. 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 recommending to others?
  - Senior Peer Counseling Program;
  - Senior Mobile Mental Health;
  - Food Banks
  - Age Well (Senior) Centers
  
6. **Other Comments/Suggestions**
  - Older people get forgotten.
  - Every agency and healthcare facility serving them should have one or two seniors being served included on their boards and committees.
  - Create an organization that would address these challenges and come up with the solutions.
  - "Complex Care" (Stanford Healthcare) people that help people navigate and access services.





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**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

**Focus Group: Family Members | Date: 1/19/22 | Attendees: 9**

1. **What are the top or most pressing mental health issues right now in your community?**
  - Homelessness
  - Find and Access treatment- family knowledge (knowing about different programs)
  - Not knowing there is a problem
  - Anger directed towards parents
  - Lack of compliance- revolving door. There isnt a step down. Youre either in John George or out and if lucky into Villa Fairmont. I dont know anyone using amber house or J Mueller or Sallys place – i dont know how functional they are and i should. Supportive housing is needed
  - No follow-up or follow through. People seriously ill need wrap around Support services. It’s hard to stay housed without these supports. Housing is a revolving door and then things fall a part without supports and they’re back on the streets.
  - Navigating the system is getting harder and harder and finding something thats not paid for with MHSA or Medi-Cal. Someone put on FSP after Villa Fairmont discharge never received those services which they’re entitled to. We need a lot more Access when people request them.
  - IHOT provided a lot of Support but not STRIDES and now my child is homeless again. I had to pay for hotels. STRIDES helped her become her own payee so she really doesnt have any money now. WE had to work with SSI to have another payee for her. Now she spends her money and has n place to go and it’s a continuation issue. The ball drops and it starts over again.
  - Increase in suicidality and suicides
  - Homelessness is prevalent, egregious, and like everyone says there’s no support if someone gets housing/services and no support for continuation of it. Wrap would be helpful
  - We need appropriate non violence crisis response systems. We have things going on in the county but Its a huge need.
  - We need Spanish speaking services. Families carrying for loved ones across the age spectrum are suffering from lack of spanish services.
  - Fmailies caring for children are having issues in the pandemic. A 9YO son said he lost his childhood in the pandemic.
  - Step down Support is a need
  - Understanding conservatorship- it’s complicated for family members. We need support around making that system more accesible for people.
  - We need more culturally syntonic services and Support helping families know how to talk to providers so they can get their needs across cultural barriers
  
2. **Are there **individuals, groups** and/or **cultural communities** who you believe are **not being****
  - Revisiting the waiver concept once they’re discharged
  - I hear families thankful to hear other families. We need a network of support groups around the county- somehow this information should get out maybe during discharge



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#### FOCUS GROUP - INPUT QUESTIONS & ANSWERS

- I agree- we need a family support facilitator. The perfect model for me happened when we participated in the IHOT program. It was a joint effort with everyone working together. We need that model in all levels of care unlike my experience with STRIDE where they treated me like I was the enemy. I liked that they encouraged family members to participate.
- Revisit the whole HIPAA issue. It was a way to protect digital privacy of health information and wasn't meant to place a wall between people with psychosis and their families. Amongst some caregivers, there's a fanatical adherence to HIPAA> do people ever actually get sued for talking to people. Its sometimes used as an excuse to not be bothered by families I had some practitioners ignore it for my child's best interpret. Nothing bad happened, only good things because of it. Can someone look at the law and reinterpret its applicability to his situation. My child was missing, and a county called me up, I provide the history, they told me my son gave them verbal permission to contact me but they really wanted his SSI to see if he had coverage. They didn't care that much. They just wanted to get paid. If they can find ways to bypass it in certain situations why not find other ways.
- HIPAA and confidentiality training for providers is critical.
- It sounds as if a lot of comments around support for families have to deal with access. Access to information, access and support in terms of more regular contact with peers.

#### 3. What do you see as **barriers** for people to get help?

- Lack of culturally sensitive outreach & information
- It still feels as if it's a disjointed and silo'd process. We had to take charge and make sure everyone communicates together for our son.
- Ease of use
- There is no help or follow up at John George. Even if you get into a FSP- it's hard to get them to do what they should do. No accountability.
- My problem has been, I've been able to navigate and find things/resources. My problem is getting the system to talk to me. I can navigate and get help with the help of FERC, but some agencies quote HIPAA and I can't get past that and my child wouldn't survive unless I was there
- Id like all mental health services to have a mission statement that recognizes the family and client. This should be an official stance to get everyone thinking that way. The families are doing the heavily lifting. If you don't recognize or address that you lack the whole circle. It wont work without the family
- The biggest barriers I family member access to support their loved ones. When I think of MHSA dollars, I think of training that should happen across the board in all systems about the family member role.
- HIPAA ruins a lot of this. We need to maintain different ways to keep the connection going post discharge. When do we discuss Issues of waiver to contact family.
- The system is set up to damage to family relationship the way its set up everytime you call 5150 to pick up a child. Everytime you tell families don't let them back home or get a restraining order and tats the only way they'll get conserved. The children get home and are angry feeling betrayed. There is a lack of trust and anger that grows because



**ALAMEDA COUNTY BEHAVIORAL HEALTH**  
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**Community Program Planning Process (CPPP)**

**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

everything about the system creates an adversarial relationship and perception family is against them

4. What are your ideas on how to **better serve** our communities?
  - Spanish-speaking families
  - trans
  - Dhari speaking afghan community
  - I read in the Chronicle that 5% of the SF population is the Black population and they make up 35% of the homeless and the majority of homeless are people living with serious mental illness. I'd think if im trying to solve the probelm lets look at the community most impacted since forever using stsstatistics. While that is a SF statistic, here in the east bay it's worse. We need to go where the need is most urgent. Wouldnt it be nice to finally solve that
  - Each cultural groups handles the idea of mental illness in a different way. A South Asian family was introduced to a world they know nothing of. The culturally ethnic groups need more than "here is a service." We know where the hotspots are, so, let's target them as a beginning would be a Good thing
  - The african american has been inappropriately served especially in the jail
  - The LGBTQIA hasn't been counted statistically by alameda county system of care so we dont know what theyre receiving. Its not accounted for and you can't provide statistics when you can't count them.
  - The system is based on White supremacy model controlling black, Brown and other bodies not fitting that model. We need to thoroughly examine our system from the top down including who people are trained and our caregivers. We need to analyze this information or we won't be able to truly serve the various cultures in our community
  - It strikes me that numbers are helpful. Looking at population demographics may be helpful. We need a statistician to xompare the numbers to service information t osee if they reflect trends.
  - We are all get because things aren't that tangible
  - IHOT should be expanded
  - CATT/mobile response crisis services need to be expanded
  
5. 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 recommending to others?
  - I heard IHOT fundigb was being reduced
  - What is being done/set aside to Foster , create Support for more workers in the pipeline
  - FERC- i refer people here
  - Mobile crisis teams- i dont draw out that it's MHSA funded but its helpful to know this being on the MHSA Stakeholder Group Committee
  - IHOT is one of the best services we've had and helped my daughter after working in the mentalhealth system for a combined 50 years.
  - FERC



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- Mobile crisis
- Some FSPs
- IHOT was an amazing program
- I had a Good experience with FERC
- IHOT should be expanded



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**Focus Group: NAMI Chinese | Date: 1/14/22 | Attendees: 22**

Summary of key points of the session:

- ✓ Language barrier. Parents often do not have enough English proficiency to secure help for their ailing children, who command good English.
- ✓ Police are not as anxious to help as they used to be. They sometimes even turn around and ask helpless parents for advice.
- ✓ Dire shortage of funding from the county/state greatly hampers community services for the mentally ill and their family.
- ✓ County/state must step in to help cope with rampant societal discrimination against the mentally ill.
- ✓ The squeaky wheel gets the grease: The Chinese community must be more active in advocating for public help and support for the mentally ill.
- ✓ There is a severe shortage of psychiatrists. Scholarships to encourage young people to pursue career in psychiatry and mental health.
- ✓ Need to heighten community awareness of mental health issues as a preventive measure. Again County/state has to step in, providing much needed funding to help.
- ✓ Need outpatient clinics and long-term care facilities in Chinatown.

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

- I would like to take this time to have the attention of you and the public be alerted that there are so many families that need help out there. Anorexia is a serious illness. Staff not related to this area may not know about it.
- There’s no way to send people to the mental hospital. It’s so difficult. If County can build a middle man or something. Take those people to evaluate them. If they can actually figure out how to send them to the hospital. Too many hospitals that even can’t take those people. I found that is very difficult right now.
- Police are not coming anymore. Say like 5150, police ~~will~~ used to take them to the hospital. They don’t do that anymore. The police will stay outside. Even you have violence at home, they will ask you, “are you willing to go to the hospital?” Of course, the patient will say no. Then the police will tell you, “I cannot” and he walks away. “There are too many cases.” They will walk away. Even you trick the patient to the hospital, the hospital is full right now. I don’t think they can find any. They will ask the patient, “are you okay?” The patient says, “yes, I’m.” “So, you have to go, I’m sorry.” It’s very frustrating to the family. I don’t think that’s the problem of language. Of course, if there’s an interpreter, that will make life easier for people who don’t speak well in English. Yeah, hospitalization is the very big problem now
- If I look up information online, I’m not sure I can find any information that is helpful related to mental health. It is very difficult for elderly to search things on the internet.
- The warm line has overloaded. Cases have tripled. Is this situation resulting from home staying during the Covid? Does it increase the psychotic episode or elevated the symptoms? As Carole mentioned, there’s not enough hospital rooms to take in mental



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patients, and this situation seems to have been aggravated by language barrier. Some patients need to stay in the hospital but cannot because of the parents' language barrier.

- When the police came in 5150 calling, the child, I mean the patient, speaks fluent English and said, "I'm fine, I don't have a problem." But the parents know that their child break the window, hitting things here and there due to insomnia every night. However, the parents cannot speak fluent English and are unable to send their child to the hospital. The most important thing to know now is that cases are escalating. Many families with mental patients are hard hit in the pandemic.
  - There is a language barrier in 5150 call cases. Patients speak fluent English but not the parents. They are not speaking fluently enough to send their kids to get help. That is actually one of the problems caused by Covid.
  - I agree with that kids speak English better than their parents. That is a very difficult situation to deal with. Especially in terms of appearance, Kids speak fluent English and they act normally when calling the police. Even though the police know that they might suspect the kids do have some problem, they cannot do anything because of the normal appearance and conversation. This is one reason they delay sending their ailing kids to hospital.
  - This is a tough situation whenever we call 911, the kids act normally, even after the police come, the child will answer questions and speak fluently. Parents are limited in English. So, this is probably the cost of the delay in service.
  - I think besides calling 911, English is also vital when we need to go to the hospital or report to our jobs. Otherwise there will be a big breakdown. Things happened to us yesterday, we called the police, we tell them about our situation. They asked my daughter but she refused to answer. If the police team asked her that way, of course she would not answer anything. There is inadequacy in services.
2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being**
- I hope more helping hands can be extended to families ~~with~~ struggling like mine. We have been living like hell for the past two years. My elder daughter had no schooling except online due to the pandemic. She developed an eating disorder and has been in and out of the hospital for almost twenty times. But we received very inadequate help. There was no proper response to our request, every time we made one. I hope Alameda County can treat eating disorders as a life- threatening illness and provide adequate services. You can't sustain two days without eating. Can you imagine my elder daughter having not eaten for five to six days consecutive! She was on the verge of dying! Yet the County provided no meaningful help. Does the County take life seriously? The service is so bad and inadequate. I hope through this platform to call attention to the seriousness of eating disorder, to address it as ~~is~~ a life-threatening illness. Normal human heart rate is 60 per minute, my daughter's was 39, she could die at any moment. We rushed her to the UCSF hospital in SF. But once until her vitals were stable, they discharged her, without any follow-up services by a specialist. My daughter felt helpless. We were totally lost as to where to look for help. After the discharge,





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we managed to have a meeting with the Alameda County, but they told us there was no resources for us. How can you save lives if you are not given necessary resources?

- Peers need help finding jobs
- The pandemic had a great impact on senior people. They could not go out to use facilities, especially for those who have mental illness. As far as I know there were three who committed suicide. That is a big ratio in the Chinese community.

#### 3. What do you see as **barriers** for people to get help?

- I think language barrier and the need for translation is still the issue. Besides the 911 service, there are many other services that we need, such as help with finding a job. To be able to communicate in English is necessary. Once communication failed due to lack of English proficiency, it affects everything down the road. It is a big problem.
- This is not a problem of language barrier. Now, it's about the hospital refusing to accept patients unless they are dying. My daughter's heart rate and blood pressure had reached a very low level. But they would not take her in because she was not in immediate danger of dying. This is a big problem.
- They told us that my daughter's situation needed a long-term care. Anorexia needs more than just one day of treatment to recover. The County only provided 7 weeks of treatment. According to an anorexia specialist we had talked to, my daughter needed consecutive treatment up to 5 to 6 months. She cannot be discharged in 7 weeks. That is not enough. The County promised and signed a treatment for 5 months. But later in the second meeting, they revoked that and changed it to 6 to 8 weeks. The hope I had after the first meeting was suddenly dashed! How disappointing!
- At the end of last year, my daughter and I tried to look for an alternative doctor, psychiatrist, for her mental illness. We had a great deal of difficulty as far as availability goes. I had a list of, I think 85 or 86 doctors, I must have gone through at least 40 to 50 doctors and none of them were available. That really created a lot of anxiety for my daughter alone. The unavailability for any alternative doctor when she was having problems with her current one.
- Another one is the Institute course she has been going to, which is in Union City. She has been going there for her drug management. Since the end of 2017 or beginning of 2018, they have constantly, maybe every other month, changed their personnel. So, there was no so-called routine to follow up. The staff were poorly trained.
- Difficult for peers to find jobs
- Asian hate around the county. They do not feel safe living, it's a very big issues in our community.
- The Chinese community suffers most because of language barrier.
- Another problem with us, as many people in the group have already mentioned, it is the follow up services. Without follow-up services, one single treatment is totally useless.
- stigma and the discrimination
- I think the stigma is more-pronounced in the traditional Chinese culture, in the traditional Chinese community. For the younger people, especially those who are educated and grew up here in the US, the issue of stigma is less serious



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- I would like to call our attention to an important problem we have, that really don't have enough psychiatrists or mental health doctors. I think our medical schools are not pumping out as many regular doctors as psychiatrists. At Kaiser, for example, they have very limited resources for mental health.
4. What are your ideas on how to **better serve** our communities?
- A senior told me all she wanted is to have somebody to chat with her. Someone to visit her.
  - Peers need help finding jobs. Although there are stable enough to work, they are often afraid of people round them. Is there any way to help? I applied for BOA but there was no Chinese speaking staff when I went to the building.
  - We need funds for our peer counselors, peer counselors, being able to go out of the field because we have lots of volunteers, but the volunteers will get very tired and it's difficult. If we have enough counselors, a lot of resources can be translated into Chinese. We can directly help people out there as an organization
  - I want a place in Chinatown to answer your questions in person
  - We can get lots of information from the WeChat group. My mother-in-law does not know how to search on the website, or go online.
  - Mental health is a chronic illness. Treatment in an outpatient clinic is important. But follow-up services, long-term caring services, are equally important. ? If the State give equal attention to both clinical treatment and long-term care services, a lot of problems can be avoided.
  - I think prevention has a lot of room for improvement. All of the people that are sitting here are not doctors, not trained therapists, but many of us are trained support group facilitators. We have gone through different training. Some by NAMI, some by ourselves, and some are hard learned life experiences. Such training and experiences can play a very important role in spotting serious problems before they actually take place
  - Implement more public education on mental health.
5. 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 recommending to others?
- NAMI
  - MHACC



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**FOCUS GROUP - INPUT QUESTIONS & ANSWERS**

**Focus Group: TAY Forum | Date: 2/8/22 | Attendees: 6**

1. **What are the top or most pressing mental health issues right now in your community?**
  - Housing
  - Finding a job
  - Stress in general
  - Work life balance and this area being super expensive
  - Stress, depression, anxiety
  - Work stress
  - Family issues
  - Not understanding what resources, are around you
  - Mental health is the backseat driver
  - Suicide
  - A lot of stigmas around mental health
  - In the Asian community it looked down upon
  - Super underrepresented having to cover basic needs
  - More financial need for our queer youth and young adults
  - Learning how to become and find the path that is chosen
  
2. **Are there individuals, groups and/or cultural communities who you believe are not being adequately served?**
  - International students
  - Minors in high school
  - Confidential care for minors
  - Latino Community
  - African American Community
  - Women of color (being a women)
  
3. **What do you see as barriers for people to get help?**
  - Insurance
  - Language barriers
  - Community Based Orgs are underfunded
  - Transportation
  - Accessibility
  - Finding people in these orgs that will answer
  - Doesn't have adequate help (shunned or pushed away)
  - Lack of awareness
  - Lack of understanding where your resources are
  - Limitation of resources
  - Also note at Ohlone there's only one full time counselor, the rest are interns so that's temporary and always changing
  - CAL Berkeley Services are limited to basic needs
  - Limited mental health resources are scarce in Alameda County
  - Mental health is looked down upon
  - Not enough awareness
  - People don't know about resources or where they are
  - Cultural Sensitivity
  
4. **What are your ideas on how to better serve our communities?**
  - Funding
  - Getting more people who understand the system
  - Getting more people to help the process to finding resources
  - Having that bridge that connects you to resources



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- Main hubs in central locations
  - Social Media needs to be re-vamped and used stronger
  - same with insurance! a lot of people don't understand how to seek therapists based on their needs and their ability to pay!
  - Having more of those resources available
  - Having a wider diversity of staff
  - Understanding therapists who understand family values
  - Physical health is at the forefront/Mental health needs to be talked about more in the household
5. 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 recommending to others?
- HHREC
  - Boys & Girls Club
  - YMCA
  - I ain't never heard of this
  - More mental health resources on student ID's (high school, College)
  - Making one social media for the county and more outreach for MHSA Programs (using communities to outreach specifically schools)
  - Mental Health Presentations through schools (middle, high, and College)

## Appendix D. Public Comment Summary

### PUBLIC COMMENTS

| Name or Contact              | Comments:  | Date Submitted       |
|------------------------------|--|----------------------|
| <p><b>1. Imo Momoh</b></p>   | <p>Can we add a narrative on the Funding Narrative section, and include this in the final version? The reason is because of discussions happening now that could change the information, e.g., discussions about a 6% COLA.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. Our office will include a fiscal narrative in the final version of This Plan.</p>   | <p><b>4/1/22</b></p> |
| <p><b>2. Anna Gruver</b></p> | <p>The work of the Blue Skies Mental Health Program has been pivotal to the Public Health Department. As a provider to primarily Black and Latinx perinatal populations, Blue Skies offers interventions and strategies to clients who would otherwise not access or seek mental health services. The Blue Skies Program provides culturally responsive and immediate care to a critical and significant time in the lives of pregnant people and families with young children. So many of our program participants suffer from depression, anxiety, trauma and violence that Blue Skies services are imperative. Thank you for the support and please continue to fund this program.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values this partnership with the Public Health Department and has been pleased by the positive results this program has been able to achieve and the families that have been served.</p>   | <p><b>4/6/22</b></p> |
| <p><b>3. Rory Brown</b></p>  | <p>Grammar - Pg 19 - exploring NOT exploring<br/>Clarification - Pg.20 Section B - Did you mean to state this:<br/>These beds were created to meet a need that doesn't exist.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comments. For clarification "exploring" means a thorough analysis of a theme; an exploration of a subject, or an inquiry; as such, ACBH has conducted a thorough exploration of possible sites for the African American HUB.</p> <p>Hyperlinks - Please use them, this is an electronic report. If more information can be found elsewhere in the report or on the website. Use a hyperlink.</p> <p><b>ACBH/MHSA Response:</b><br/>The MHSA Plan will continue to utilize hyperlinks to make external resources user accessible. Currently, the <i>Table of Contents</i> is hyperlinked to each section, and hyperlinks to external resources such as evaluations or demonstration projects are included throughout the plan. We will communicate additional suggestions to plan contributors for future inclusion.</p> <p>CATT - pg 112 - *dispatching for CATT through local law enforcement* - what does that mean? why that distinction? Has this method proven helpful and/or expanded services to those previously NOT served?</p> | <p><b>4/6/22</b></p> |

|                                     |   |                      |
|-------------------------------------|---|----------------------|
|                                     | <p>ACBH/MHSA Response:<br/>The distinction is made because CATT teams are the only mobile crisis team dispatched through the 911 system. This method is being tested to explore whether it is more efficient in accessing a mobile crisis unit.</p> <p>CATT - pg 562 - Why the change from calls/served to contacts?</p> <p>ACBH/MHSA Response:<br/>For clarity, this is on page 563. Not every call ends with the CATT team serving a client. Sometimes the client is no longer at cited location; was taken to hospital; or some other outcome occurred in which the CATT team was unable to assist serving anyone who may or may not have been in crisis.</p>  |                      |
| <p><b>4. Barbara Benzwi, MD</b></p> | <p>I'm both a medical provider at a community clinic in Alameda county, as well as a family member of a loved one with serious mental health problems. As a provider, I'm concerned that there is a dire lack of sufficient numbers of therapists for our patients, even when they have finally decided that they want ongoing weekly therapy, and even when they finally have MCAL or other insurance. With the pandemic, most therapists' practices are full with many months' wait list. As a family member, I've learned the hard way of a serious gap in our mental health care system. There are very very few psychiatrists/Psych NP prescribers (on our HMO insurance, which has a huge panel of psychiatrists) who are willing to treat patients who are currently abusing or misusing substances, including cannabis. In trying to find care for my loved one, I heard time and time again that such prescribing providers would only take on a patient if the patient was seeking sobriety. Guess what? Probably nearly all substance misusers are trying to cope with unbearable feelings! They have anxiety, depression, suicidality, maybe bipolar or schizophrenia. It's unethical, in my view, for prescribers to refuse to take them on as patients, or if they do, to harangue them at every visit about getting sober, and eventually drop them from their practice if they dont; seek sobriety. Sure , sobriety would be the very best thing for my loved one, but THEY have to choose it!! What happened to meeting someone where they're at? Harm reduction?</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH has sponsored a Fellowship Training Affiliation agreement with the University of California, San Francisco, School of Medicine since 2015. The program allows one psychiatry fellow from UCSF Public Psychiatry Fellowship Program (PPF) to obtain clinical training and education in a public setting. Please read more about this in the WET section.</p> | <p><b>4/7/22</b></p> |
| <p><b>5. Marshall Williams</b></p>  | <p>The ACMHSA draft report was very informative on the countys awareness of the mental health issues for its citizens. In addition to human citizens, we should also look at the animals in pet families and how the human animal bond is displayed. When attempting to attract underserved communities to mental health services, pets provide the direct path to get the attention of parents long enough to funnel additional county based services to families. Working with animals also creates pathways to message the parents about mental health by drawing correlations between the behavior they notice in their pets and their personal feelings and emotions. Combining the two will drive awareness on key themes that will produce action that stimulates positive life outcomes.</p> <p>ACBH/MHSA Response:</p>   | <p><b>4/8/22</b></p> |



|                            |   |                |
|----------------------------|---|----------------|
|                            | <p>Thank you for your public comment. ACBH is continuing to explore innovative therapeutic strategies for our Alameda County communities.</p>   |                |
| <p>6 Daphina Melbourne</p> | <p><b>Blue Sky's Mental Wellness is essential to the mental health of our Black Birthing community in Alameda County. Our community deals with so much trauma and loss, and this service is essential to maintaining their mental health.</b></p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. As mentioned above in comment #2, ACBH values this partnership with the Public Health Department and has been pleased by the positive results this program has been able to achieve and the families that have been served.</p>   | <p>4/12/22</p> |
| <p>7. Tameko Jones</p>     | <p>Mental Health Programs such as Blue Skies are a critical component to serving community members residing in Alameda as it pertains to maternal mental health. The department does great work serving the Alameda County pre and post natal population. Through-out major cities in the US, including Alameda County, Latino and Asian people face high childbirth risk, but for Black women, there seems to be a relationship uniquely influenced by toxic stress regardless of education. Also, according to the Kaiser Family Foundation, Black women are substantially more likely to be employed at jobs that provided inadequate health coverage, wages and maternal leave/ All these factors can lead to an increased pressure to return to work immediately after birth, which had negative outcome for both mother and baby. For these reasons alone, it is imperative that programs such as Blue Skies stay intact.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. As mentioned above in comment #2, ACBH values this partnership with the Public Health Department and has been pleased by the positive results this program has been able to achieve and the families that have been served.</p> | <p>4/14/22</p> |
| <p>8. Narges Dillon</p>    | <p>Crisis Support Services of Alameda County is currently not able to respond to all the incoming calls to the 24/hr crisis line. We are on track to answer 30,000 calls and miss 5,000 calls this fiscal year. According to our data, 20% of callers are presenting with suicidal thoughts and behaviors during their calls. I worry about the approximately 1000 calls with such content that are going unanswered every year. Thank you for your support</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so CBO partners, including the 24/hr crisis line, can provide culturally and linguistically responsive services to our Alameda County communities. ACBH values its partnership with Crisis Support Services of Alameda County.</p>   | <p>4/14/22</p> |
| <p>9. Nicole Sudduth</p>   | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services. There is such a dearth of service providers available for hire and part of the reason is because we cannot pay them a livable wage for the Bay Area. This work is rewarding, but also very challenging. Our clients are suffering because they cannot get services when they need them. I would like to prohibit my staff from burning out because they are trying to accommodate all the needs of our clients with limited resources and too many people on their caseloads. Please increase the funding to our contracts so we can hire enough people to provide the quality services our clients need. Thank you.</p> <p>ACBH/MHSA Response:</p>   | <p>4/15/22</p> |

|                                     |  |                |
|-------------------------------------|--|----------------|
|                                     | Thank you for your public comment. ACBH continues to explore innovative measures to provide and retain a culturally and linguistically responsive behavioral health workforce in Alameda County. The WET section describes our loan repayment program for CBOs with an application cycle tentatively schedule for Summer 2022.   |                |
| <b>10. Megan Maley</b>              | <p>This is great information to see - I recommend as much rollover funding as possible is used to leverage/match Federal Funding, and that these dollars are then passed on to contracted agencies for use.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/18/22</b> |
| <b>11. Barbra Silver</b>            | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/18/22</b> |
| <b>12. Unknown service provider</b> | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/18/22</b> |
| <b>13. Emma Enav</b>                | <p>Please invest rollover funds into the current system so we can address the workforce crisis by giving staff higher wages. Working conditions for direct service providers, particularly clinicians who work in the field, is not sustainable and encourages talented and vital workers to seek out careers with private organizations or become self-employed. I want to continue working with the population I serve but my salary is not enough to pay for my cost of living, especially with the tremendous amount of debt I've accrued studying social work.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH continues to explore innovative measures to provide and retain a culturally and linguistically responsive behavioral health workforce in Alameda County. The WET section describes our loan repayment program for ACBH CBOs with an application cycle tentative schedule for Summer 2022.</p> | <b>4/18/22</b> |
| <b>14. Sheila Saremi</b>            | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our</p>  | <b>4/18/22</b> |

|  |  |                |
|--|--|----------------|
|  | <b>Budget Teams so that CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</b>  |                |
| <b>15. Nancy R. Morosohk</b>                                 | <p>The community based agencies serving children and families in need are really in need of support. the cost of living in the Bay Area is so high and the work is so demanding and our hard working staff are struggling to survive. IT makes it hard for us to keep good staff. This means then that clinets can't be served in a timely fashion. CBO's need this money! I recommend ACBH use as much of the MHSa rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH continues to explore innovative measures to provide and retain a culturally and linguistically responsive behavioral health workforce in Alameda County. The WET section describes our loan repayment program for ACBH CBOs with an application cycle tentative schedule for Summer 2022.</p>  | <b>4/18/22</b> |
| <b>16. Sabrina Estell</b>                                    | <p>I recommend ACBH use as much of the MHSa rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/18/22</b> |
| <b>17. Unknown law enforcement/criminal justice provider</b> | <p>It is extremely important to continue to educate all of our communities about Mental Health and how it affects individual people and their families in the environments they live in. People with Mental Health face challenges on a daily basis and some are unaware of how to deal with their conditions. By continuing to offer services, this could potentially alleviate long term effects and harm they have on individuals and people surrounding them.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH demonstrates its support for ongoing mental health education to communities through its focus on reducing seven primary negative outcomes which may result from untreated mental illness: suicide, school failure, unemployment, incarceration, prolonged suffering, homelessness, and the removal children from their homes. Efforts and strategies to educate about these outcomes include: outreach, and stigma reduction, and prevention. Please see the MHSA Plan for more information.</p> | <b>4/18/22</b> |
| <b>18. Theresa Call</b>                                      | <p>The organization where I work has been operating at less than full staff capacity for over a year due to difficulty hiring qualified clinicians. We also see many clinicians leaving the area for more affordable locations due to the imbalance of wages vs. the cost of living here. I would like to strongly urge ACBH to use as much of the unspent MHSa rollover funds as possible to leverage federal funding and increase funding for CBOs providing behavioral health services, so that CBOs can attract and retain staff to address the burgeoning mental health crisis.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH continues to explore innovative measures to provide and retain a culturally and linguistically responsive behavioral health workforce in Alameda County. The WET section describes our loan repayment program for ACBH CBOs with an application cycle tentative schedule for Summer 2022.</p>   | <b>4/18/22</b> |

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| <b>19. Nathali Beard</b>        | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/18/22</b> |
| <b>20. Gerald Chambers</b>      | <p>In light of the war in Ukraine, COVID-19, economic uncertainty, gun violence, homelessness, and climate change if there is any way for the state and federal government to continue funding mental health services it should be done.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values culturally congruent service delivery to ethnic and language populations, and works in close collaboration with contracted providers to respond to anticipated and unexpected world events to bring increased and enhanced services to existing and new populations in need. ACBH, through MHSA Prevention and Early Intervention funding, provides services to numerous community-based organizations that focus on immigrant and refugee communities. Information on these programs can be found here: <a href="https://acmhsa.org/prevention-early-intervention/">https://acmhsa.org/prevention-early-intervention/</a>.</p> | <b>4/19/22</b> |
| <b>21. Elizabeth Montgomery</b> | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services. I am taking a lot of calls from people who can't access mental health services for themselves or their children.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/19/22</b> |
| <b>22. Matthew Madaus</b>       | <p>I strongly recommend that ACBH use as much of the MHSA rollover funds as possible to leverage federal match and increase funding for CBOs providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/19/22</b> |
| <b>23. D</b>                    | <p>Consistency is what is needed to see change</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment.</p>   | <b>4/19/22</b> |
| <b>24. Otis Ward</b>            | <p>Hi, my name is Otis Ward Outreach Program Manager at Family Paths. My reason for reaching out to your office is due to the current urgent need here in Alameda County! As I travel throughout the County reaching and teaching individuals about the need for Mental Wellness, I have also discovered the need for services are far greater than the current infrastructure our county current has in place. Our county especially in Oakland individuals are overwhelmed with trauma, and stress with not enough adequate services to support the need for healing. Our</p>   | <b>4/19/22</b> |

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|                                  | <p>police department, city officials, CBOs are all scrabbling working to bring peace in our cities failing to understand the problems stem from decades of unaddressed mental health issues, which domino from one generation to the next! Our communities lack the ability to address these mental health conditions due to not having the resources at their reach!</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  |                       |
| <p><b>25. Warren Cushman</b></p> | <p>One unmet need that I would like to capture for the 3 year mhsa cycle is the unmet need of services to blind and visually impaired individuals with mental illness! As far as I am aware there hasn't been a specific program or service that covers this population any where in the state of California! The blindness community is a diverse population that encompasses persons who are struggling with the reality of vision loss and finding struggles that can effect mental health! There are those who are developmentally delayed or suffer from autism that have specific kinds of needs! There are those who have been diagnosed with mental illness at some point in their lives! In short the blind community is like any other disadvantaged class of persons! We represent all types of challenges including those of us who have mental illness! The unusual thing is that this year a bill in the legislature ab1999 attempts to address these concerns! I hope that an opportunity can be found in Alameda County to serve this particular population through the mhsa process! I would be interested in discussing any future pilot programs or projects that might come out of the ab1999 efforts or any other effort that Alameda County Behavioral Health department might be interested in investigating! As a member of the mental health advisory board I am pleased to have this opportunity and do support any ideas that can be generated through the mhsa process in the future that would attempt to meet this need! Thank you for listening and considering these comments!<br/>                 Warren Cushman</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams in order to provide more or augmented services that are culturally and linguistically responsive to our Alameda County communities.</p> | <p><b>4/19/22</b></p> |
| <p><b>26. Angela Dant</b></p>    | <p>I recommend ACBH use as much of the MHSA rollover funds as possible to leverage federal funding and increase funding for CBOs providing behavioral health services. Through our agency's work, I see first-hand the mental health crisis our most vulnerable county residents are in and the positive impact services like those Family Paths and other CBOs provide make in their lives. I'm also the parent of a 15-year-old who suffers from anxiety and depression and has had some suicidal ideation, and knowing that the CBOs who can help children and families like mine are dealing with workforce crises and that services are getting harder to come by makes my heart sink. My child needs services, and I'm one of the lucky ones who has the means to get my child what he needs. Many others in my community are not as lucky and rely on CBOs like Family Paths who serve very low-income families to get the help they need. Please use the MHSA rollover funds wisely! Our community needs mental health services!</p> <p><b>ACBH/MHSA Response:</b></p>  | <p><b>4/20/22</b></p> |

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|                           | Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.  |                |
| <b>27. Joseph Stein</b>   | <p>Increased funding for bilingual crisis line providers to ensure all communities have access to linguistically and culturally appropriate services -Increased funding for bilingual health educators to ensure all communities have access to linguistically and culturally appropriate suicide prevention education</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line and suicide prevention education, can provide culturally and <i>linguistically responsive</i> services to our Alameda County communities. ACBH values its partnership with Crisis Support Services of Alameda County. Each of ACBH's Underserved Ethnic and Language providers deploy bilingual health educators as part of their culturally-congruent services to communities of color and language diversity. Efforts and strategies to educate about these outcomes include: outreach, and stigma reduction, and prevention. Please see the MHSA Plan, PEI Section for more information.</p>   | <b>4/20/22</b> |
| <b>28. William Brauer</b> | <p>Please increase funding for crisis line counselors, specially to cover nights and weekends when there are more high need callers.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line, can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/20/22</b> |
| <b>29. Carter Mehl</b>    | <p>Crisis Support Services of Alameda County (CSS) needs greatly expanded funding in order to meet the growing needs of County residents. The well-known increase in community stress, mental health issues, and drug and alcohol misuse related to the pandemic-driven societal disruption, bad economic and health outcomes (including excess deaths) has already increased the workload on crisis agencies such as CSS. The change to a 988 National Crisis Line is sure to dramatically increase the demand for services even further. As a 24-hour crisis agency, CSS needs seriously increased funding for more staffing on the crisis line, specially to cover nights and weekends when there are more high need callers. Additionally, funding for 24/7 text services and expanding the reach of the text line beyond youth-focused is needed, as well as increased funding for bilingual crisis line providers to ensure all communities have access to linguistically and culturally appropriate services. All County crisis services need enhancement, but if the initial call for help does not get handled effectively and rapidly, whether due to service delays or technology or language barriers, the outcome is guaranteed to not go well. I urge you to increase the priority for CSS funding in the MHSA Annual Plan Update.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line, can provide culturally and linguistically responsive services to our Alameda County communities.</p> | <b>4/20/22</b> |
| <b>30. Amanda Gall</b>    | I am a volunteer at Crisis Support Services. I believe Crisis Support Services of Alameda County should receive additional funding so that we can better staff our crisis line which helps serve   | <b>4/20/22</b> |



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|                              | <p>folks who are in crisis and suicidal. We are incredibly reliant on volunteers, but it would benefit us and the county as a whole to be able to fund staffing on the crisis line during times like nights and weekends when callers are often at a higher risk and volunteers on shift are more limited in number. Increasing our funding would increase access to life-saving counseling within Alameda County and allow Crisis Support Services to continue our mission of saving lives. Thank you.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line, can provide culturally and linguistically responsive services to our Alameda County communities.</p>  |                |
| <b>31. Wendy Jameson</b>     | <p>As a crisis support hotline counselor and volunteer, I see tremendous gaps in our behavioral health system in Alameda County. For example, residential respite beds for people experiencing a behavioral health crisis moment--for those living alone and those living with over-stressed families--are badly needed. I also feel two other needs are paramount: 1) funding for bilingual health educators to ensure all communities have access to linguistically and culturally appropriate suicide prevention education; and, 2) funding for added capacity for grief counseling in light of all the losses the community experienced during Covid.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line, peer respite and grief counseling, can provide culturally and linguistically responsive services to our Alameda County communities.</p> | <b>4/21/22</b> |
| <b>32. Leanne Grace Novo</b> | <p>-funding for more staffing on crisis line, specially to cover nights and weekends when there are more high need callers. -funding for 24/7 text services and expanding the reach of the text line beyond youth focused -funding for bilingual crisis line providers to ensure all communities have access to linguistically and culturally appropriate services -funding for bilingual health educators to ensure all communities have access to linguistically and culturally appropriate suicide prevention education -funding for added capacity for grief counseling in light of all the losses the community experienced during Covid</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line and text line, can provide culturally and linguistically responsive services to our Alameda County communities.</p>                                  | <b>4/21/22</b> |
| <b>33. Hamid Tiamiyu</b>     | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services. While the rate increased, the cap did not increase so it is limiting what we can do to support our at risk families.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/21/22</b> |

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| 34. Jodie Langs       | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expand CBO capacity to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | 4/21/22 |
| 35. Neda Baraghani    | <p>Hello, I was a previous clinician at CSS and am currently a clinician a clinician at family paths. CSS helps the community immensely and needs more funding for the following areas: -funding for more staffing on crisis line, specially to cover nights and weekends when there are more high need callers. -funding for 24/7 text services and expanding the reach of the text line beyond youth focused -funding for bilingual crisis line providers to ensure all communities have access to linguistically and culturally appropriate services -funding for bilingual health educators to ensure all communities have access to linguistically and culturally appropriate suicide prevention education -funding for added capacity for grief counseling in light of all the losses the community experienced during Covid.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line, text line and grief counseling, can provide culturally and linguistically responsive services to our Alameda County communities.</p> | 4/21/22 |
| 36. Jessie Fetterling | <p>CSS could use more funding to help better staff the crisis line, especially to cover nights and weekends when there are more high need callers.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | 4/21/22 |
| 37. B Dickinson       | <p>We HAVE TO have better mental health support in our country. It MUST be a priority to have better and earlier interventions and treatments for the many people in our county who are vulnerable and suffering from mental health stress - both children and adults. Intervention, with robust community structure and participation is demonstrated to make a difference!</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH understands that there are emerging needs in the early childhood population and we continue to explore fiscal strategies and work with our budget teams and CBO partners to meet the emerging needs of this population</p>   | 4/22/22 |
| 38. Clarissa Dalman   | <p>I recommend Alameda County Behavioral Health use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for community based organizations providing behavioral health services. I work with students and families in an Alameda County school district and have seen the immense need for these services firsthand. Our students and families are still struggling to recover and need these mental health supports and services.</p> <p><b>ACBH/MHSA Response:</b></p>   | 4/22/22 |

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|                                    | <p>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   |                |
| <p><b>39. Shilpa Dulta</b></p>     | <p>I recommend Alameda County Behavioral Health use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for community based organizations providing behavioral health services. If the county can spend money liberally on things like law enforcement, which for some reason takes care of 5150 cases, then that money can be used towards community based organizations that prevent 5150 cases to begin with. I am tired of seeing our people suffering and having crises and then being dealt with through law enforcement. Prevention is key.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p> | <p>4/22/22</p> |
| <p><b>40. Laura Janowitch</b></p>  | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <p>4/22/22</p> |
| <p><b>41. Eric Kelly</b></p>       | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <p>4/22/22</p> |
| <p><b>42. Louisa Kornblatt</b></p> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <p>4/22/22</p> |

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| <b>43. Farhana Jahan</b> | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/22/22</b> |
| <b>44. Victory Askew</b> | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/22/22</b> |
| <b>45. Vanessa Shafa</b> | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/22/22</b> |
| <b>46. Beth Harvey</b>   | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/22/22</b> |
| <b>47. Erin E. Sosa</b>  | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b></p>  | <b>4/22/22</b> |

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|                           | Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.  |                |
| <b>48. Maia Weiss</b>     | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/22/22</b> |
| <b>49. Kirsten Acker</b>  | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/22/22</b> |
| <b>50. Megan Waggener</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/22/22</b> |
| <b>51. Jessie Reed</b>    | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/22/22</b> |
| <b>52. Alana Turner</b>   | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital</p>   | <b>4/22/22</b> |

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|                              | <p>Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   |                |
| <b>53. Crystal Bybee</b>     | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/22/22</b> |
| <b>54. Adriana Escobar</b>   | <p>I recommend Alameda County Behavioral Health use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for community based organizations providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/22/22</b> |
| <b>55. Deyanira</b>          | <p>I want to take a moment to voice my appreciation to all of the wonderful and dedicated administrative staff at my workplace. We work behind the scenes in multiple projects, completing paperwork, and many other tasks that help ensure service providers and counselors have resources and the administrative support they need to complete their important work each and every day. I am here to voice that we need your help to increase compensation so that we may stay in our communities and continue to serve. As we grapple with inflation, everyone is affected. It is a domino effect. The bay area is a lovely diverse community, but over time we are seeing a significant rise in pushing so many people out because of high costs of living, not limited to rent prices, etc. We are part of this community. Please help us stay here.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH continues to explore innovative measures to provide and retain a culturally and linguistically responsive behavioral health workforce in Alameda County. The WET section describes our loan repayment program for ACBH CBOs with an application cycle tentative schedule for Summer 2022.</p> | <b>4/22/22</b> |
| <b>56. Johnny Phommasyha</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p>   | <b>4/22/22</b> |

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|                                    | <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   |                |
| <p><b>57. Danna Basson</b></p>     | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <p>4/22/22</p> |
| <p><b>58. Chelsea</b></p>          | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <p>4/22/22</p> |
| <p><b>59. Morgan Bernados</b></p>  | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <p>4/22/22</p> |
| <p><b>60. Jim Greenberg</b></p>    | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <p>4/22/22</p> |
| <p><b>61. Valentina Torres</b></p> | <p>I recommend Alameda County Behavioral Health use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for community based organizations providing behavioral health services. Our communities are in dire need of mental health</p>   | <p>4/22/22</p> |



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|                             | <p>services and as providers we are often at capacity and having to turn people away. We need more resources and funding in order to be able to support more community members that are in need of this level of care. Thank you</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  |                |
| <b>62. Roger Daniels</b>    | <p>Given the behavioral health crisis and the need to increase funding to support CBO's with meeting the increased demand, I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>         | <b>4/22/22</b> |
| <b>63. Thao Trinh</b>       | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/22/22</b> |
| <b>64. Jennifer Moeller</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/22/22</b> |
| <b>65. Amelia Grosu</b>     | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b></p>   | <b>4/22/22</b> |

APPENDIX D. PUBLIC COMMENT SUMMARY

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|                             | Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.  |                |
| <b>66. Alicia Wilson</b>    | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/22/22</b> |
| <b>67. JeriAna Robinson</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/22/22</b> |
| <b>68. Ayumi Kurtz</b>      | <p>Please secure the budget/fund for preschool mental health consultation services. Young children (0-5) and families are severely impacted by COVID pandemic, and Head Start and Early Head Start Program are unable to provide necessary services, especially mental health consultation. Many young children are struggling with the derailed early childhood education and development (only accessible via online classes and no peer/social interactions during PHE), and preschool centers and teachers are overwhelmed with the significant increased needs and challenges in the classroom. Young children and teachers need additional resource and support via Early Childhood Mental Health Consultation services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH services are inclusive of services to preschools as our staff and provider capacity allows given staffing capacity. ACBH understands that there are emerging needs in the early childhood population and we continue to explore fiscal strategies and work with our budget teams and CBO partners to meet the emerging needs of this population</p> | <b>4/22/22</b> |
| <b>69. Ericka Coe</b>       | <p>-funding for more staffing on crisis line, specially to cover nights and weekends when there are more high need callers. -funding for 24/7 text services and expanding the reach of the text line beyond youth focused -funding for bilingual crisis line providers to ensure all communities have access to linguistically and culturally appropriate services -funding for bilingual health educators to ensure all communities have access to linguistically and culturally appropriate suicide prevention education -funding for added capacity for grief counseling in light of all the losses the community experienced during Covid</p> <p>ACBH/MHSA Response:</p>   | <b>4/22/22</b> |

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|                                      | Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line, text line and grief counseling, can provide culturally and linguistically responsive services to our Alameda County communities.  |                |
| <b>70. Cristina Vega</b>             | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <b>4/22/22</b> |
| <b>71. Nadine Sidhom</b>             | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <b>4/22/22</b> |
| <b>72. Nancy B. Ranney</b>           | <p>funding for more staffing on crisis line, specially to cover nights and weekends when there are more high need callers. -funding for 24/7 text services and expanding the reach of the text line beyond youth focused -funding for bilingual crisis line providers to ensure all communities have access to linguistically and culturally appropriate services -funding for bilingual health educators to ensure all communities have access to linguistically and culturally appropriate suicide prevention education -funding for added capacity for grief counseling in light of all the losses the community experienced during Covid</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line, text line and grief counseling, can provide culturally and linguistically responsive services to our Alameda County communities.</p> | <b>4/23/22</b> |
| <b>73. Vincenza J. Baldino, LMFT</b> | <p>Suggested comment: I recommend Alameda County Behavioral Health use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for community based organizations providing behavioral health services. As a licensed Marriage Family Therapist in Alameda County during the last two years the mental health service requests have more than doubled. I have as a clinician accepted many more clients then ever in my 30+ years as a clinician. I am turning away individuals, couples and families who are desperate to receive support and guidance and resources. Please do rollover funds to leverage and and increase funding for community based organizations who provide the complimentary services needed in Alameda County.</p> <p>Thank you. Vincenza J. Baldino</p>  | <b>4/23/22</b> |

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|   | <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   |                |
| <b>74. Margaret Benedict-Montgomery</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/23/22</b> |
| <b>75. Simone Seliger</b>               | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/24/22</b> |
| <b>76. Erica Pringle</b>                | <p>CSS provides great services to the community in Alameda county. Increasing funding can help them continue their efforts in aiding the communities that so desperately need the resources for mental health. Since the pandemic, a tremendous effect has happened to those who suffer from mental health illnesses and depression. If more funding is provided, more staff can be brought on board to be trained to help those and hopefully create more outreach programs to those who may not necessarily come looking for the services that CSS currently provides. The possibilities are endless with the right organization and CSS is definitely one with the heart to serve the needs of the people.</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p> | <b>4/24/22</b> |
| <b>77. Adela Rodarte</b>                | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b></p>  | <b>4/24/22</b> |

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|                                      | Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.  |                |
| <b>78. Virginia Hollins-Davidson</b> | The new county health center should be an African American health center focusing on the the too long unmet needs of the descendants of slaves.<br><br>ACBH/MHSA Response:<br>Thank you for your comment. The intention of the African American Wellness Hub is to center and provide culturally appropriate services and trainings for practitioners and lay folks to learn how to serve our community.   | <b>4/25/22</b> |
| <b>79. mya c boyd</b>                | I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.<br><br>ACBH/MHSA Response:<br>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.   | <b>4/25/22</b> |
| <b>80. Hanan Katz-Lewis</b>          | I think that all leftover rollover funds should be invested into the community to allow providers to be able to provide the highest level of services possible for our community members.<br><br>ACBH/MHSA Response:<br>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.  | <b>4/25/22</b> |
| <b>81. Logan McDonnell</b>           | I strongly recommend that Alameda County uses their financial resources (rollover funds) to increase funding for nonprofits. I can't begin to describe the impact I see in the lives of our community members on a daily basis, and we have to do what we can to increase that impact. Leaving money on the table is leaving our communities livelihood on table - it puts people at risk. Please use these MHSA to increase funding for behavioral health services.<br><br>ACBH/MHSA Response:<br>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities. | <b>4/25/22</b> |
| <b>82. Unknown</b>                   | I recommend the leftover funds be used to increase funding for CBO's for providing behavioral health services<br><br>ACBH/MHSA Response:<br>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.  | <b>4/25/22</b> |

APPENDIX D. PUBLIC COMMENT SUMMARY

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| <p><b>83. Katherine Lutz</b></p> | <p>I highly recommend that the county use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services., to better meet consumer needs.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <p>4/25/22</p> |
| <p><b>84. Shanice Kelley</b></p> | <p>I recommend that the county use the MHSAs rollover funds to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <p>4/25/22</p> |
| <p><b>85. Unknown</b></p>        | <p>I recommend that the county use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <p>4/25/22</p> |
| <p><b>86. Sarah Mamoon</b></p>   | <p>“I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.”</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <p>4/25/22</p> |
| <p><b>87. Maria Perez</b></p>    | <p>I recommend ACBH use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>Here in the City of Newark, Ca we are a small city and don't receive the funding big cities do. Many students are suffering because lack of behavioral health services. Many families cannot get services through insurance, discouraged by long wait lists, lack of transportation, non affordable co-pays, parents are working and cannot take their children to appointments, lack of second language speaking clinicians, etc. How can we make services equitable for all children regardless of insurance?!</p> <p>ACBH/MHSA Response:</p> | <p>4/25/22</p> |

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|                             | Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.   |         |
| <b>88. Allison Becwar</b>   | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services. As a longtime children's mental health provider in Alameda County, our youth in the midst of a mental health crisis at the same time there is a workforce shortage. If MHSA funds were used as a match for federal dollars, this would greatly assist us to keep the behavioral health safety net in place for our most vulnerable children and families. Thank you for considering.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p> | 4/25/22 |
| <b>89. Sabrina Hinojosa</b> | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services. Doing so will allow for services to become more sustainable and ensure more people get served.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | 4/25/22 |
| <b>90. Andrea Hans</b>      | <p>Given the behavioral health crisis in Alameda county ACBH should use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services so that CBO's can meet the increased demand/need by providing increased wages to all staff.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | 4/25/22 |
| <b>91. Kirsten Holm</b>     | <p>We have so much demand for services in our programs. Alameda county ACBH should use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services so that CBO's can meet the increased demand/need. We do not having the staffing to meet the needs of our participants and demand is so high for qualified staff that we cannot hire new people and are overworking those who are currently in position leading to burnout and premature departure from employment. Funds for increase pay would lead to increased retention of valuable employees, and increased ability to connect our participants to resources.</p> <p>ACBH/MHSA Response:</p>   | 4/25/22 |



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|                                  | <p>Thank you for your public comment. ACBH continues to explore innovative measures to provide and retain a culturally and linguistically responsive behavioral health workforce in Alameda County. The WET section describes our loan repayment program for ACBH CBOs with an application cycle tentative schedule for Summer 2022.</p>  |                |
| <p><b>92. Lucy Katz</b></p>      | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements. Thank you for your consideration.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <p>4/25/22</p> |
| <p><b>93. Valeria Corona</b></p> | <p>I recommend that the county use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services. doing so would help our partners and members of the community.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <p>4/25/22</p> |
| <p><b>94. Nancy Lemon</b></p>    | <p>I agree with African American community members who are friends of mine that the proposed African American mental health, resource and referral, HUB should be an African American Integrated Health Care Center, offering culturally responsive primary medical and behavioral health care to the descendants of enslaved African Americans. We (CA and local entities) have been trying to determine the best way to pay reparations for slavery and racism, and this would be a concrete and ongoing way to do that which would make a real difference in Alameda County.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. The intention of the African American Wellness Hub is to center and provide culturally appropriate services and trainings for practitioners and lay folks to learn how to serve our community</p>  | <p>4/25/22</p> |
| <p><b>95. Otis Ward</b></p>      | <p>I recommend Alameda County Behavioral Health use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for community-based organizations providing behavioral health services. Our streets are overrun with individuals having mental health issues. I was at my car repairman on 30th Ave and Broadway, Oakland for 1 hour. While waiting (4) individuals pass me talking to themselves and acting very erratic. Unfortunately, individuals in like this are not receiving the mental health service needed. Our street very scary! Please support the needs of these individuals, which need help before their mental condition cause them to hurt someone or themselves!</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our</p> | <p>4/25/22</p> |

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|                               | Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.  |                |
| <b>96. Fernando Esquivel</b>  | <p>The county should use as much MHSA rollover as possible to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/25/22</b> |
| <b>97. Anna Minsky</b>        | <p>There is an urgent need for more money to be put into Alameda County community mental health. There is an unprecedented mental health crisis, and children and families continue to be profoundly impacted by the fallout of COVID-19, systemic racism, inflation, housing insecurity and countless other issues that are exacerbated in this moment in the Bay Area. Without increased support, mental health providers will continue to burn out at record rates and leave community mental health for private practice. This prevents quality and continuity of care from being provided to those who need it most. It is essential that we prioritize funding and the well being of service providers so as to provide adequate responses for this very significant need.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our community partners to provide integrated services.</p> | <b>4/25/22</b> |
| <b>98. Veronica Rouston</b>   | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/25/22</b> |
| <b>99. Jessica Lipkind</b>    | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/25/22</b> |
| <b>100. Mary Beth Thomsen</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital</p>  | <b>4/25/22</b> |

APPENDIX D. PUBLIC COMMENT SUMMARY

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|                     | <p>Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   |         |
| 101. Amanda Wood    | <p>-funding for more staffing on crisis line, specifically to cover nights and weekends when there are more high-need callers. -funding for 24/7 text services and expanding the reach of the text line beyond youth -funding for bilingual crisis line providers to ensure all communities have access to linguistically and culturally appropriate services -funding for bilingual health educators to ensure all communities have access to linguistically and culturally appropriate suicide prevention education -funding for added capacity for grief counseling in light of all the losses the community experienced during Covid</p> <p>After spending 7 months providing suicide prevention and crisis counseling through CSS, I can say with confidence that our services are bridging gaps in mental health care that are sorely needed. Our callers appreciate that we are available 24/7, are free, and if they prefer, they can utilize our services while staying anonymous. With many barriers to accessing ongoing mental health services (cost, availability of appointments, etc.) I am so grateful that agencies like CSS exist and do this work.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line, text line and grief counseling, can provide culturally and linguistically responsive services to our Alameda County communities.</p> | 4/25/22 |
| 102. Quinlan Mosely | <p>Rather not</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment.</p>  | 4/25/22 |
| 103. Elaine Baskin  | <p>The proposed African American mental health, resource and referral, HUB should be an African American Integrated Health Care Center, offering culturally responsive primary medical and behavioral health care to the descendants of enslaved African Americans. Health equity has been denied for way way too long.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. ACBH has increased funding for the African American Wellness Hub Complex Planning phase and the PEI portfolio, funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. The intention of the African American Wellness Hub is to center and provide culturally appropriate services and trainings for practitioners and lay folks to learn how to serve our community. Please see these MHSA Plan Sections for more information about the African American Wellness Hub Complex Planning Phase: Plan Update from FY21/22; Community Services &amp; Supports OESD 22; and Capital Facilities &amp; Technological Needs CFTN 5.</p>  | 4/25/22 |

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| <p><b>104. Sabrina Ehrlich</b></p>    | <p>-funding for more staffing on crisis line, specially to cover nights and weekends when there are more high need callers. -funding for 24/7 text services and expanding the reach of the text line beyond youth focused. -funding for bilingual crisis line providers to ensure all communities have access to linguistically and culturally appropriate services. -funding for bilingual health educators to ensure all communities have access to linguistically and culturally appropriate suicide prevention education. -funding for added capacity for grief counseling in light of all the losses the community experienced during Covid.</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line, text line and grief counseling, can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <p><b>4/25/22</b></p> |
| <p><b>105. Malcolm Stanislaus</b></p> | <p>In support of the proposed African American Mental Health Center for the descendants of African American slaves... Africans throughout the diaspora today remain riddled with the emotion of Toxic Shame, as Dr. Frantz Fanon observed, due to the emotional impact of oppression, racism, slavery, colonialism, and imperialism. I call the specific factor Oppression Depression (the critical, multi-layered component in Post Traumatic Slave Syndrome). The importance of understanding how emotions play a critical role in the mass traumatic response of black people everywhere on the planet, which cannot be healed through intellect/thinking, cannot be over emphasized. There is a dire need for increased and improved mental/emotional health services. It is impossible to be fully, healthily functioning when African Americans continue to suffer from internalized toxic shame about who we are and from where we originate. As a brief glimpse, here is a short explanation of the nature of Shame as an emotion. I worked for the late John Bradshaw at his international codependency center at Ingleside hospital for close to 5 years. In support of that work, I studied the work of Gershen Kaufman, the works of Sylvan Tomkins’ Affect Theory, as well as the clinical understandings of Dr. Fanon. John made a unique and quite insightful contribution to the field in making the distinction between healthy vs. toxic shame. He clarified that the emotion of shame is inherently uncomfortable, but provides a healthy function in giving us feedback that indicates that behaviorally we have made a mistake and, as such, the energetic experience allows us to correct our course. The healthy experience of shame is correctly connected to our doing.</p> <p>The experience of toxic, or unhealthy, shame is connected to our being, our existence. Toxic shame is the experience of being flawed, broken, defective, unlovable, or unworthy and makes us into an object, a thing to be devalued or ridiculed.</p> <p>Dr. Allan Shore (UCLA) correctly categorizes shame as the only truly social emotion. That is, it is engendered only in social settings or interactions. John Bradshaw correctly states that toxic shame can only be truly healed in a group psychotherapy setting, supported by individual trauma recovery services because of this social origin.</p> <p>That means that dyadic therapy by itself cannot uproot toxic shame. We need a number of other eyes and ears to compassionately witness our toxic shame to heal.</p> | <p><b>4/25/22</b></p> |

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|                             | <p>Even Mr. Bradshaw did not go deep enough regarding shame versus guilt. Guilt is NOT a feeling. It is a cognitive recognition of transgression. The FEELING that accompanies guilt is SHAME.</p> <p>Shame is at the root of attachment difficulties, characterological disorders, and our racialized self-hatred. If it is improperly handled, the clinical picture is unnecessarily made unclear and leads to a person's inability to find deep, long-lasting healing and a resumption of their developmental journey, as well as an inability to experience an increase in our self-esteem. There IS a protocol for healing and a mental health center specifically designed to address the issues is sorely needed.</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. ACBH has increased funding for the African American Wellness Hub Complex Planning phase and the PEI portfolio, funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. ACBH plans on creating more African American centered therapeutic practices that go beyond the didactic therapy model and are rooted in practices and traditions for healing that uplift and address specific lived (historical and current) experiences of the African American community we serve. Please see these MHSA Plan sections for more information about the African American Wellness Hub Complex Planning Phase: Plan Update from FY21/22; Community Services &amp; Supports OESD 22; and Capital Facilities &amp; Technological Needs CFTN 5.</p> |                |
| <b>106. Ryan Balestrery</b> | <p>Hello, I'm writing to advocate for MHSA Funding rollover to be directed towards CBOs to increase consumer access to behavioral health services. Thank you!</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/25/22</b> |
| <b>107. Rose Schweig</b>    | <p>Please use the \$35 million from last year's budget to fund more mental health services in Alameda Co., it's an emergency to support families and young people right now. Thank you.</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that we can better support our CBO partners in providing culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/25/22</b> |
| <b>108. Tom Abate</b>       | <p>I'm a person in recovery from mental illness trying to help an adult relative admit that they suffer from a brain disease made worse by substance abuse. Admitting that is the first and toughest step toward treatment break the downward spiral. I watched the April 4th webinar to learn how Alameda County planned to spend roughly \$150 million in funds from the Mental Health Services Act (MHSA). In addition to this written comment, I ask to be informed of when this matter will come before the Board of Supervisors so that I might make some remarks in person.</p> <p>MHSA Senior Planner Mariana Real gave an excellent presentation. But I believe the report was over 700 pages and there was no way to comprehend it in an hour. When the time came for</p>  | <b>4/26/22</b> |

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|                                       | <p>questions, I asked where I might find help. Real pointed me to the Family Education and Resource Center (FERC), whose Family Advocates help people in my situation. I've reached out to FERC a time or two but have not yet been contacted. I'm sure I will in time, and do not write for special attention. But the same day I called FERC, I emailed the local chapter of the National Alliance on Mental Illness (NAMI). A couple of days later, volunteer Liz Rebensdorf got back to me with information about IHOT, or the In-Home Outreach Team, whose members call on people in the denial stage of mental illness to try and convince them to enter treatment voluntarily. I've not yet figured out how to contact IHOT. Other priorities in my life have pushed this rescue mission aside for now. So, I do not mean to be accusatory when I echo the frustration that drove a group of parents to stage a Valentine's Day camp out at Frank Ogawa Plaza to say that the country isn't doing enough to help their adult children who've gone homeless due to mental illnesses. So, before the county allocates \$150 million of MHSAs funding next year, let's see if we can't improve how we can assist the family and friends of people with mental illness and drug dependencies help their loved ones avoid homelessness, criminality, suicide, or other self-destructive behaviors. Almost everyone who gets into a downward spiral has loved ones who see the problem before the person with the diseased brain. Money spent to leverage their help to intervene as early as possible seems like public funding well spent.</p> <p><b>ACBH/MHSA Response:</b> Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that we can better support our CBO partners in increasing services to our Alameda County communities.</p> <p>Also, if you reach out to our ACCESS line at 1-800-491-9099 you can get information on the IHOT Teams. Bonita House operates one of our IHOT Teams, here is their website so you can learn more about the program and model: <a href="https://bonitahouse.org/in-home-outreach-team-ihot/">https://bonitahouse.org/in-home-outreach-team-ihot/</a>.</p> |                       |
| <p><b>109. Golnaz Nejad-Duong</b></p> | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <p><b>4/26/22</b></p> |
| <p><b>110. Brian Lau</b></p>          | <p>I recommend ACBH use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services. As a provider with Lincoln Families, I have seen the impact that CBOs like ours have had on promoting the wellbeing of the children, youth, and families in Alameda County. Over the course of the pandemic, our staff have been out in the community with our clients, helping build their resiliency in the face of extraordinary stressors. I have seen how our teams can help a family feel a sense of safety and stability when that had previously been in doubt. Increased funding allows for us to enhance this work and improve the ways we serve our families.</p> <p><b>ACBH/MHSA Response:</b></p>   | <p><b>4/26/22</b></p> |

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|                                | Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.  |                |
| <b>111. Linda Nguyen</b>       | <p>I recommend that the county use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/26/22</b> |
| <b>112. Jovan Yglecias</b>     | <p>With MHSAs dollars significantly unspent, there is an opportunity for greater community impact. I recommend that the county use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/26/22</b> |
| <b>113. Bridgette Millette</b> | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements. We talk to parents and youth that are in crisis everyday. They don't want to hear that we have a waitlist or that the wait for services could be 6 months or more! We aren't able to meet the need with our current resources.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/26/22</b> |
| <b>114. Ashly-Page Smith</b>   | <p>Why is it that mental health providers are being paid far less than the work we provide everyday? There are people in positions getting paid far more than I am, who do not need to use their brain muscles everyday. Burn out is real, compassion fatigue is real, and not having enough money to adequately provide for ourselves in the state of CA is real.... we learned to help ourselves before helping others. And its really hard to do.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with community-based service providers and continues to explore avenues that address compassion fatigue and the need for trauma-informed services.</p>  | <b>4/26/22</b> |
| <b>115. Stacey Katz</b>        | I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital   | <b>4/26/22</b> |



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|                                      | <p>Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  |                |
| <b>116. Kendra F Dunlap</b>          | <p>Over the past two years, I have seen a great increase in the mental health needs of the community and have heard firsthand the difficulties and challenges in accessing services. I worked providing EPSDT mental health services for 12 years in Alameda County the strict criteria that was needed to access those services prohibited many from getting the help they needed. I have seen a significant increase in the number of individuals trying to access services but not only are they not able to qualify for services, but when they can, they are not able to find a therapist or are subsequently placed on long waitlists because of the therapist shortage. As a supervisor, many of my supervisees would be interested in working in community based mental health, however the high cost of living in the Bay Area and the challenges of Medi-Cal based care makes it prohibitive to work in these spaces. It is my hope that these issues can be addressed and make services more accessible and increase the number of providers.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/26/22</b> |
| <b>117. Thu Quach</b>                | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <b>4/26/22</b> |
| <b>118. Kim</b>                      | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/26/22</b> |
| <b>119. Julie Kostrey, PhD, LPCC</b> | <p>I strongly urge the county to use as much MHSA funds as possible. CBOs rely on this vital funding to provide the highest quality behavioral health services to all our residents.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our</p>  | <b>4/26/22</b> |

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|                                 | Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.   |                |
| <b>120. Jackie Schalit</b>      | <p>I urge ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/26/22</b> |
| <b>121. Diane Ramirez</b>       | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/26/22</b> |
| <b>122. Amy Greenberg</b>       | <p>Given the behavioral health crisis in Alameda county ACBH should use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services so that CBO's can meet the increased demand/need. CBO's are having a difficult time attracting and retaining staff due to the lower wages typically offered in this costly living area. Additionally, any effort to reduce paperwork demands is greatly needed. This too is a significant factor in staff retention.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p> | <b>4/27/22</b> |
| <b>123. Rachel Krow-Boniske</b> | <p>The need for mental health services is growing and our community based organizations are in need of more funding to be able to serve our clients and meet the rising need. I recommend that the county use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/27/22</b> |
| <b>124. Beth Oelberger</b>      | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital</p>   | <b>4/27/22</b> |

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|                             | <p>Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   |                |
| <b>125. J</b>               | <p>I recommend that the county use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services so that the behavioral health services can continue to hire and employ desirable candidates, who are not burnt out by overburdened caseloads, to serve community members in need.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/27/22</b> |
| <b>126. Robert Leigh</b>    | <p>My recommendation is that the county use available MSHA rollover funds to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/27/22</b> |
| <b>127. Francine Ostrem</b> | <p>I recommend that the county use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services. Many children and adolescents and their families are still reeling from the negative impacts of the COVID-19 pandemic and require trauma-informed, ACEs Aware mental health support more than ever. The time to provide mental and behavioral health is NOW!</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p> | <b>4/27/22</b> |
| <b>128. Nick Shah</b>       | <p>I recommend that the county use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services. Thank you!!!</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/27/22</b> |
| <b>129. Oscar Gonzalez</b>  | <p>I recommend that the county use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services</p>  | <b>4/27/22</b> |

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|                             | <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  |                |
| <b>130. Eva</b>             | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.”</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/27/22</b> |
| <b>131. Nancy Reyes</b>     | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <b>4/27/22</b> |
| <b>132. Mariela Ramirez</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <b>4/27/22</b> |
| <b>133. Marissa Litman</b>  | <p>I recommend that the county use MHSA rollover funds to increase funding for community based organizations that are providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/27/22</b> |
| <b>134. Welcme Bisson</b>   | <p>I strongly recommend as much of the MHSA rollover funds be used by Alameda County as possible. Using these funds will lead to leveraging federal funding and increased funding for CBOs providing behavioral health services, which are essential services for community</p>  | <b>4/27/22</b> |

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|                                    | <p>members as we emerge from the pandemic. Especially the youth of our community. Don't let these funds go to waste!!</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  |                |
| <b>135. Michael Basos</b>          | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <b>4/27/22</b> |
| <b>136. Katie Gordon</b>           | <p>I recommend that the county use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/27/22</b> |
| <b>137. Catalina Monroy-Aburto</b> | <p>I recommend that the county use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/27/22</b> |
| <b>138. Hilda Lopez</b>            | <p>Multiple agencies like Mental Health America continue to report increasing rates of depression, anxiety, and other mental health concerns for youth over the past two years. Access to mental health services- already difficult before the pandemic- are now even more strained and therefore more difficult to access. This is true at all socioeconomic levels; maximizing federal funding is critical to expanding the CBO capacity needed to address the health emergency, particularly for children. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/27/22</b> |

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| <p><b>139. Jessica Ekstrom</b></p>  | <p>I recommend that the county use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <p>4/27/22</p> |
| <p><b>140. Crystal Smiley</b></p>   | <p>I recommend the county use as much as the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <p>4/27/22</p> |
| <p><b>141. Neha Srivastava</b></p>  | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <p>4/27/22</p> |
| <p><b>142. Catherine Heller</b></p> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <p>4/27/22</p> |
| <p><b>143. Emily Lathrop</b></p>    | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <p>4/27/22</p> |

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| <b>144. Amara benjamin-Bullock</b>   | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/27/22</b> |
| <b>145. Ona M Sullivan-Daye</b>      | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/27/22</b> |
| <b>146. Desi Toure</b>               | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/27/22</b> |
| <b>147. Erik</b>                     | <p>I think that the county is obligated to use as much of the MHSA funds as possible and leverage any and all federal funding and increase funding for CBOs that are providing behavioral health services. This work is needed more than ever. I see how much it is needed and how much it helps.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>       | <b>4/27/22</b> |
| <b>148. Unknown Service Provider</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for SUD services. Maximizing federal funding is critical to expanding the CBO capacity needed to address Substance Abuse. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements. Substance abuse is on the rise as are deaths, our assistance is needed to mitigate the increases. Everyone has value and can grow to have a second chance at a first-class life, we need to give them this opportunity. We cannot continue to push aside the needs of the CBOs; we need to be</p>       | <b>4/27/22</b> |



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|                              | <p>able to operate to save lives. The age demographic of our employees is older, 22% of our employees are 65 and older, 50% are 55 and older. Younger individuals are not entering the profession when they have to live on incomes that are categorized as Very Low incomes in Alameda County. Without a change the already small pool of labor will shrink even more in the next five to ten years. Additional financial assistance is critical to increase wages and cover the increasing cost of operations. Without it you will see the CBOs come to their breaking point.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> |                |
| <b>149. Angelia</b>          | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/27/22</b> |
| <b>150. Leilani Diaz</b>     | <p>"I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements."</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/27/22</b> |
| <b>151. Megan Kelly</b>      | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/27/22</b> |
| <b>152. Kelley Bryan Gin</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p>   | <b>4/27/22</b> |

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|                                      | <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  |                |
| <p><b>153. Brooke Robinson</b></p>   | <p>The proposed African American mental health, resource and referral, HUB should be an African American Integrated Health Care Center, offering culturally responsive primary medical and behavioral health care to the descendants of enslaved African Americans.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. The intention of the African American Wellness Hub is to center and provide culturally appropriate services and trainings for practitioners and lay folks to learn how to serve our community. ACBH has increased funding for the African American Wellness Hub Complex Planning phase and the PEI portfolio, funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. Please see these MHSA Plan Sections for more information about the African American Wellness Hub Complex Planning Phase: Plan Update from FY21/22; Community Services &amp; Supports OESD 22; and Capital Facilities &amp; Technological Needs CFTN 5.</p> | <p>4/27/22</p> |
| <p><b>154. Aliyah Shelton</b></p>    | <p>more funding for admin. roles, I understand the service providers are the ones directly helping people, but administrators (schedulers, HR, QA, ect.) are the ones that hire them and do the behind the scenes stuff to help them succeed.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <p>4/27/22</p> |
| <p><b>155. Alexis L Carvalho</b></p> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <p>4/27/22</p> |
| <p><b>156. Kristy Karpenske</b></p>  | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <p>4/27/22</p> |

APPENDIX D. PUBLIC COMMENT SUMMARY

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| <p><b>157. Samantha L Edlin</b></p>        | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <p><b>4/27/22</b></p> |
| <p><b>158. Carla Vogel-Stone</b></p>       | <p>"I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services."</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <p><b>4/27/22</b></p> |
| <p><b>159. Rachel Cortes</b></p>           | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <p><b>4/27/22</b></p> |
| <p><b>160. Andy Paek</b></p>               | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <p><b>4/27/22</b></p> |
| <p><b>161. Kayla Teixeira</b></p>          | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <p><b>4/27/22</b></p> |
| <p><b>162. Chia-Yun Chiang (Joyce)</b></p> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital</p>   | <p><b>4/27/22</b></p> |

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|                                | <p>Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  |                |
| <b>163. Susan Rose Simms</b>   | <p>"I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements."</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <b>4/27/22</b> |
| <b>164. Michael Schrecker</b>  | <p>"I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements."</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <b>4/27/22</b> |
| <b>165. Cardum Harmon Penn</b> | <p>I am a board member of a new nonprofit, R-Evolution, which focuses on facilitating community healing through global immersion experiences. With experienced leadership in the fields of mental health for youth, adults and families, AOD, restorative practices and education, we have created a new train-the-trainer program called the Global Resilience and Healing Fellowship. This program will provide training for providers, professionals, peer support specialists, and community health workers working in the areas of mental health and mental health related fields, including AOD and violence prevention. The purpose of this fellowship program is to help clinical and community providers, who support communities of color, to learn from international communities of color who have recovered from trauma and are demonstrating resilience through traditional, indigenous and innovative practices. Fellows will be led through hands-on, and experiential learning processes, demonstrating how others have healed themselves, their communities and countries through mental health programs, restorative justice, economic empowerment and peace building efforts. Fellows will develop toolkits on how to implement healing programming in their respective communities and organizations. Our global training sites will focus initially on Rwanda and South Africa. We strongly feel this immersion experience can be used as staff training for those working in mental health and expanded community healing, and that Alameda County should fund this innovative and impactful mission. Our goal is to send two cohorts of 10 individuals each during the first year, and up to four cohorts in the years to follow. The Fellows included in this funding will be selected from a minimum of 10 Alameda County CBOs, who serve at least 500 individuals</p> | <b>4/27/22</b> |

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|                                     | <p>(youth, adults and family) annually. The impact of funding this fellowship program will not only benefit each organization's strengthening of their staff's knowledge of mental wellness and restorative practices within their organizations, it will create a local and global mutually supportive cohort and collective of Alameda county providers who will increase their capacity to benefit a greater community of at least 5,000 individuals within in the initial launch year. The fellowship training is scheduled to begin the year funding is approved. The annual cost for the fellowship training program in the first year starts at \$349,474. This will translate into benefitting our greater community of at least 5000 individuals at a mere cost of \$69.89 per person per year. This budget includes all Fellow global and local trainings, stipends, and operational costs, including airfare, ground transportation, meals, room and board. Prior to and following travel, Fellows will convene bi-monthly to share and strengthen their knowledge in a co-learning environment, developing tools to understand and implement these healing practices within their respective communities. I strongly urge MHSA to fund this innovative, culturally responsive nonprofit's initiative, that takes a radical and necessary approach to healing trauma that will have a hugely positive impact in the mental health community by creating access to interventions that are culturally relevant to the underserved and missed residents of Alameda County. Mental health workers and the communities they serve need this program. Please visit our website here: <a href="https://www.r-evolution.life/fellowship">https://www.r-evolution.life/fellowship</a> Save our contact here: <a href="mailto:R.Evolution.Dialogues@gmail.com">R.Evolution.Dialogues@gmail.com</a></p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. All innovation ideas can be submitted through the county's INN Community Input Form: <a href="https://acmhsa.org/innovation-community-based-learning/">https://acmhsa.org/innovation-community-based-learning/</a>. Your organization is encouraged to sign up for the mailing list so that you will be updated for community input sessions.</p> |                       |
| <p><b>166. Molly Batcheider</b></p> | <p>"I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements."</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <p><b>4/27/22</b></p> |
| <p><b>167. Mary Madden</b></p>      | <p>"I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements."</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <p><b>4/27/22</b></p> |
| <p><b>168. Nancy Facher</b></p>     | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p>  | <p><b>4/28/22</b></p> |

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|                              | <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   |                |
| <b>169. Cody Gibson</b>      | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/28/22</b> |
| <b>170. Whitney Greswold</b> | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/28/22</b> |
| <b>171. Rosa Park</b>        | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/28/22</b> |
| <b>172. Cyndi Malasky</b>    | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/28/22</b> |
| <b>173. Michelle Heil</b>    | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements</p> <p>ACBH/MHSA Response:</p>   | <b>4/28/22</b> |

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|                                      | Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.   |                |
| <b>174. Unknown Service provider</b> | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/28/22</b> |
| <b>175. Joslin Herberich</b>         | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/28/22</b> |
| <b>176. Bekki Lee-Wendt</b>          | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/28/22</b> |
| <b>177. Gretchen P</b>               | <p>I support ACBH dedicating unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>     | <b>4/28/22</b> |
| <b>178. Jessica Keyoumars</b>        | <p>Message from ACBH/MHSA:<br/>No comment was entered by this contributor.</p>  | <b>4/28/22</b> |
| <b>179. Ellen moore</b>              | <p>I recommend ACBH use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services. Our most vulnerable communities need the support.</p> <p>ACBH/MHSA Response:</p>   | <b>4/28/22</b> |



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|                                   | Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.   |                |
| <b>180. Holly Zeitz</b>           | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <b>4/28/22</b> |
| <b>181. Ryan Hughes</b>           | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/28/22</b> |
| <b>182. Molly Scott Goodkind</b>  | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/28/22</b> |
| <b>183. DeVera Jackson-Garber</b> | <p>I have worked in mental health for nearly 40 years, but have never seen a hiring crisis such as this (largely due in fact to the great resignation). We are having a difficult time hiring clinicians and other service providers (e.g. peer specialists, rehab specialist, family partners) due to inability to keep up with wages and the cost of living. This means that we are serving fewer youth, TAY and families who desperately need our services, now more than ever. I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>ACBH has opted into SB 803 Peer Support Specialist Act of 2020 and will participate in providing Medi-Cal billable Peer and Parent Peer Support Services in our Specialty Mental Health System and Drug Medi-Cal Organized Delivery System. In preparation for this, ACBH has submitted 125 names of individuals who are working or volunteering in our system as peer support specialists or parent peer support specialists to cover the expenses of training and exam fees as they go through the process of obtaining State certification. In addition, ACBH is creating Peer Support</p> | <b>4/28/22</b> |

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|                               | Specialist I, II, III and Parent Peer Support Specialist I, II, III county classifications that will focus on offering and expanding these services to our Medi-Cal beneficiaries and their families. We will continue to offer trainings in support of building the Peer and Parent Peer Support Specialist workforce.   |                |
| <b>184. Fatima Acevedo</b>    | I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services<br><br>ACBH/MHSA Response:<br>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.   | <b>4/28/22</b> |
| <b>185. Jeannette Hilgert</b> | I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services<br><br>ACBH/MHSA Response:<br>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.   | <b>4/28/22</b> |
| <b>186. Bonnie L. Merritt</b> | I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services<br><br>ACBH/MHSA Response:<br>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.   | <b>4/28/22</b> |
| <b>187. Mistique Felton</b>   | "I recommend ACBH use as much of the \$30 million of MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs, who provide more than 80% behavioral health services in the county."<br><br>ACBH/MHSA Response:<br>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities. | <b>4/28/22</b> |
| <b>188. Francesca Rankin</b>  | Message from ACBH/MHSA:<br>No comment was entered by this contributor.  | <b>4/28/22</b> |
| <b>189. Susanna Marshland</b> | CBOs and their workforce need sustaining support. I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements."<br><br>ACBH/MHSA Response:   | <b>4/28/22</b> |

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|                                | Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.   |                |
| <b>190. Callia Hansen</b>      | <p>"I recommend ACBH use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services."</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/28/22</b> |
| <b>191. Alyssa Eisenberg</b>   | <p>"I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements."</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/28/22</b> |
| <b>192. Sally Ulmer</b>        | <p>"I recommend ACBH use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services."</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/28/22</b> |
| <b>193. Shelby Milgrom</b>     | <p>I recommend that the county use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/28/22</b> |
| <b>194. Lea Siegel</b>         | <p>"I recommend ACBH use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services."</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/28/22</b> |
| <b>195. Exprinfil Esquivel</b> | <p>"I recommend ACBH use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services."</p>  | <b>4/28/22</b> |

APPENDIX D. PUBLIC COMMENT SUMMARY

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|                       | <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  |         |
| 196. Kaitlin Cruz     | <p>"I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services."</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | 4/28/22 |
| 197. Tristan Olson    | <p>"I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements."</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | 4/28/22 |
| 198. Serena Gafford   | <p>"I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements."</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | 4/28/22 |
| 199. Monica Zuniga    | <p>Need to increase coverage for Mental Health Prevention and Early Intervention Projects since in the long term it is more cost effective.</p> <p>ACBH/MHSA Response:<br/>ACBH continues to coordinate with department leadership, finance, and with community members and service providers to plan a coordinated effort to increase funding within the portfolio of PEI programs. Please see the <i>Plan Update from FY21/22</i> section of the Plan for more information.</p>   | 4/28/22 |
| 200. Hermelinda       | <p>Providing mental health services is critical for the wellbeing of our community. Thus, allocating resources to Mental health programs and services is a must.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment.</p>  | 4/28/22 |
| 201. Karlianne Rubcic | <p>"I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to</p>   | 4/28/22 |

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|                                    | <p>address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.”</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   |                |
| <b>202. Pascale Antor</b>          | <p>“I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.”</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <b>4/28/22</b> |
| <b>203. Diane McCullough-Klump</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements. Our team has decreased in size over the past two years in no small part due to staff being unable to pay a living wage to our direct care providers.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/28/22</b> |
| <b>204. Sean Garrett</b>           | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements. Our team has decreased in size over the past two years in no small part due to staff being unable to pay a living wage to our direct care providers.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/28/22</b> |
| <b>205. Meghan Nebril</b>          | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements. Our team has decreased in size over the past two years in no small part due to staff being unable to pay a living wage to our direct care providers.</p> <p><b>ACBH/MHSA Response:</b></p>   | <b>4/28/22</b> |

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|   | <p>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  |                |
| <p><b>206. Sierra Black</b></p>         | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <p>4/28/22</p> |
| <p><b>207. Crystal Moore</b></p>        | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <p>4/28/22</p> |
| <p><b>208. Edward Young</b></p>         | <p>I recommend ACBH use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <p>4/28/22</p> |
| <p><b>209. Mariana Alvarado</b></p>     | <p>I recommend ACBH use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p>ACBH/MHSA Response:<br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <p>4/28/22</p> |
| <p><b>210. Skip John D. Perkins</b></p> | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements. We need more \$ to provide more help to those in need.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <p>4/28/22</p> |

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| <b>211. Marlena Gittleman</b> | <p>I recommend ACBH use as much of the MHSAs rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/28/22</b> |
| <b>212. Raiyah Harris</b>     | <p>"I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements."</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/28/22</b> |
| <b>213. Triana Patel</b>      | <p>Prioritize extra roll over funding to go CBO providers to stabilize and grow the mental health system.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/29/22</b> |
| <b>214. Tanisha Patel</b>     | <p>Prioritize extra roll over funding to go CBO providers to stabilize and grow the mental health system.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/29/22</b> |
| <b>215. Ashley</b>            | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>               | <b>4/29/22</b> |
| <b>216. Stephanie Hochman</b> | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements</p>   | <b>4/29/22</b> |



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|  | <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  |                       |
| <p><b>217. Angela Dant</b></p>                 | <p>As the mother of a teen who suffers from debilitating anxiety and depression, I implore Alameda County Behavioral Health to use as much of the MHSA rollover funds as possible to leverage federal funding in order to increase funding for community based organizations providing essential behavioral health services. We are in a state of emergency, especially with the youth in our community, and adequately funding CBOs are the best way to get services to the most vulnerable in Alameda County. Please make this happen!</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p> | <p><b>4/29/22</b></p> |
| <p><b>218. Katy Brown</b></p>                  | <p>I recommend Alameda County Behavioral Health use as much of the MHSA rollover funds as possible to leverage federal funding and increase funding for community based organizations providing behavioral health services. This gives Alameda County Behavioral Health our feedback that we feel the county needs to invest as much money as possible from the \$35million+ rollover funds from last year to increase access to important mental health services provided by community based organizations, like Family Paths.</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>          | <p><b>4/29/22</b></p> |
| <p><b>219. Emily Eliash</b></p>                | <p>I recommend ACBH use as much of the MHSA rollover funds as possible, to leverage federal funding and increase funding for CBOs providing behavioral health services</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <p><b>4/29/22</b></p> |
| <p><b>220. Cassius J. Mitchell, Psy.D.</b></p> | <p>"I recommend that MHSA rollover funds be specifically dedicated to addressing the needs of Black/ African American community members to address current and historical underfunding and marginalization. I also recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b></p>   | <p><b>4/29/22</b></p> |

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|                                  | Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.  |                |
| <b>221. Kendra F Dunlap</b>      | Message from ACBH/MHSA:<br>No comment was entered by responder   | <b>4/29/22</b> |
| <b>222. Rebecca</b>              | I recommend Alameda County Behavioral Health use as much of the MHSA rollover funds as possible to leverage federal funding and increase funding for community based organizations providing behavioral health services.<br><br>ACBH/MHSA Response:<br>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.   | <b>4/29/22</b> |
| <b>223. Erica Hilton</b>         | I recommend Alameda County Behavioral Health use as much of the MHSA rollover funds as possible to leverage federal funding and increase funding for community based organizations providing behavioral health services.<br><br>ACBH/MHSA Response:<br>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.   | <b>4/29/22</b> |
| <b>224. Cinthya Chin Herrera</b> | I strongly recommend that Alameda County Behavioral Health dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is absolutely critical to expanding the CBO capacity needed to address the children's mental health emergency. Failure to do so will be equivalent to a divestment in the mental health of Alameda County residents. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.<br><br>ACBH/MHSA Response:<br>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts. | <b>4/29/22</b> |
| <b>225. Z Banegas</b>            | I recommend ACBH use as much of the MHSA rollover funds as possible to increase funding for CBO providing behavioral health services. Thank you.<br><br>ACBH/MHSA Response:<br>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.   | <b>4/29/22</b> |
| <b>226. Vanessa Shafa</b>        | I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital  | <b>4/29/22</b> |

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|                               | <p>Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   |                |
| <b>227. Catherine Anicama</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/29/22</b> |
| <b>228. Anne Scouten</b>      | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/29/22</b> |
| <b>229. Sandra Gaspar</b>     | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/29/22</b> |
| <b>230. Anna Lazo</b>         | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p> | <b>4/29/22</b> |

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| <b>231. Erin Rosenblatt</b>      | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/29/22</b> |
| <b>232. Angela Powell-Buluto</b> | <p>I recommend Alameda County Behavioral Health use as much of the MHSAs rollover funds as possible to leverage federal funding and increase funding for community-based organizations providing behavioral health services. This gives Alameda County Behavioral Health our feedback that we feel the county needs to invest as much money as possible from the \$35million+ rollover funds from last year to increase access to important mental health services provided by community-based organizations, like Family Paths.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p> | <b>4/29/22</b> |
| <b>233. Brooke Guerrero</b>      | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/29/22</b> |
| <b>234. Chelsea Brewer</b>       | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/> Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/29/22</b> |
| <b>235. Michelle Iriarte</b>     | <p>I recommend that ACBH dedicate unspent MHSAs rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital</p>   | <b>4/29/22</b> |

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|                              | <p>Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  |                |
| <b>236. Ty</b>               | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <b>4/29/22</b> |
| <b>237. Debbi Sack</b>       | <p>I recommend Alameda County Behavioral Health use as much of the MHSA rollover funds as possible to leverage federal funding and increase funding for community based organizations providing behavioral health services. This gives Alameda County Behavioral Health our feedback that we feel the county needs to invest as much money as possible from the \$35million+ rollover funds from last year to increase access to important mental health services provided by community based organizations, like Family Paths.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>  | <b>4/29/22</b> |
| <b>238. Sarah Hellman</b>    | <p>There has been a high level of turnover the past couple of years due to clinicians being able to make more money through different platforms- telehealth and our agency not being able to compensate a fair wage to retain qualified clinicians. Our department provides long-term attachment based relationships for at risk youth in the foster system. The burden falls on the youth when clinicians leave the agency due to upward mobility elsewhere and needing to afford the high costs of living in the Bay Area. It would be great if Fred Finch and community mental health agencies that provide these much needed services could also provide a competitive wage for their staff.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p> | <b>4/29/22</b> |
| <b>239. Jeffrey McDonald</b> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p>   | <b>4/29/22</b> |

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|                                  | <p><b>ACBH/MHSA Response:</b><br/>         Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  |                       |
| <p><b>240. Sharon Turner</b></p> | <p>I am a board member of a new nonprofit, R-Evolution, which focuses on facilitating community healing through global immersion experiences. With experienced leadership in the fields of mental health for youth, adults and families, AOD, restorative practices and education, we have created a new train-the-trainer program called the Global Resilience and Healing Fellowship. This program will provide training for providers, professionals, peer support specialists, and community health workers working in the areas of mental health and mental health related fields, including AOD and violence prevention. The purpose of this fellowship program is to help clinical and community providers, who support communities of color, to learn from international communities of color who have recovered from trauma and are demonstrating resilience through traditional, indigenous and innovative practices. Fellows will be led through hands-on, and experiential learning processes, demonstrating how others have healed themselves, their communities and countries through mental health programs, restorative justice, economic empowerment and peace building efforts. Fellows will develop toolkits on how to implement healing programming in their respective communities and organizations. Our global training sites will focus initially on Rwanda and South Africa. We strongly feel this immersion experience can be used as staff training for those working in mental health and expanded community healing, and that Alameda County should fund this innovative and impactful mission. Our goal is to send two cohorts of 10 individuals each cohort during the first year, and up to four cohorts in the years to follow. The Fellows included in this funding will be selected from a minimum of 10 Alameda County CBOs, who serve at least 500 individuals (youth, adults and family) annually. The impact of funding this fellowship program will not only benefit each organization's strengthening of their staff's knowledge of mental wellness and restorative practices within their organizations, it will create a local and global mutually supportive cohort and collective of Alameda county providers who will increase their capacity to benefit a greater community of at least 5,000 individuals within in the initial launch year. The fellowship training is scheduled to begin the year funding is approved. The annual cost for the fellowship training program in the first year starts at \$349,474. This will translate into benefitting our greater community of at least 5000 individuals at a mere cost of \$69.89 per person per year. This budget includes all Fellow global and local trainings, stipends, and operational costs, including airfare, ground transportation, meals, room and board. Prior to and following travel, Fellows will convene bi-monthly to share and strengthen their knowledge in a co-learning environment, developing tools to understand and implement these healing practices within their respective communities. I strongly urge MHSA to fund this innovative, culturally responsive nonprofit's initiative, that takes a radical and necessary approach to healing trauma that will have a hugely positive impact in the mental health community by creating access to interventions that are culturally relevant to the underserved and missed residents of Alameda County. Mental health workers and the communities they serve need this program. Please visit our website here: <a href="https://www.r-evolution.life/fellowship">https://www.r-evolution.life/fellowship</a> Save our contact here: R.Evolution.Dialogues@gmail.com Thank you for your consideration.</p> <p><b>ACBH/MHSA Response:</b></p> | <p><b>4/29/22</b></p> |

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|                                | <p>Thank you for your comment. All innovation ideas can be submitted through the county's INN Community Input Form: <a href="https://acmhsa.org/innovation-community-based-learning/">https://acmhsa.org/innovation-community-based-learning/</a>. Your organization is encouraged to sign up for the mailing list so that you will be updated for community input sessions.</p>   |                       |
| <p><b>241. Sunny Arora</b></p> | <p>I am a board member of a new nonprofit, R-Evolution, which focuses on facilitating community healing through global immersion experiences. With experienced leadership in the fields of mental health for youth, adults and families, AOD, restorative practices and education, we have created a new train-the-trainer program called the Global Resilience and Healing Fellowship. This program will provide training for providers, professionals, peer support specialists, and community health workers working in the areas of mental health and mental health related fields, including AOD and violence prevention. The purpose of this fellowship program is to help clinical and community providers, who support communities of color, to learn from international communities of color who have recovered from trauma and are demonstrating resilience through traditional, indigenous and innovative practices. Fellows will be led through hands-on, and experiential learning processes, demonstrating how others have healed themselves, their communities and countries through mental health programs, restorative justice, economic empowerment and peace building efforts. Fellows will develop toolkits on how to implement healing programming in their respective communities and organizations. Our global training sites will focus initially on Rwanda and South Africa. We strongly feel this immersion experience can be used as staff training for those working in mental health and expanded community healing, and that Alameda County should fund this innovative and impactful mission. Our goal is to send two cohorts of 10 individuals each cohort during the first year, and up to four cohorts in the years to follow. The Fellows included in this funding will be selected from a minimum of 10 Alameda County CBOs, who serve at least 500 individuals (youth, adults and family) annually. The impact of funding this fellowship program will not only benefit each organization's strengthening of their staff's knowledge of mental wellness and restorative practices within their organizations, but it will also create a local and global mutually supportive cohort and collective of Alameda county providers who will increase their capacity to benefit a greater community of at least 5,000 individuals within the initial launch year. The fellowship training is scheduled to begin the year funding is approved. The annual cost for the fellowship training program in the first year starts at \$349,474. This will translate into benefitting our greater community of at least 5000 individuals at a mere cost of \$69.89 per person per year. This budget includes all Fellow global and local trainings, stipends, and operational costs, including airfare, ground transportation, meals, room and board. Prior to and following travel, Fellows will convene bi-monthly to share and strengthen their knowledge in a co-learning environment, developing tools to understand and implement these healing practices within their respective communities. I strongly urge MHSa to fund this innovative, culturally responsive nonprofit's initiative, that takes a radical and necessary approach to healing trauma that will have a hugely positive impact in the mental health community by creating access to interventions that are culturally relevant to the underserved and missed residents of Alameda County. Mental health workers and the communities they serve need this program. Please visit our website here: <a href="https://www.r-evolution.life/fellowship">https://www.r-evolution.life/fellowship</a> Save our contact here: R.Evolution.Dialogues@gmail.com</p> <p>ACBH/MHSA Response:<br/>         Thank you for your comment. All innovation ideas can be submitted through the county's INN Community Input Form: <a href="https://acmhsa.org/innovation-community-based-learning/">https://acmhsa.org/innovation-community-based-learning/</a>. Your</p> | <p><b>4/29/22</b></p> |



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|                                  | organization is encouraged to sign up for the mailing list so that you will be updated for community input sessions.  |                |
| <b>242. Kristin Spanos</b>       | <p>We are writing to highlight the continued need to support young children, their parents/caregivers, and the early care and education professionals with mental health supports. We encourage a deepened investment of the Alameda County MHSA allocation for behavior health services specific to young children and their families. (ACBH note: You may view the full comment <a href="#">here</a> )</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH understands that there are emerging needs in the early childhood population and we continue to explore fiscal strategies and work with our budget teams and CBO partners to meet the emerging needs of this population.</p>   | <b>4/29/22</b> |
| <b>243. Pamela Neyland</b>       | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/29/22</b> |
| <b>244. Sarah Strother</b>       | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <b>4/30/22</b> |
| <b>245. Denzel Herrera-Davis</b> | <p>It is my opinion that the county can do more to support the wellness and thriving of the Black male population. Overwhelming data shows that the vast majority of funding (e.g., services) that get allocated to Black males are in an involuntary manner through the justice system. Remaining support services then get distributed to people typically below the poverty line. The dichotomy leaves a huge service gap for Black males who: aren't yet unhoused, incarcerated, experience crisis recovery, or are marginally above the poverty line. What's more, the youth whose parents are so mentally strained at home because they can barely meet the rent. All Black men need help more now than ever. Those who typically have the resources are farther away from the wellness we all seek. The county should support creative and solution driven community support organizations like Create The Space that focus on the last mile customer - Black males "in and around the service gap". Partnering with culturally reflective organizations, like Black Men Speak, Create The Space has been able to use agility, innovation, technologies and a highly qualified team to bring our community new perspectives on wellness and support. Thank You, Denzel</p> | <b>4/30/22</b> |

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|                                    | <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. Within the PEI portfolio, ACBH funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. Included in the portfolio is a speakers bureau program for and by African American men. Please see the MHSA Plan PEI Section for more information.</p>  |                       |
| <p><b>246. Zuryel Davis</b></p>    | <p>I am a family member with lived experience living in Alameda County. As a Black man I think we need more innovation in preventative measures taken toward Black men's wellbeing and mental health. All Black men need support whether they admit it or not. The population of people hardest to reach need it just as much - and they often look "just fine". The county should seek to fundt creative and innovative community based organizations with a track record for making unique impact like Create The Space. Thanks, Z. Davis</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. Within the PEI portfolio, ACBH funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. Included in the portfolio is a speakers bureau program for and by African American men. Please see the MHSA Plan PEI Section for more information.</p>  | <p><b>4/30/22</b></p> |
| <p><b>247. Darnisha Wright</b></p> | <p>I am a board member of a new nonprofit, R-Evolution, which focuses on facilitating community healing through global immersion experiences. With experienced leadership in the fields of mental health for youth, adults and families, AOD, restorative practices and education, we have created a new train-the-trainer program called the Global Resilience and Healing Fellowship. This program will provide training for providers, professionals, peer support specialists, and community health workers working in the areas of mental health and mental health related fields, including AOD and violence prevention. The purpose of this fellowship program is to help clinical and community providers, who support communities of color, to learn from international communities of color who have recovered from trauma and are demonstrating resilience through traditional, indigenous and innovative practices. Fellows will be led through hands-on, and experiential learning processes, demonstrating how others have healed themselves, their communities and countries through mental health programs, restorative justice, economic empowerment and peace building efforts. Fellows will develop toolkits on how to implement healing programming in their respective communities and organizations. Our global training sites will focus initially on Rwanda and South Africa. We strongly feel this immersion experience can be used as staff training for those working in mental health and expanded community healing, and that Alameda County should fund this innovative and impactful mission. Our goal is to send two cohorts of 10 individuals each cohort during the first year, and up to four cohorts in the years to follow. The Fellows included in this funding will be selected from a minimum of 10 Alameda County CBOs, who serve at least 500 individuals (youth, adults and family) annually. The impact of funding this fellowship program will not only benefit each organization's strengthening of their staff's knowledge of mental wellness and restorative practices within their organizations, it will create a local and global mutually supportive cohort and collective of Alameda county providers who will increase their capacity to benefit a greater community of at least 5,000 individuals within in the initial launch year. The fellowship training is scheduled to begin the year funding is approved. The annual cost for the fellowship training program in the first year starts at \$349,474. This will translate into</p> | <p><b>4/30/22</b></p> |

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|  | <p>benefitting our greater community of at least 5000 individuals at a mere cost of \$69.89 per person per year. This budget includes all Fellow global and local trainings, stipends, and operational costs, including airfare, ground transportation, meals, room and board. Prior to and following travel, Fellows will convene bi-monthly to share and strengthen their knowledge in a co-learning environment, developing tools to understand and implement these healing practices within their respective communities. I strongly urge MHSa to fund this innovative, culturally responsive nonprofit’s initiative, that takes a radical and necessary approach to healing trauma that will have a hugely positive impact in the mental health community by creating access to interventions that are culturally relevant to the underserved and missed residents of Alameda County. Mental health workers and the communities they serve need this program. Please visit our website here: <a href="https://www.r-evolution.life/fellowship">https://www.r-evolution.life/fellowship</a> Save our contact here: <a href="mailto:R.Evolution.Dialogues@gmail.com">R.Evolution.Dialogues@gmail.com</a></p> <p><b>ACBH/MHSA Response:</b><br/>         Thank you for your comment. All innovation ideas can be submitted through the county’s INN Community Input Form: <a href="https://acmhsa.org/innovation-community-based-learning/">https://acmhsa.org/innovation-community-based-learning/</a>. Your organization is encouraged to sign up for the mailing list so that you will be updated for community input sessions.</p>        |                       |
| <p><b>248. Christina Garges</b></p>      | <p>I recommend that ACBH dedicate unspent MHSa rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p><b>ACBH/MHSA Response:</b><br/>         Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>   | <p><b>4/30/22</b></p> |
| <p><b>249. Marc Anthony Robinson</b></p> | <p>I believe some of this funding should be specifically allocated to the black male population. I have yet to see black men be targeted for funding. Yet when it comes to policing in Alameda County the numbers show black men are overly targeted. This one example affects the mental state of black men because we don't feel safe. However, we are still expected to support and carry our families and communities. We need some intentional funding to support and carry us as well. There are small instance where we get to feel safe and supported. CreateTheSpace(<a href="http://www.cr8thespace.com">www.cr8thespace.com</a>) is a program that has supported me specifically and I believe programs like these should be targeted.</p> <p>To whom may concern I am writing this letter through my lens as an educator and service provider. I have been supporting black families for 10 years plus. I have seen the constant struggle of black fathers. Through my experience and relationships, I have come to the conclusion that there are far more barriers for black men than there are support. I would love Alameda County to step up in focusing funding specifically for black men. When you support the well-being of black men, you are also supporting black families. Contrary to popular belief the black man shapes the way our community looks and feels. I have been going to an event called 2me4U by Cre8TheSpace; this organization has supported black men in a way i have yet to see anywhere else. Please look into this organization and support them support us.</p> <p><b>ACBH/MHSA Response:</b></p> | <p><b>4/30/22</b></p> |

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|                                     | <p>Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. Within the PEI portfolio, ACBH funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. Included in the portfolio is a speakers bureau program for and by African American men. Please see the PEI Plan PEI Section for more information.</p>   |                |
| <p><b>250. Ayanna Larrimore</b></p> | <p>I recommend that ACBH dedicate unspent MHSA rollover funds to leverage federal funding for EPSDT services. Maximizing federal funding is critical to expanding the CBO capacity needed to address the children's mental health emergency. I also recommend that ACBH allocate Capital Facilities and Technological Needs Funding to support CBO implementation of CalAIM requirements.</p> <p>ACBH/MHSA Response:<br/>Thank you for your comment. ACBH will continue to work with our finance and budget teams to explore various funding needs across the system. EPSDT services and allocations are an ongoing part of these conversations and efforts.</p>  | <p>4/30/22</p> |
| <p><b>251. Sherri Burwell</b></p>   | <p>I am a board member of a new nonprofit, R-Evolution, which focuses on facilitating community healing through global immersion experiences. With experienced leadership in the fields of mental health for youth, adults and families, AOD, restorative practices and education, we have created a new train-the-trainer program called the Global Resilience and Healing Fellowship. This program will provide training for providers, professionals, peer support specialists, and community health workers working in the areas of mental health and mental health related fields, including AOD and violence prevention. The purpose of this fellowship program is to help clinical and community providers, who support communities of color, to learn from international communities of color who have recovered from trauma and are demonstrating resilience through traditional, indigenous and innovative practices. Fellows will be led through hands-on, and experiential learning processes, demonstrating how others have healed themselves, their communities and countries through mental health programs, restorative justice, economic empowerment and peace building efforts. Fellows will develop toolkits on how to implement healing programming in their respective communities and organizations. Our global training sites will focus initially on Rwanda and South Africa. We strongly feel this immersion experience can be used as staff training for those working in mental health and expanded community healing, and that Alameda County should fund this innovative and impactful mission. Our goal is to send two cohorts of 10 individuals each cohort during the first year, and up to four cohorts in the years to follow. The Fellows included in this funding will be selected from a minimum of 10 Alameda County CBOs, who serve at least 500 individuals (youth, adults and family) annually. The impact of funding this fellowship program will not only benefit each organization's strengthening of their staff's knowledge of mental wellness and restorative practices within their organizations, it will create a local and global mutually supportive cohort and collective of Alameda county providers who will increase their capacity to benefit a greater community of at least 5,000 individuals within in the initial launch year. The fellowship training is scheduled to begin the year funding is approved. The annual cost for the fellowship training program in the first year starts at \$349,474. This will translate into benefitting our greater community of at least 5000 individuals at a mere cost of \$69.89 per person per year. This budget includes all Fellow global and local trainings, stipends, and operational costs, including airfare, ground transportation, meals, room and board. Prior to and following travel, Fellows will convene bi-monthly to share and strengthen their knowledge in a co-learning environment, developing tools to understand and implement these healing</p> | <p>4/30/22</p> |

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|   | <p>practices within their respective communities. I strongly urge MHSa to fund this innovative, culturally responsive nonprofit’s initiative, that takes a radical and necessary approach to healing trauma that will have a hugely positive impact in the mental health community by creating access to interventions that are culturally relevant to the underserved and missed residents of Alameda County. Mental health workers and the communities they serve need this program.</p> <p><b>ACBH/MHSA Response:</b><br/>         Thank you for your comment. All innovation ideas can be submitted through the county’s INN Community Input Form: <a href="https://acmhsa.org/innovation-community-based-learning/">https://acmhsa.org/innovation-community-based-learning/</a>. Your organization is encouraged to sign up for the mailing list so that you will be updated for community input sessions.</p>  |                       |
| <p><b>252. Sandra Hooper Mayfield</b></p> | <p>I am a board member of a new nonprofit, R-Evolution, which focuses on facilitating community healing through global immersion experiences. With experienced leadership in the fields of mental health for youth, adults and families, AOD, restorative practices and education, we have created a new train-the-trainer program called the Global Resilience and Healing Fellowship. This program will provide training for providers, professionals, peer support specialists, and community health workers working in the areas of mental health and mental health related fields, including AOD and violence prevention. The purpose of this fellowship program is to help clinical and community providers, who support communities of color, to learn from international communities of color who have recovered from trauma and are demonstrating resilience through traditional, indigenous and innovative practices. Fellows will be led through hands-on, and experiential learning processes, demonstrating how others have healed themselves, their communities and countries through mental health programs, restorative justice, economic empowerment and peace building efforts. Fellows will develop toolkits on how to implement healing programming in their respective communities and organizations. Our global training sites will focus initially on Rwanda and South Africa. We strongly feel this immersion experience can be used as staff training for those working in mental health and expanded community healing, and that Alameda County should fund this innovative and impactful mission. Our goal is to send two cohorts of 10 individuals each cohort during the first year, and up to four cohorts in the years to follow. The Fellows included in this funding will be selected from a minimum of 10 Alameda County CBOs, who serve at least 500 individuals (youth, adults and family) annually. The impact of funding this fellowship program will not only benefit each organization’s strengthening of their staff’s knowledge of mental wellness and restorative practices within their organizations, it will create a local and global mutually supportive cohort and collective of Alameda county providers who will increase their capacity to benefit a greater community of at least 5,000 individuals within in the initial launch year. The fellowship training is scheduled to begin the year funding is approved. The annual cost for the fellowship training program in the first year starts at \$349,474. This will translate into benefitting our greater community of at least 5000 individuals at a mere cost of \$69.89 per person per year. This budget includes all Fellow global and local trainings, stipends, and operational costs, including airfare, ground transportation, meals, room and board. Prior to and following travel, Fellows will convene bi-monthly to share and strengthen their knowledge in a co-learning environment, developing tools to understand and implement these healing practices within their respective communities. I strongly urge MHSa to fund this innovative, culturally responsive nonprofit’s initiative, that takes a radical and necessary approach to healing trauma that will have a hugely positive impact in the mental health community by</p> | <p><b>4/30/22</b></p> |

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|                           | <p>creating access to interventions that are culturally relevant to the underserved and missed residents of Alameda County. Mental health workers and the communities they serve need this program.</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. All innovation ideas can be submitted through the county's INN Community Input Form: <a href="https://acmhsa.org/innovation-community-based-learning/">https://acmhsa.org/innovation-community-based-learning/</a>. Your organization is encouraged to sign up for the mailing list so that you will be updated for community input sessions.</p>  |                |
| <b>253. Lyman Hollins</b> | <p>Hello, as a board member with Family Paths and as a mental health clinician, I recommend Alameda County Behavioral Health use as much of the MHSA rollover funds as possible to leverage federal funding and increase funding for community based organizations providing behavioral health services. This gives Alameda County Behavioral Health our feedback that we feel the county needs to invest as much money as possible from the \$35million+ rollover funds from last year to increase access to important mental health services provided by community based organizations, like Family Paths. Thank you for your consideration.</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your public comment. ACBH values its partnership with our network of community-based partners. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <b>4/30/22</b> |
| <b>254. Raymond Banks</b> | <p>I am a justice-involved community member with diverse lived experiences, dealing with various co-morbidities, homeless, incarceration, etc, in Alameda County. Just as important, as a Black man I think we need more innovation in preventative measures specifically tailored for Black men's' physical and mental well-being or before it manifests into an episode requiring emergency intervention. Many Black men need support whether they admit it or not. Because of this difficulty, this population of people is the hardest to reach. The county should seek to fund nouveau, creative, or innovative approaches from community-based organizations with a track record for making unique impact like Create The Space.</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. Within the PEI portfolio, ACBH funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. Included in the portfolio is a speakers bureau program for and by African American men. Please see the MHSA Plan PEI Section for more information.</p> | <b>4/30/22</b> |
| <b>255. Ryan Louie</b>    | <p>As an independent videographer, I often work with the organization Create The Space, and I see how the organization regularly creates safe, loving experiences that supports the mental health of Black Men. I've also seen how diverse groups of individuals, including myself, are able to network and incubate community-based businesses that become integral new additions to Alameda County's economy. The County should provide funding for Create The Space because, by doing this, the County is supporting mental health and workforce development.</p> <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. Within the PEI portfolio, ACBH funds several programs which are</p>   | <b>4/30/22</b> |

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|  | <p>directed specifically to serve members of the African American and African immigrant communities and their families. Included in the portfolio is a speakers bureau program for and by African American men. Please see the MHSAs Plan PEI Section for more information.</p>   |                       |
| <p><b>256. Adjetey<br/>Clarence<br/>Lassey</b></p> | <p>I've experienced some Create the Space Events, a healing platform designed for Black Men and Men of Color . The platform has created a lot of impact for me and the Oakland community. As an Oakland native I've seen a lot of the changes in the community and I feel like there are not a lot of services dedicated towards improving self care for Black Men and men of color. Create the Space has been running by themselves and I want to see them get the funding the organization deserves given its impact. As a college educated Black Man who works in tech, there are not a lot of platforms or resources for us and Create the Space has done wonders for my self care, spirit and public speaking.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. Within the PEI portfolio, ACBH funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. Included in the portfolio is a speakers bureau program for and by African American men. Please see the MHSAs Plan PEI Section for more information</p>   | <p><b>4/30/22</b></p> |
| <p><b>257. Naya<br/>Gordon</b></p>                 | <p>There needs to be a reexamination of the service models used to create social service programs. Social service workers need to be paid a living wage with benefits that will support longevity in the field. There needs to be more social service providers that have realistic caseloads. There needs to be multitudinous community resources to meet the demands of the populations we serve. There needs to be executive level changes to minimize the documentation burden that impedes service delivery.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your public comment.</p>  | <p><b>4/30/22</b></p> |
| <p><b>258. Amy<br/>Fairweather</b></p>             | <p>Comments Regarding the Alameda County MHSAs Annual Plan Update Fiscal Year 2022/2023 Submitted by Swords to Plowshares April 29, 2022 Thank you for your work to expand access to and quality of mental health care in Alameda County. We appreciate the breadth of services, outreach, and educational efforts demonstrated in the report and the ACBH mission to "maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing a serious mental health, alcohol, or drug concern." Swords to Plowshares is a community-based not-for-profit 501(c)(3) organization. We offer employment and job training, supportive housing programs, permanent housing placement, counseling and case management, and legal services. Over 50 percent of veterans Swords' serve are people of color. Our mission and vision align with the county by ensuring all veterans regardless of race, creed, culture, sexual orientation, or gender identity receive available services for meaningful help that leads to a path of self-sufficiency. Swords' Drop-In Center in Oakland is the main entry point for services which includes crisis intervention, assistance securing emergency and permanent housing, job assessment and placement, money management programs, and legal services for low-income, at-risk, and unhoused veterans. The Alameda MHSAs plan includes laudable Community Services and Supports, and Prevention and Early Intervention directed to specific segments of the Alameda County population. Veterans may be present among other underserved Alameda County populations and suffer with concerns addressed in the plan, but too many fall through the cracks without focused efforts. Alameda County veterans need programs designed to recognize specific elements of military experience and culture, unique</p> | <p><b>4/30/22</b></p> |



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|  | <p>risks for mental health need, and an understanding of the resources available as well as bureaucratic and cultural barriers to care. We write to express the need for focused funding and initiatives for veterans residing in Alameda County. With the exception of children, veterans are represented in all of the populations which the HMSA is intended to serve. However, specific outreach and services for veterans are missing from the overall plans. Veterans are a particularly vulnerable population, at risk for mental health need, alcohol and drug concerns, and homelessness which can be mitigated or prevented through culturally congruent outreach and services. • Outreach teams are vital in finding and triaging unhoused veterans for next steps in stabilization/recovery. Veteran specific outreach teams can better establish trust through culturally congruent outreach to find and connect with at-risk veterans and properly refer them to relevant resources in the community, including assistance with accessing VA financial, health, and housing benefits. • Community-based licensed clinicians are needed to provide veteran-focused, trauma-informed intensive case management for the most vulnerable veterans in Alameda County, regardless of eligibility for VA services. The Need for Veteran Specific Outreach, Education, and Engagement in Alameda County: The Alameda County MHSA Annual Plan Update notes that the county is home to the second-highest number of veterans among Bay Area counties. In addition, the report cites homelessness and concern regarding housing and homeless issues as a top recurring issue raised by stakeholders and through MHSA listening sessions. The draft also states that multiple populations were overrepresented in the homeless populations, veterans (9 percent versus 5 percent) compared to the overall Alameda County population and adults with serious mental illness (32% versus 5%) when compared to the United States population. As the following materials demonstrate, not only are veterans overrepresented among those unhoused, they are at high risk for mental health need. Further, BIPOC, LGBTQ+ and other underserved cohorts within the veteran population are far more likely to suffer with mental health need, housing instability, and suicide. The Existence of VA and VSO Services Within Alameda County Are Not Sufficient to Reach Veterans: Not all veterans are eligible for VA services and care. They must qualify based on discharge status, era of service, and demonstrated service connection among other factors. Establishing eligibility is a lengthy and challenging bureaucratic process with no guarantee of success. BIPOC, LGBTQ+ and other underserved communities are more likely to be disqualified from eligibility based on Other than Honorable (OTH) discharge status. They are also significant cultural barriers for women, LBGTQ+ and BIPOC veterans who experienced race and gender-based discrimination and trauma during service and are hesitant to approach the VA. And finally, veterans should not be excluded from community services designed to meet their needs based on the existence or presumption that federal resources exist. Veteran Mental Health Need The following data points to increased risks and barriers to access for veterans in Alameda County and throughout the nation. The data points to the need for the Alameda MHSA to direct funding and programs specifically to Alameda County veterans. ☒ California has the highest distribution (30 percent) of the national homeless veteran population. ☒ Oakland-Berkeley/Alameda County Continuum of Care (CoC) has the fourth highest number of homeless veterans, and second highest (78.8 percent) percentage of unsheltered homeless veterans. ☒ Mental health issues are the primary cause cited for homelessness among unsheltered veterans. The 2019 Alameda County PIT Count showed: ☒ Psychiatric or emotional conditions were the number one health condition among the county's homeless veterans (at 50 percent of unsheltered and 63 percent of sheltered veterans). ☒ The most frequently experienced conditions also included post-traumatic stress disorder (PTSD; 43 percent of unsheltered and 21 percent of sheltered) and substance use (36 percent of unsheltered and 15 percent of</p> |  |
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|                                   | <p>sheltered). A 2012 study of incarcerated veterans in Alameda County found they have a higher prevalence of adverse mental health than the typical jail population: 64 percent reported a mental health diagnosis. 75 percent of incarcerated veterans who participated in the study reported substance abuse problems as well. BIPOC veterans have higher rates of mental health need and are less likely to qualify for VA services. • Rates of military-related PTSD in Black veterans are twice that of white veterans and rates for Latinx veterans are 50 percent higher compared to white veterans. • Black veterans are less likely to have their service-connected disability benefits claims approved for PTSD. • Other Than Honorable (OTH) discharges preclude access to benefits and healthcare. • Black veterans and Latinx veterans are more likely to be discharged from the military less than honorably. • Mental health conditions often influence behavior that leads to an OTH discharge. • Black service members are far more likely to be subject to court-martial and Non-Judicial Punishment within the military: • Air Force: 1.71 times (71 percent) more likely • Navy: 1.40 times (40 percent) more likely • Army: 1.61 times (61 percent) more likely • Marine Corps: 1.32 times (32 percent) more likely Underserved veteran populations require specialized outreach and culturally competent care. • LGBTQ+ veterans are estimated to have twice the rate of depression as other veterans and are more likely than other veterans to screen positive for PTSD, as other veterans. • Veterans aged 65 years and older are twice as likely to have a diagnosis of a major depressive disorder than the general population of the same age. • Women veterans have higher rates of lifetime and past-year PTSD than male veterans, and both nonveteran men and women. • 40 percent of unhoused women veterans have experienced military sexual trauma (MST) and veterans who experienced MST are over twice as likely to experience homelessness. • Veterans who have experienced homelessness are almost twice more likely than non-veterans who have experienced homelessness and 11 times more likely than other veterans to report lifetime suicide attempts. Veterans require and deserve specialized community outreach and care. Veterans receiving mental health services from community providers need treatment that takes into account their military background, transition experiences, particular mental health risks, and service-related mental health conditions. There are opportunities to screen for veteran status, make appropriate referrals and assist veterans in overcoming barriers to VA care in order to prevent and mitigate homelessness and mental health need among Alameda County veterans. For these reasons, we urge Alameda County to include veteran specific programs in future MHSA strategic plans.</p> <p><b>ACBH/MHSA Response:</b><br/>         Thank you for your comment. ACBH tracks services to members of the veteran community through its regular data collection mechanism through contracted providers. ACBH remains committed to using this data to understand service needs and to drive innovation to deliver services to specific existing and/or emerging populations, such as resident veterans and their families. Please see the MHSA Plan, PEI Section for more information.</p> |                       |
| <p><b>259. Tamara Centeno</b></p> | <p>The Alameda County needs to invest in families mental health specially after pandemic to avoid a generation of kids with severe Mental Issues. The support should include Parenting classes and individual and group services in schools.</p> <p><b>ACBH/MHSA Response:</b><br/>         Thank you for your comment. ACBH has provided school based behavioral health services in partnership with school districts in Alameda County since 2009. We continue to partner with schools to provide services, supports, and interventions for children, youth and families which</p>  | <p><b>4/30/22</b></p> |

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|                               | include individual, group, and family work. ACBH values investments in mental wellness for families and children. Please refer to the MHSA Plan-PEI Section for more information.  |                |
| <b>260. Juan Walker</b>       | <p>The county should spend mental health dollars on creative organizations like Create The Space which has been actively supporting the mental well-being of Black men in the community. This organization has many programs and activities aimed at addressing the mental health needs of Black men some which include yoga and meditation as well as programs to provide therapy and coaching for Black men. This is an underserved community that traditionally shuns mental health treatment, but Create The Space has made in roads in identifying and serving members of this community. The entire county benefits when these needs are being addressed. For these reasons, the county should fund Create The Space.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. Within the PEI portfolio, ACBH funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. Included in the portfolio is a speakers bureau program for and by African American men. Please see the MHSA Plan PEI Section for more information</p> | <b>4/30/22</b> |
| <b>261. Rondy Isaac</b>       | <p>I'm a member and wellness provider for Create the Space. Create the Space is a intricate part of my life! This organization gives me a deeper sense of community &amp; brotherhood. The organization provides a support that is catered towards people like me (African-American, financially challenged, searching for deeper connection). I'm a yoga teacher with Cr8thespace. I love this community, I feel enriched with every encounter I have with the members. I could go on &amp; on about Cr8thespace, but I would sum up my feelings about Cr8thespace as fulfilling!</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. Within the PEI portfolio, ACBH funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. Included in the portfolio is a speakers bureau program for and by African American men. Please see the MHSA Plan PEI Section for more information</p>  | <b>4/30/22</b> |
| <b>262. Andrew Watters</b>    | <p>I think we need more innovation in preventative measures taken toward Black men's wellbeing and mental health. All Black men need support whether they admit it or not. The population of people hardest to reach need it just as much - and they often look "just fine". The county should seek to fund creative and innovative community based organizations with a track record for making unique impact like Create The Space.</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. ACBH values culturally congruent service delivery to ethnic and language populations. Within the PEI portfolio, ACBH funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. Included in the portfolio is a speakers bureau program for and by African American men. Please see the MHSA Plan PEI Section for more information.</p>  | <b>4/30/22</b> |
| <b>263. George Y. Pearson</b> | <p>The African American contracts need to be reviewed and updated by the appointed steering committee to include the current updated state report for medical service and the BH mental health mandates for California. for 20222. They should include racial metrics of the affected AA populations the metrics that move from just seeing the affect groups to outcomes and quality over numbers and failure ie UCSF addressing the 30yr problem of black mother and infant</p>  | <b>4/30/22</b> |

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|                                 | <p>outcomes -in SF., The the county report to fails and need to implement a much needed African American comprehensive health care center that includes mental health and health care services at one site were we are the priority like other centers such as the current players and options ie native American, Asian health and La clinca given are out comes as AA in these centers state need for great change not just a hub thank you</p> <p><b>ACBH/MHSA Response:</b><br/>         Thank you for your public comment. We are dedicated to uplifting and providing culturally appropriate services in our service delivery model within the African American Wellness Hub as well as other community-based organizations currently in operation or yet to be realized to serve African Americans in our county.</p>   |                       |
| <p><b>264. Bre Williams</b></p> | <p>I am a board member of a new nonprofit, R-Evolution, which focuses on facilitating community healing through global immersion experiences. With experienced leadership in the fields of mental health for youth, adults and families, AOD, restorative practices and education, we have created a new train-the-trainer program called the Global Resilience and Healing Fellowship. This program will provide training for providers, professionals, peer support specialists, and community health workers working in the areas of mental health and mental health related fields, including AOD and violence prevention. The purpose of this fellowship program is to help clinical and community providers, who support communities of color, to learn from international communities of color who have recovered from trauma and are demonstrating resilience through traditional, indigenous and innovative practices. Fellows will be led through hands-on, and experiential learning processes, demonstrating how others have healed themselves, their communities and countries through mental health programs, restorative justice, economic empowerment and peace building efforts. Fellows will develop toolkits on how to implement healing programming in their respective communities and organizations. Our global training sites will focus initially on Rwanda and South Africa. We strongly feel this immersion experience can be used as staff training for those working in mental health and expanded community healing, and that Alameda County should fund this innovative and impactful mission. Our goal is to send two cohorts of 10 individuals each cohort during the first year, and up to four cohorts in the years to follow. The Fellows included in this funding will be selected from a minimum of 10 Alameda County CBOs, who serve at least 500 individuals (youth, adults and family) annually. The impact of funding this fellowship program will not only benefit each organization's strengthening of their staff's knowledge of mental wellness and restorative practices within their organizations, it will create a local and global mutually supportive cohort and collective of Alameda county providers who will increase their capacity to benefit a greater community of at least 5,000 individuals within in the initial launch year. The fellowship training is scheduled to begin the year funding is approved. The annual cost for the fellowship training program in the first year starts at \$349,474. This will translate into benefitting our greater community of at least 5000 individuals at a mere cost of \$69.89 per person per year. This budget includes all Fellow global and local trainings, stipends, and operational costs, including airfare, ground transportation, meals, room and board. Prior to and following travel, Fellows will convene bi-monthly to share and strengthen their knowledge in a co-learning environment, developing tools to understand and implement these healing practices within their respective communities. I strongly urge MHSA to fund this innovative, culturally responsive nonprofit's initiative, that takes a radical and necessary approach to healing trauma that will have a hugely positive impact in the mental health community by creating access to interventions that are culturally relevant to the underserved and missed</p> | <p><b>4/30/22</b></p> |

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|  | <p>residents of Alameda County. Mental health workers and the communities they serve need this program. Please visit our website here: <a href="https://www.r-evolution.life/fellowship">https://www.r-evolution.life/fellowship</a> Save our contact here: <a href="mailto:R.Evolution.Dialogues@gmail.com">R.Evolution.Dialogues@gmail.com</a></p> <p>ACBH/MHSA Response:<br/>                 Thank you for your comment. All innovation ideas can be submitted through the county's INN Community Input Form: <a href="https://acmhsa.org/innovation-community-based-learning/">https://acmhsa.org/innovation-community-based-learning/</a>. Your organization is encouraged to sign up for the mailing list so that you will be updated for community input sessions.</p>  |                       |
| <p><b>265. Dr. Marcus Adeshima</b></p> | <p>I am a co-director of a new nonprofit, R-Evolution, which focuses on facilitating community healing through global immersion experiences. With experienced leadership in the fields of mental health for youth, adults and families, AOD, restorative practices and education, we have created a new train-the-trainer program called the Global Resilience and Healing Fellowship. This program will provide training for providers, professionals, peer support specialists, and community health workers working in the areas of mental health and mental health related fields, including AOD and violence prevention. The purpose of this fellowship program is to help clinical and community providers, who support communities of color, to learn from international communities of color who have recovered from trauma and are demonstrating resilience through traditional, indigenous and innovative practices. Fellows will be led through hands-on, and experiential learning processes, demonstrating how others have healed themselves, their communities and countries through mental health programs, restorative justice, economic empowerment and peace building efforts. Fellows will develop toolkits on how to implement healing programming in their respective communities and organizations. Our global training sites will focus initially on Rwanda and South Africa. We strongly feel this immersion experience can be used as staff training for those working in mental health and expanded community healing, and that Alameda County should fund this innovative and impactful mission. Our goal is to send two cohorts of 10 individuals each cohort during the first year, and up to four cohorts in the years to follow. The Fellows included in this funding will be selected from a minimum of 10 Alameda County CBOs, who serve at least 500 individuals (youth, adults and family) annually. The impact of funding this fellowship program will not only benefit each organization's strengthening of their staff's knowledge of mental wellness and restorative practices within their organizations, it will create a local and global mutually supportive cohort and collective of Alameda county providers who will increase their capacity to benefit a greater community of at least 5,000 individuals within in the initial launch year. The fellowship training is scheduled to begin the year funding is approved. The annual cost for the fellowship training program in the first year starts at \$349,474. This will translate into benefitting our greater community of at least 5000 individuals at a mere cost of \$69.89 per person per year. This budget includes all Fellow global and local trainings, stipends, and operational costs, including airfare, ground transportation, meals, room and board. Prior to and following travel, Fellows will convene bi-monthly to share and strengthen their knowledge in a co-learning environment, developing tools to understand and implement these healing practices within their respective communities. I strongly urge MHSA to fund this innovative, culturally responsive nonprofit's initiative, that takes a radical and necessary approach to healing trauma that will have a hugely positive impact in the mental health community by creating access to interventions that are culturally relevant to the underserved and missed residents of Alameda County. Mental health workers and the communities they serve need this</p> | <p><b>4/30/22</b></p> |

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|                               | <p>program. Please visit our website here: <a href="https://www.r-evolution.life/fellowship">https://www.r-evolution.life/fellowship</a> Save our contact here: R.Evolution.Dialogues@gmail.com</p> <p><b>ACBH/MHSA Response:</b><br/>         Thank you for your comment. All innovation ideas can be submitted through the county's INN Community Input Form: <a href="https://acmhsa.org/innovation-community-based-learning/">https://acmhsa.org/innovation-community-based-learning/</a>. Your organization is encouraged to sign up for the mailing list so that you will be updated for community input sessions.</p>  |                       |
| <p><b>266. John Bauer</b></p> | <p>My name is John Bauer. Our family had numerous contacts with the ACBH through the ACCESS entry point (2018). Our family was desperate to get mental health services for our son, Jacob Bauer. Each time, we were told that because he was covered by his employer's health plan, he did not qualify to access any of the ACBH services. With that stated, from this report, and the website of ACBH ; "As an insurance plan for Medi-Cal recipients, we are required to operate a 24/7/365 telephonic referral line to ensure that our insurance beneficiaries can have around-the clock access to their behavioral health insurance benefits. This phone number is the point of entry for behavioral health services and referrals." With the prerequisite being Medi-Cal, only 449,473 of the County population (1,510,271) have access to the services offered by ACBHS. Thus, over 1,000,000 DO NOT have access to the vital services offered by ACBHS. Page 34 of the draft report states that only 25,541 were served by ACBHS in 20/21. A penetration rate of only 1.7% of all Alameda County residents. Page 34 also states that of the 449,473 participants, ACBHS only served 25,541 people (5.7%). One should take note of these percentages. Numerous academic studies have determined that at least 25% of the US population has a diagnosable mental health illness requiring medical attention. Some studies have place this to be as high as 40%. That means that Alameda County has almost 400,000 people who need medical attention for their mental health well being. From the data provided in this report, one can conclude that more than 300,000 people need medical attention, but are not receiving it, regardless if the provider is ACBHS or private practitioners. DE-ESCALATION The term de-escalation is mentioned many times in the report. Most often, a person who is in crisis is met with an encounter from law enforcement. It is important to note that law enforcement becomes involved from a 911 call, where the individual has committed a small crime. The problem with a law enforcement response is that law enforcement has a totally different definition of de-escalation than the medical community. In fact (source Lexipol), law enforcement has no constitutional or legal requirement to use any de-escalation tactics. Furthermore, (source Lexipol) it is stated that law enforcement can only initiate de-escalation tactics once: Boundaries are established, the officer has gained control of the situation, and the officer (hopefully) gains compliance of the person...then the de-escalation process can start. Thus in Pleasanton, the threat or use of increased force by PPD is viewed as a de-escalation tactic. It has been stated that pointing a taser and sparking it is a form of de-escalation, hoping to get the person to comply; or holding back a barking police dog, telling the person to comply or the dog will be released. Regrettably, there is a stigma in the general population and media about mental illness. Stigma is touched upon many times in the report. People have the stigma that everyone who is in a state of crisis is a danger. Thus, when a call to law enforcement arrives, when asked if the person is dangerous, the caller often states "well s/he looks dangerous", and law enforcement consequently responds to a "dangerous" person. 2 items related to above: Mental health first aid should include ALL businesses that interact with the public: Hotels, restaurants, grocery stores to name a few. The CATT should be deployed countywide, on a 7/24 basis. John Bauer South Pleasanton</p> | <p><b>4/30/22</b></p> |

|                                 |  |                       |
|---------------------------------|--|-----------------------|
|                                 | <p><b>ACBH/MHSA Response:</b><br/>                 Thank you for your comment. As a pilot, the CATT project is testing whether a crisis response team that includes a behavioral health clinician and emergency medical technician collaborating with law enforcement is a successful model. Expanding CATT teams countywide is a long-term goal of the project if this model proves to be successful.</p>   |                       |
| <p><b>267. Naeem Majied</b></p> | <p>I am a board member of a new nonprofit, R-Evolution, which focuses on facilitating community healing through global immersion experiences. With experienced leadership in the fields of mental health for youth, adults and families, AOD, restorative practices and education, we have created a new train-the-trainer program called the Global Resilience and Healing Fellowship. This program will provide training for providers, professionals, peer support specialists, and community health workers working in the areas of mental health and mental health related fields, including AOD and violence prevention. The purpose of this fellowship program is to help clinical and community providers, who support communities of color, to learn from international communities of color who have recovered from trauma and are demonstrating resilience through traditional, indigenous and innovative practices. Fellows will be led through hands-on, and experiential learning processes, demonstrating how others have healed themselves, their communities and countries through mental health programs, restorative justice, economic empowerment and peace building efforts. Fellows will develop toolkits on how to implement healing programming in their respective communities and organizations. Our global training sites will focus initially on Rwanda and South Africa. We strongly feel this immersion experience can be used as staff training for those working in mental health and expanded community healing, and that Alameda County should fund this innovative and impactful mission. Our goal is to send two cohorts of 10 individuals each cohort during the first year, and up to four cohorts in the years to follow. The Fellows included in this funding will be selected from a minimum of 10 Alameda County CBOs, who serve at least 500 individuals (youth, adults and family) annually. The impact of funding this fellowship program will not only benefit each organization's strengthening of their staff's knowledge of mental wellness and restorative practices within their organizations, it will create a local and global mutually supportive cohort and collective of Alameda county providers who will increase their capacity to benefit a greater community of at least 5,000 individuals within in the initial launch year. The fellowship training is scheduled to begin the year funding is approved. The annual cost for the fellowship training program in the first year starts at \$349,474. This will translate into benefitting our greater community of at least 5000 individuals at a mere cost of \$69.89 per person per year. This budget includes all Fellow global and local trainings, stipends, and operational costs, including airfare, ground transportation, meals, room and board. Prior to and following travel, Fellows will convene bi-monthly to share and strengthen their knowledge in a co-learning environment, developing tools to understand and implement these healing practices within their respective communities. I strongly urge MHSA to fund this innovative, culturally responsive nonprofit's initiative, that takes a radical and necessary approach to healing trauma that will have a hugely positive impact in the mental health community by creating access to interventions that are culturally relevant to the underserved and missed residents of Alameda County. Mental health workers and the communities they serve need this program</p> <p><b>ACBH/MHSA Response:</b></p> | <p><b>4/30/22</b></p> |



|  |  |                |
|--|--|----------------|
|  | <p>Thank you for your comment. All innovation ideas can be submitted through the county's INN Community Input Form: <a href="https://acmhsa.org/innovation-community-based-learning/">https://acmhsa.org/innovation-community-based-learning/</a>. Your organization is encouraged to sign up for the mailing list so that you will be updated for community input sessions.</p>   |                |
| <p><b>268. Peg</b></p>                                 | <p>-funding for more staffing on crisis line, specially to cover nights and weekends when there are more high need callers. -funding for 24/7 text services and expanding the reach of the text line beyond youth focused -funding for bilingual crisis line providers to ensure all communities have access to linguistically and culturally appropriate services -funding for bilingual health educators to ensure all communities have access to linguistically and culturally appropriate suicide prevention education -funding for added capacity for grief counseling in light of all the losses the community experienced during Covid.</p> <p>ACBH/MHSA Public Comment:<br/>                 Thank you for your public comment. ACBH is continuing to explore fiscal strategies and work with our Budget Teams so that our CBO partners, including the 24/hr crisis line, text line and grief counseling, can provide culturally and linguistically responsive services to our Alameda County communities.</p>   | <p>4/30/22</p> |
| <p><b>269. African American Steering Committee</b></p> | <p>The 2011 African American Utilization Report (Report) acknowledged inequality and "inappropriate provider care" as foundational to the, long-standing African American health crisis. County data was so dire, ACBHCS Director vowed to transform the harmful County system. ACBHCS, MHSA African American INNOVATION produced 14 Provider Training Curricula. Quality improvements would be accomplished through African American, INNOVATORS, training County providers, collaborating and integrating the 14 MHSA strategies into County services. It was brilliant. Providers had other ideas. They joined together, in an apparent united front, refusing to collaborate, cooperate or participate with African American INNOVATORS. Providers derailed African American's attempt to heal community **No consequences were imposed on the Providers for their refusal to change the lethal service. Instead the African American community continues to die of preventable illness and without appropriate services. TODAY, Like lambs to the slaughter, African Americans are incarcerated, assigned, unwittingly choose, some are mandated to these same providers and services, deemed inappropriate in the Utilization Report, a decade ago!! Today in Alameda County Asians have 3 integrated care facilities. They outlive African Americans by 11 years. Latinx have 2 well-funded Health Centers and outlive us by 8 years, Natives have 1 Health Center and outlive African Americans by 5 years. African Americans have 0 integrated care facilities. Since the 1970s, for 50 years, 6 generations of Asians, Latinx and Natives have benefitted from culturally responsive integrated care facilities. With well funded community resources, referrals, community centers, strategic locations. They outlive us significantly. After 50 years and 6 generations of Alameda County care; African American males and females have the highest rates of hospitalization for severe mental illness. They have the most disease burden and shortest life expectancy of all major ethnic groups in the County. They have least life expectancy of any major ethnic group in the country. They are 10% of the County population, but 38% of the County mental health service population They are number 1 in 8 of ten categories of death by preventable illness. With adequate prevention services they would not die of that illness. African Americans have no appropriate prevention or early intervention services. A large number receive services in restrictive settings, jails and psych wards. They are more likely to be restrained. They are "disproportionately" misdiagnosed, resulting in incorrect treatment. African Americans at twice the rate of whites are prescribed older generations of</p> | <p>4/30/22</p> |

|  |  |  |
|--|--|--|
|  | <p>high side-effect medications that cause irreversible disability. Question-Comments 1. Why is the gold standard, integrated care made available to every major ethnic group except the descendants of enslaved Africans? 2. Why are African Americans, even now in the face of COVID, being “steered” towards a less efficacious mental health resource and referral HUB, rather than the gold standard, integrated health care center? 3. Would the African American resource and referral HUB refer us to those providers deemed inappropriate a decade ago in the Utilization Report? 4. Will the HUB refer us to those same providers who refused to participate or collaborate with African American quality improvement efforts?</p> <p><b>ACBH/MHSA Response:</b><br/>Thank you for your comment. The inequities within our system are being addressed. ACBH is actively working on addressing the urgent needs of the African American community that has been underserved and overly penalized by our system. The recent creation of the Health Equity Division within ACBH is designed to address inequities and make with recommendations driven by the community and supported by data for guidance / course correction where warranted and creation of needed services for the African American community we serve in Alameda County.</p> |  |
|--|--|--|

|  |   |                |
|--|---|----------------|
| <p><b>270. African American Steering Committee, member</b></p> | <p>After the African American INNOVATION was derailed by County Providers refusing to participate in African American quality improvements, the African American Steering Committee for Health and Wellness (AASCHW), was constituted. To address the dilemma, AASCHW advocated for funding 12 “African American” contracts and is tasked with reviewing those 12 contracts for cultural responsiveness. Currently, most of these 12 contractors do not appear to be culturally responsive. They do not identify their services as African American. They do not outreach, market to or locate in African American pathways. We can’t find them. Most African Americans even the AASCHW Committee members are not aware that 12 African American contracts even exist, where they are located, or what services they provide. Leadership on the other hand does know about these contracts, in fact the AASCHW Leadership included hefty contractual allocations to Leadership’s own personal organizations, including the African American HUB. The extent of Leadership’s beneficial interests in MHSA contracts is unknown. Leadership may be extracting the lion’s share of MHSA contracts. AASCHW membership cannot know as requests to Leadership for transparency and information are met with hostility, refusal and bullying. For years, Leadership has obstructed any and all attempts at a contract review process. Because Leadership is avoiding review and transparency in their own personal, AASCHW contracts, they obstruct review and appropriate services for all African Americans. As a result, none of the contracts AASCHW forwarded for funding, have EVER been reviewed, or held accountable to be culturally responsive. They may be but we do not know 12 AASCHW contractors including those contracts held by Leadership and the HUB are providing unknown services, of an unknown quality, to unknown populations, while African Americans die of preventable illness for lack of prevention and early intervention services. African Americans have mental health contracts. We just can’t find the services. Some contractors take African American funding but do not intend African American services, one of many an issue that could be addressed by review and quality improvements could occur. AASCHW Contractors may meet numerical deliverables set by the County, however, cultural responsiveness is a question to be reviewed by AASCHW. AASCHW Committee members cannot know about the cultural responsiveness of AASCHW programs. Leadership forbids us the necessary information and opportunity to complete this work that is foundational to the health and wellness of the community. Lack of appropriate services cost lives Instead of recusing themselves and declaring what is an obvious conflict, Leadership obstructs delays, and denies, any and all attempts at contract reviews, maintaining secrecy, avoid scrutiny regarding the impact their various contractual relationships may have on their decisions as AASCHW Leadership. Perhaps AASCHW Leadership’s hefty AASCHW contracts make them inappropriate for Leadership? Particularly if they are willing to withhold reviews of every contract to save their own. African Americans need services. AASCHW Leadership, will not let African American prevention and early intervention contract review happen.... ever. This does not seem to be a situation will resolve without outside intervention.</p> <p><b>ACBH/MHSA Response:</b><br/>         Thank you for your comment. The inequities within our system are being addressed. ACBH is actively working on addressing the urgent needs of the African American community that has been underserved and overly penalized by our system. The recent creation of the Health Equity Division within ACBH is designed to address inequities and make with recommendations driven by the community and supported by data for guidance / course correction where warranted and creation of needed services for the African American community we serve in Alameda County. ACBH has increased funding for the African American Wellness Hub Complex Planning</p> | <p>4/30/22</p> |
|--|---|----------------|

|  |   |  |
|--|---|--|
|  | <p>phase and the PEI portfolio, funds several programs which are directed specifically to serve members of the African American and African immigrant communities and their families. All contracts are performance-based, ,a summary of contract monitoring activities are included in the Performance Management section of the Plan.</p> |  |
|--|---|--|

## Appendix E. Three-Year Plan CPPP Survey Materials



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

#### Survey Instructions

The Alameda County Mental Health Services Act (MHS) 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 MHS 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 MHS Division at [MHS@acgov.org](mailto:MHS@acgov.org).

Thank you for your help with this community effort!

1. Is this your first-time providing input and information for our **MHS 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<br>Essential | 2=Very Important      | 3=Moderately<br>Important | 4=Somewhat<br>Important | 5=Not a Priority<br>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<br>Essential | 2=Very Important      | 3=Moderately<br>Important | 4=Somewhat<br>Important | 5=Not a Priority<br>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+
- 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. MHSa 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<br>Essential | 2=Very Important      | 3=Moderately<br>Important | 4=Somewhat<br>Important | 5=Not Priority at<br>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
- I am not Asian or Pacific Islander

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. 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)

19. **COMMUNITY INPUT MEETING EVALUATION SECTION: Please tell us about your recent experience (If you did not attend a recent forum, please skip questions 19-22).**

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

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

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



22. 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

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.

## APPENDIX E-2: SURVEY RESULTS

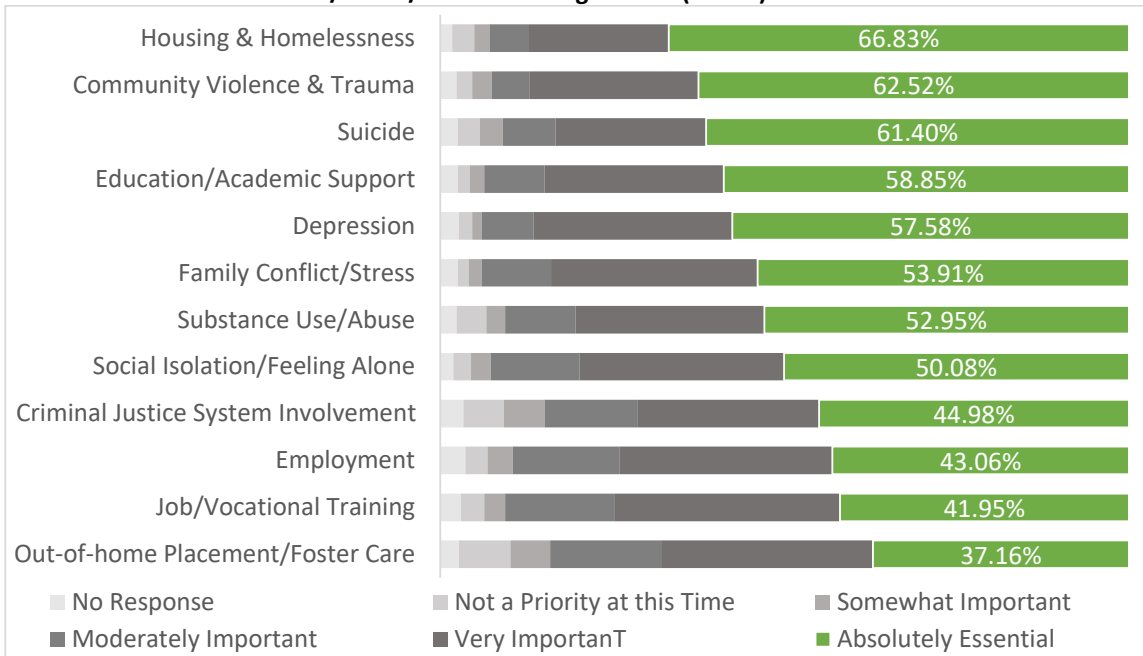
Q1. Is this your first-time providing input and information for our MHS Community Program Planning Process?

**First Time Participating in MHS Community Program Planning Process (n=627)**

| Response     | Number     | Percent        |
|--------------|------------|----------------|
| Yes          | 526        | 83.89%         |
| No           | 51         | 8.13%          |
| Not Sure     | 44         | 7.02%          |
| No Response  | 6          | 0.96%          |
| <b>Total</b> | <b>627</b> | <b>100.00%</b> |

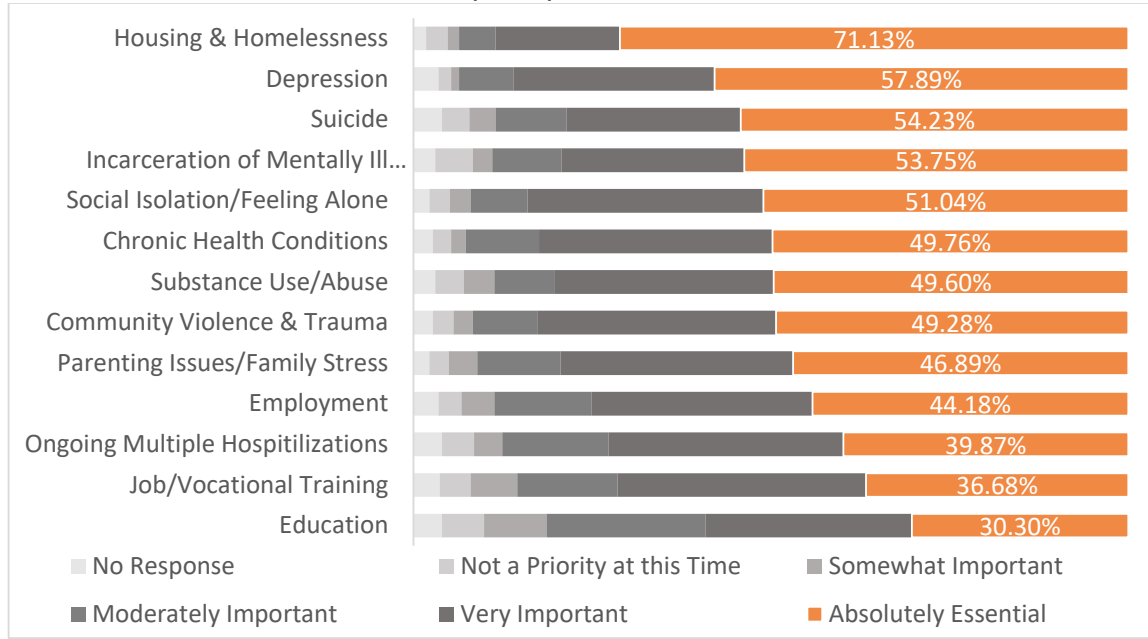
Q2. What concerns related to Children/Youth/Transitional Age Youth (TAY) are most important to you and/or your family member(s)? (Rate in order with 1 as "Absolutely Essential" to 5 as being "Not a Priority at this time").

**Concerns Related to Children/Youth/Transitional Age Youth (n=627)**



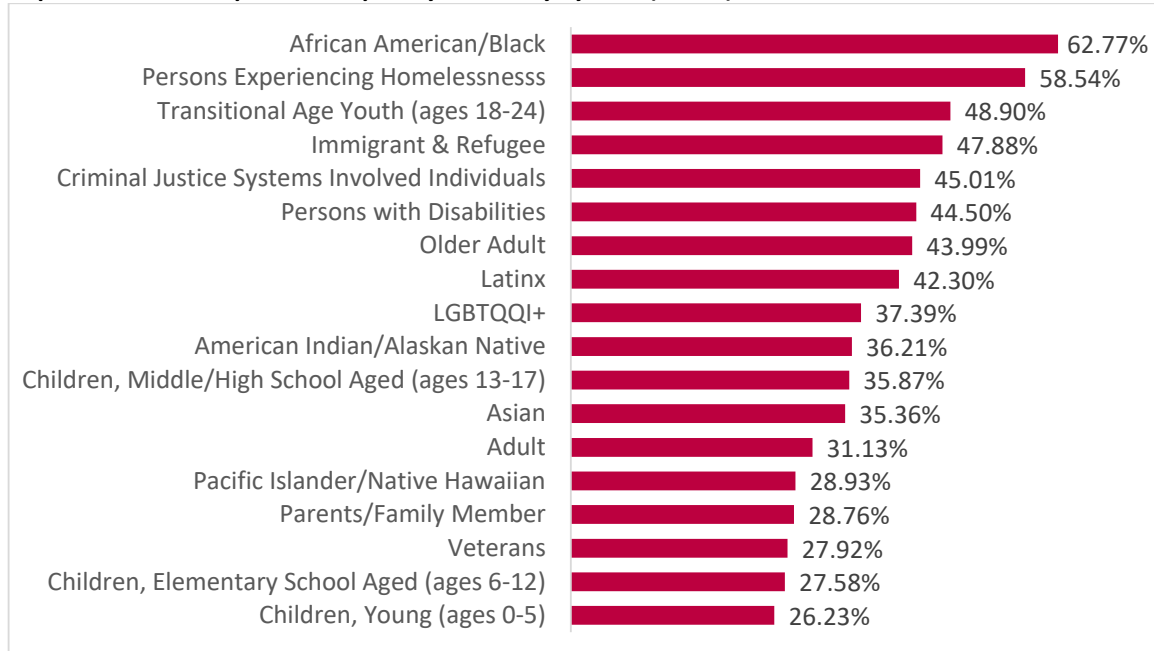
Q3. What concerns related to Adults/Older Adults are most important to you and/or your family member(s)? (Rate in order with 1 as "Absolutely Essential" to 5 as being "Not a Priority at this time").

**Concerns Related to Adults/Older Adults (n=627)**



Q4. 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)

**Populations or Groups not Adequately Served by System (n=591)**



Q5. Based on your answers for Question 4, please identify who you feel are the three most underserved groups (please be specific).

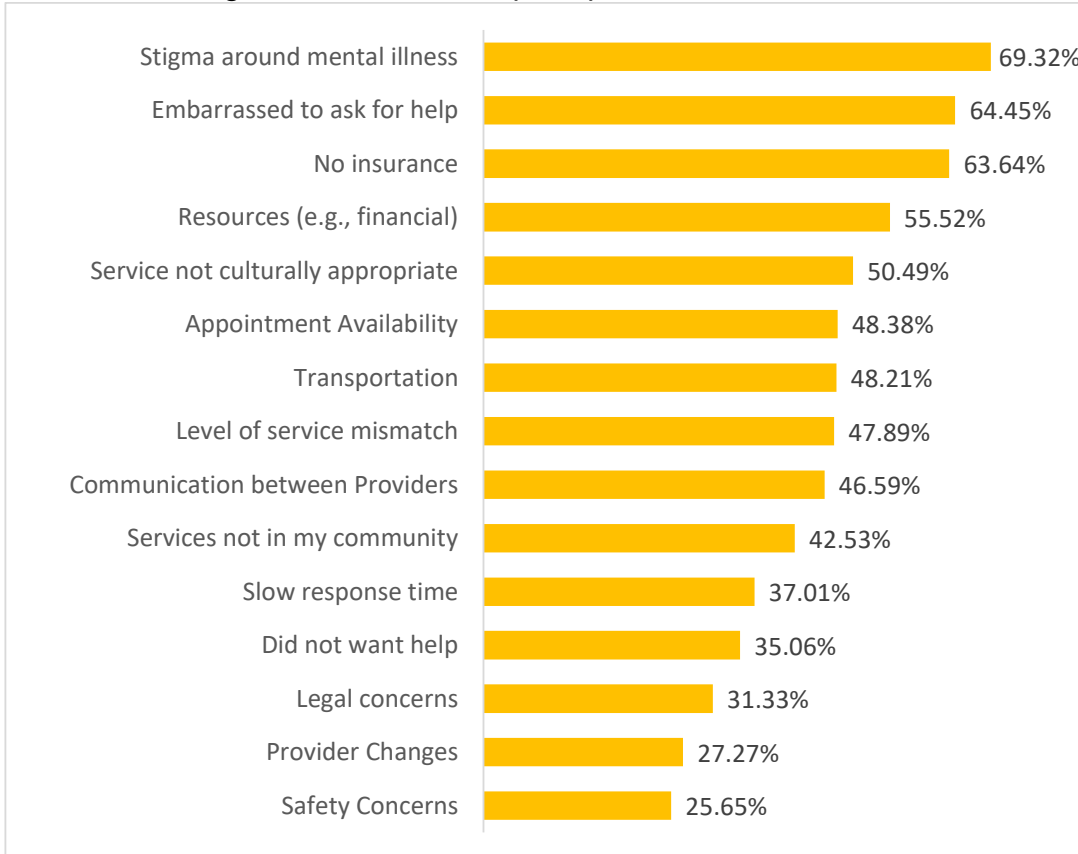
**Most Underserved Populations or Groups Free Response (n= 554)**

| Population or Group               | Number | Percent |
|-----------------------------------|--------|---------|
| African American/Black            | 200    | 36.10%  |
| Persons Experiencing Homelessness | 130    | 23.47%  |
| Older Adults                      | 80     | 14.44%  |

\*Participants wrote in more than one group/population.

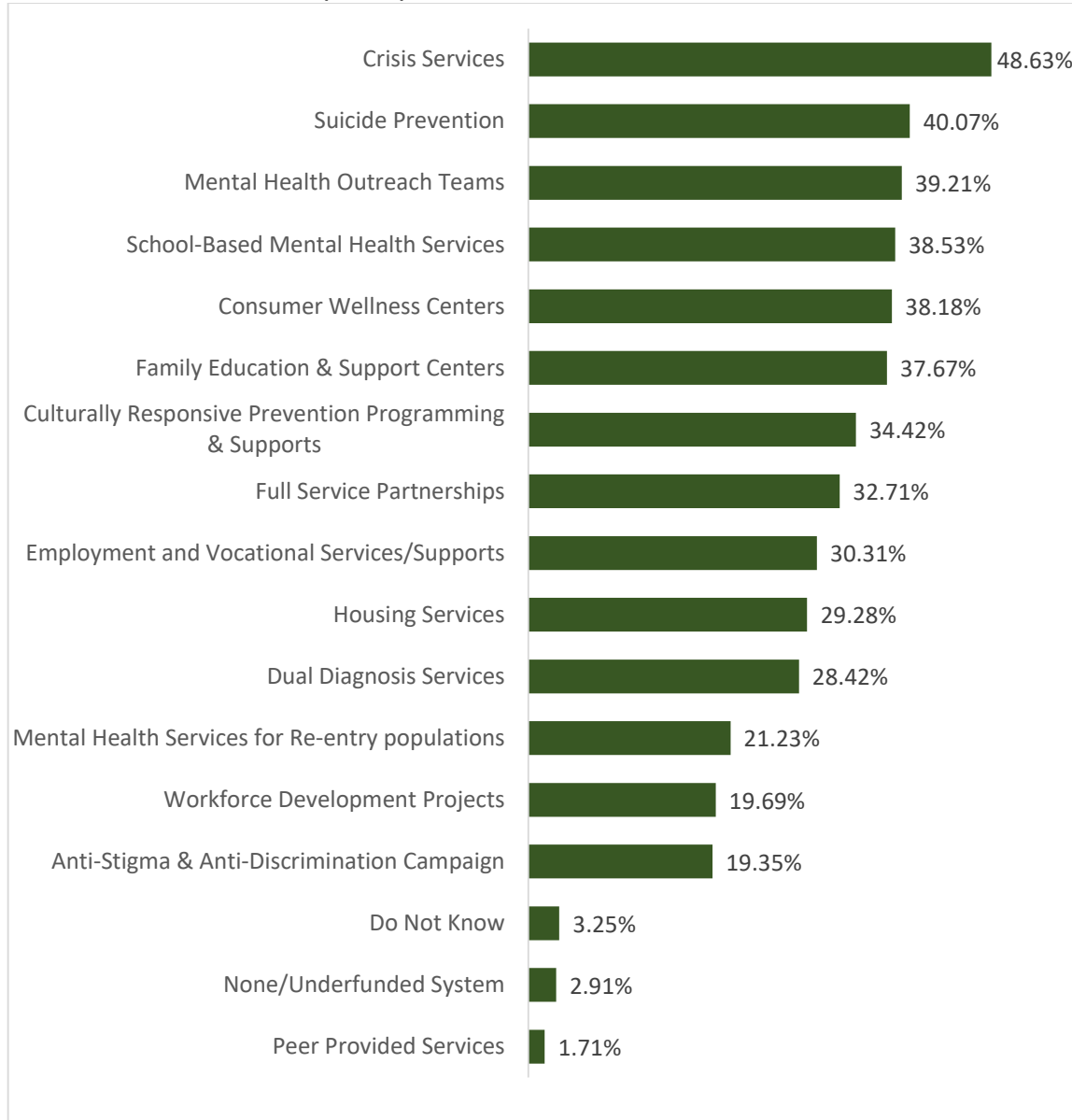
Q6. What barriers make it more challenging for individuals and family member(s) with mental health challenges to access mental health services? (Please select all that apply)

**Barriers to Accessing Mental Health Services (n=616)**



Q7. 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)

**Effective MHSA Service Areas (n= 584)**



Q8. 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:

There were 358 respondents with 556 unduplicated ideas.

| 4

### Innovative Idea 1: Community and Home-based Services

There were 69 respondents that wrote-in ideas in this area. Below are some selective responses from the survey:

“Because of the limitations of Medi-Cal, I think more of these funds need to be utilized for Family Resource Centers and Early Childhood Mental Health Consultation. ECMHC has been proven to have positive impacts on development for children and FRC's have demonstrated impact on economic mobility of immediate neighborhood, even for those who don't directly receive services.”

“Have providers go the home, as often as necessary, like Trieste Italy does. Psychiatrists, Registered Nurses, Psychologists, etc. go to the home to PREVENT hospitalizations. This county does not have enough beds so this is the only way to help the SMI in crisis.”

### Innovative Idea 2: Outreach to Educate about Services and Decrease Stigma

There were 61 respondents that wrote-in ideas in this area. Below are some selective responses from the survey:

“One idea is to have a roving mental health information vehicle. Sites and times where people can come to get more information via brochures, literature, etc, can be posted on various medias and handing out via postcards. Set times and sites with service on weekends also.”

“Create a cultural wellness center for API community with in language staff. Provide resource for outreach and engagement to reduce stigma.”

### Innovative Idea 3: School-based Services

There were 44 respondents that wrote-in ideas in this area. Below are some selective responses from the survey:

“possibly adding full spectrum of services in elementary, middle, and high school similar to a full scale family resources centers; accessibility to tangible services from 7am to 5pm. Monday thru Friday. Possibly even adding a full scale family resource center at Laney, Chabot, Merritt, and Alameda community colleges.”

“Enhancing schools existing tiered support structures with tiered mental health services so that mental health providers are able to provide prevention and early intervention services. This allows schools to support students before their needs escalate to the point of medical necessity. Mental health providers are then freed up to serve all students, including those who may benefit from social skills groups that bolster protective factors and address risk factors before they escalate.”

### Innovative Idea 4: Integrate Culture

There were 31 respondents that wrote-in ideas in this area. Below are some selective responses from the survey:

“Culturally accepted practices (spirituality, rituals, gatherings).”

“More reliance on community and cultural knowledge as opposed to traditional book learning re: what's helpful for community members”

**Innovative Idea 5: Care Coordination/Provider Communication**

There were 27 respondents that wrote-in ideas in this area. Below are some selective responses from the survey:

“agreements that allow for transfer of case conferencing information to allow for continuity of care.”

“Collaborative Partnerships b/tween existing organizations, e.g. schools/health centers; faith based/cbo's; city & county; primary health/behavioral health.”

**Innovative Idea 6: Creativity and Recreation-based Therapies**

There were 23 respondents that wrote-in ideas in this area. Below are some selective responses from the survey:

“Incorporating recreation, music, and the arts into mental health services and allowing that to be billable.”

“Engaging clients in ways that are not traditional mental health. Through culture specific healing practices, art, music, and connection to family and community.”

**Innovative Idea 7: Telehealth – Individual and Group**

There were 23 respondents that wrote-in ideas in this area. Below are some selective responses from the survey:

“Online community mental health sessions (e.g., mindfulness).”

“Supporting clinical programs and consumers with greater access to telehealth. Supporting consumers with access to adequate cell phones with training to get set up with telehealth.”

**Innovative Idea 8: Increasing Peers in the Workforce**

There were 22 respondents that wrote-in ideas in this area. Below are some selective responses from the survey:

“Use community members such as promotoras or health educators to provide mental health support to community members that are not high need.”

“Peer specialists should be present as an option to deal with individuals who are having or been in a crisis. The peer specialist has lived experience and can assist in the wellness of the client.”

**Innovative Idea 9: Supporting Families**

There were 14 respondents that wrote-in ideas in this area. Below are some selective responses from the survey:

“allow billable support services to the family for collateral support, case management and



linkages. If we improve the family's health, we improve the client's mental health as well"

"Family treatment centers that are holistic- treating mental health, education, job, housing, connections, etc... with the whole family."

"there is an intervention for families who are struggling with their child's sexual orientation or gender identity; this intervention keeps kids in their family and prevents homeless youth."

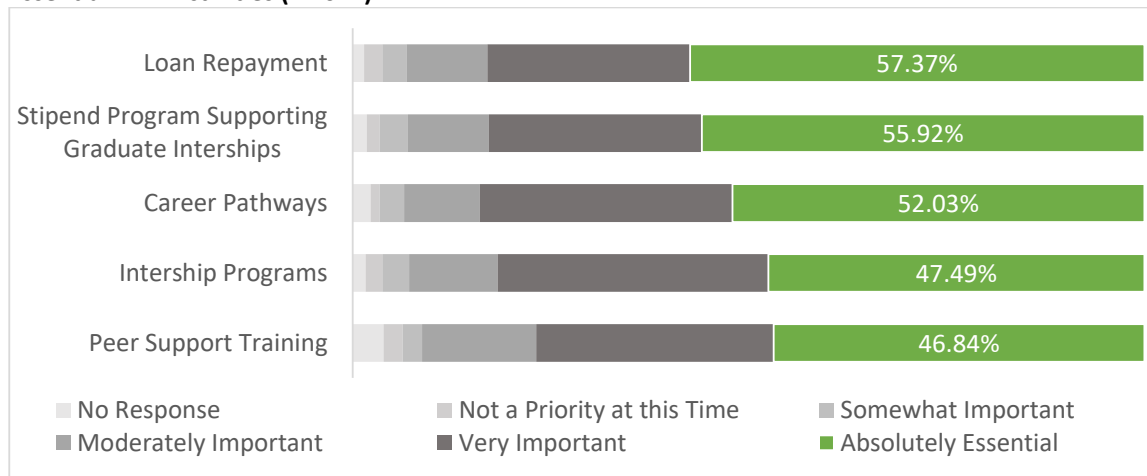
**Innovative Idea 10: Evaluation**

There were 5 respondents that wrote-in ideas in this area. Below are some selective responses from the survey:

"Better evaluation and follow-up on organizations who are partially or fully funded by the County, State & governmental agencies. Holding these community based programs more accountable to produce evidence base outcomes and a clear reduction in needed services for longterm mental health patients. Consequently, these programs are able to have a greater outreach to others' who may need mental health service support because there are more success stories among the mentally ill patient/ client who are no longer in need of Mental Health services and are able to re-enter the community, successfully."

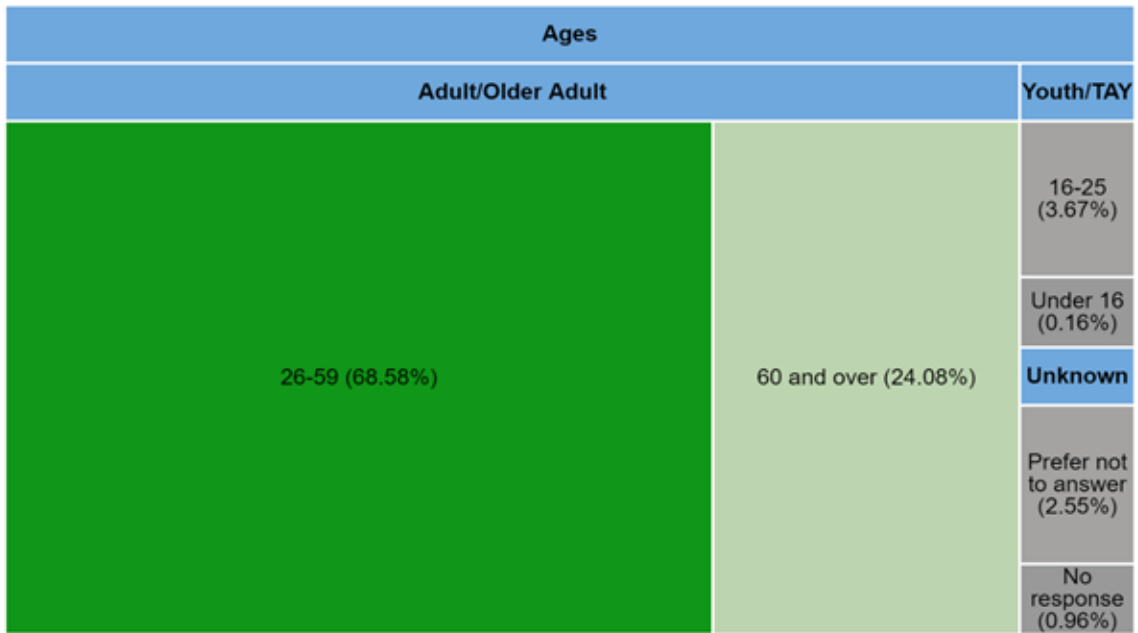
*Q9. MHSa funds WORKFORCE, EDUCATION & TRAINING activities to help develop a behavioral health workforce sufficient in size, diversity, language, and cultural responsiveness for consumers/family. Please rank the importance of the following Workforce Development strategies. (Rate in order with 1 as "Absolutely Essential" to 5 as being "Not a Priority at this time").*

**Essential WET Activities (n= 617)**



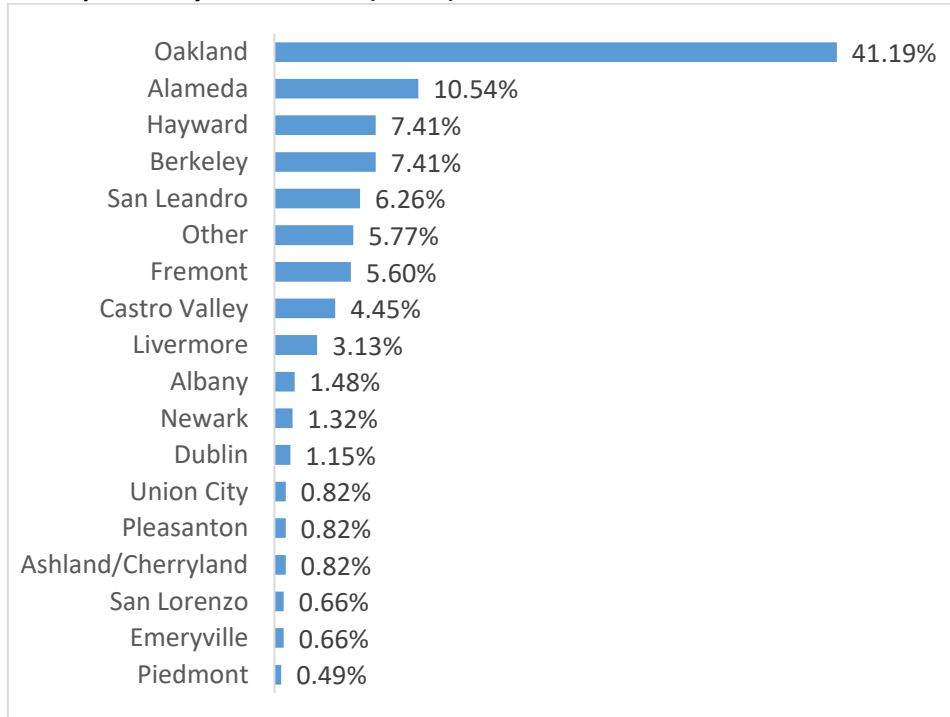
Q10. My AGE RANGE is:

**Participant’s Age Groups (n=627)**



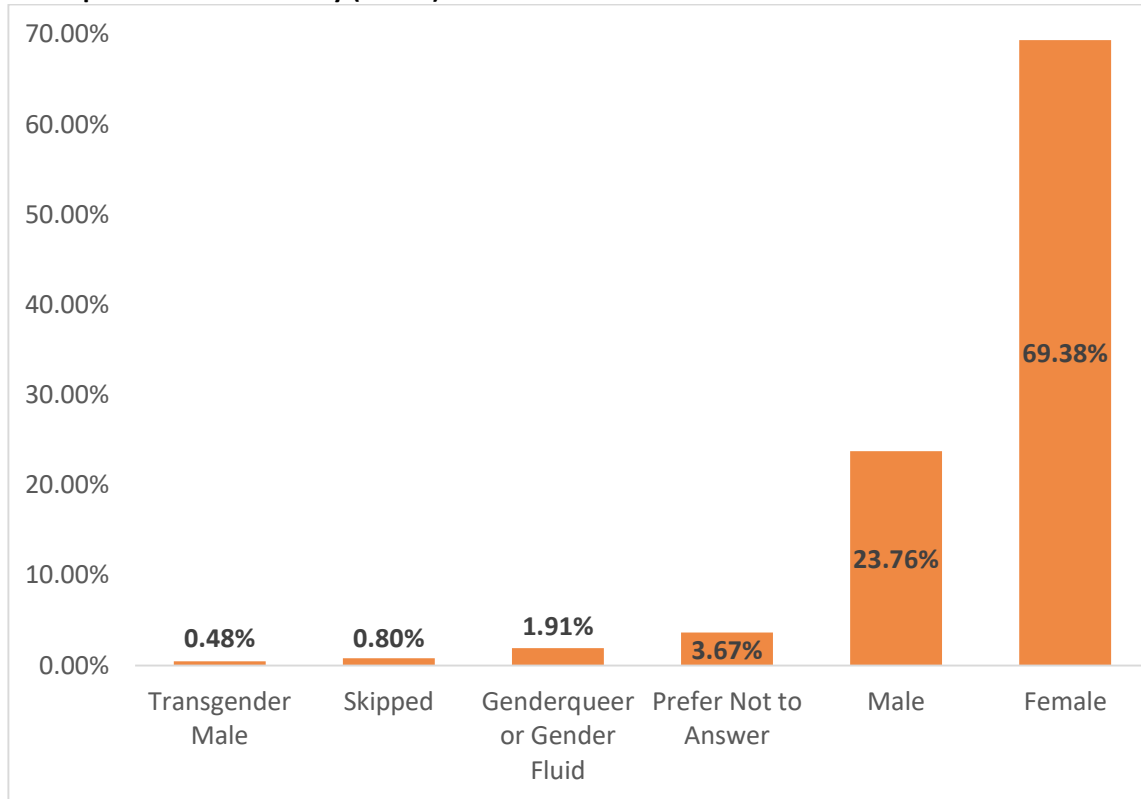
Q11. In which part of Alameda County do you LIVE?

**Participant’s City of Residence (n=607)**



Q12. What is your GENDER IDENTITY?

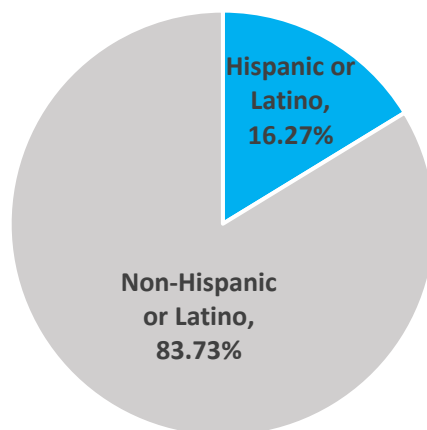
Participant's Gender Identity (n=627)



\*No Transgender Female participants.

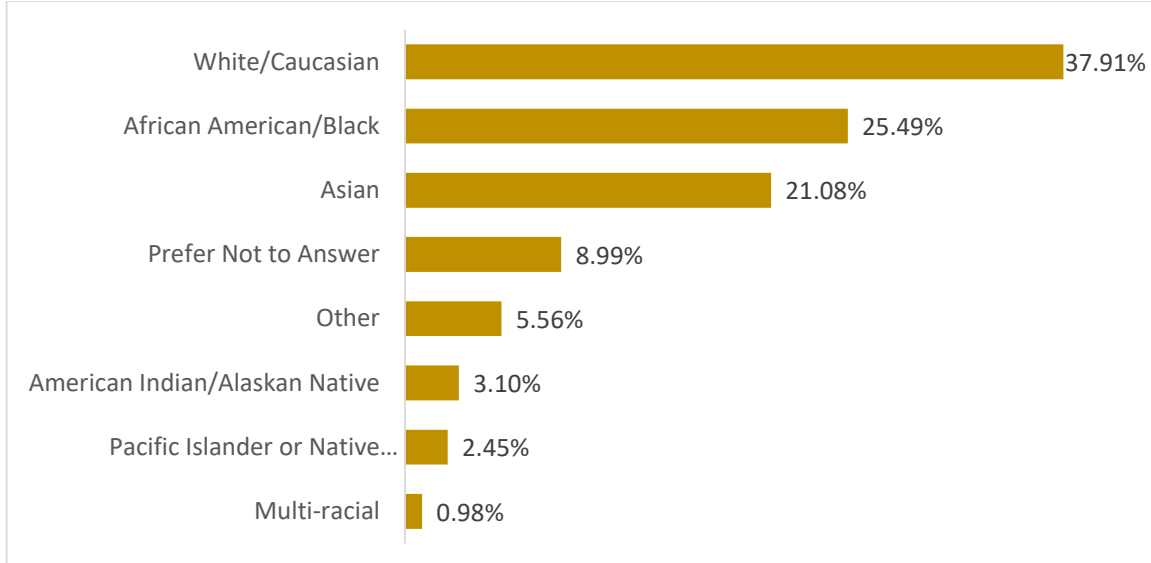
Q13. What is your ETHNICITY?

Participant's Ethnicity (n= 553)



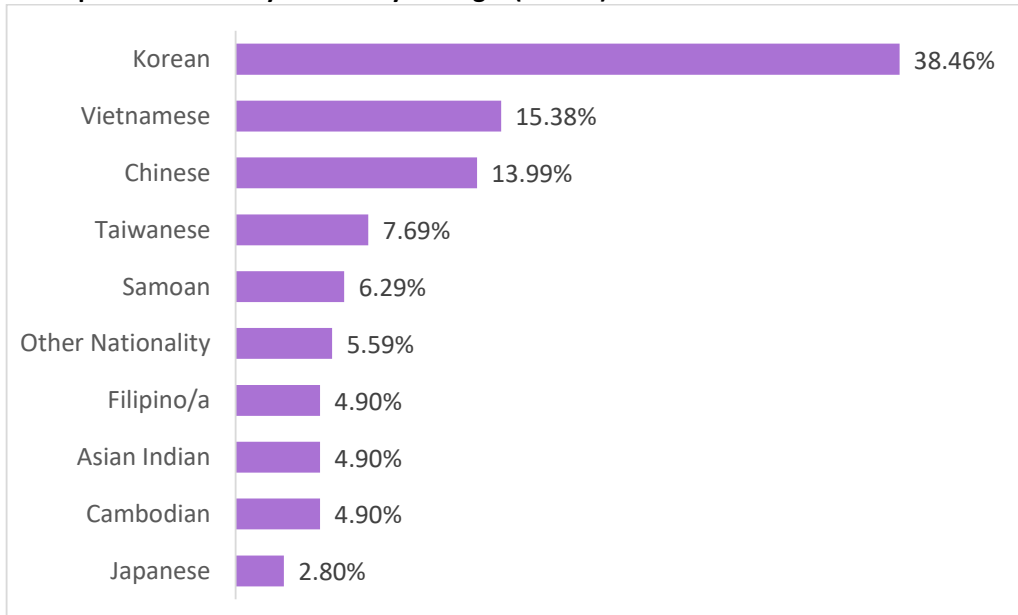
Q14. What is your RACE? (Please select all that apply)

**Participant’s Race (n= 612)**



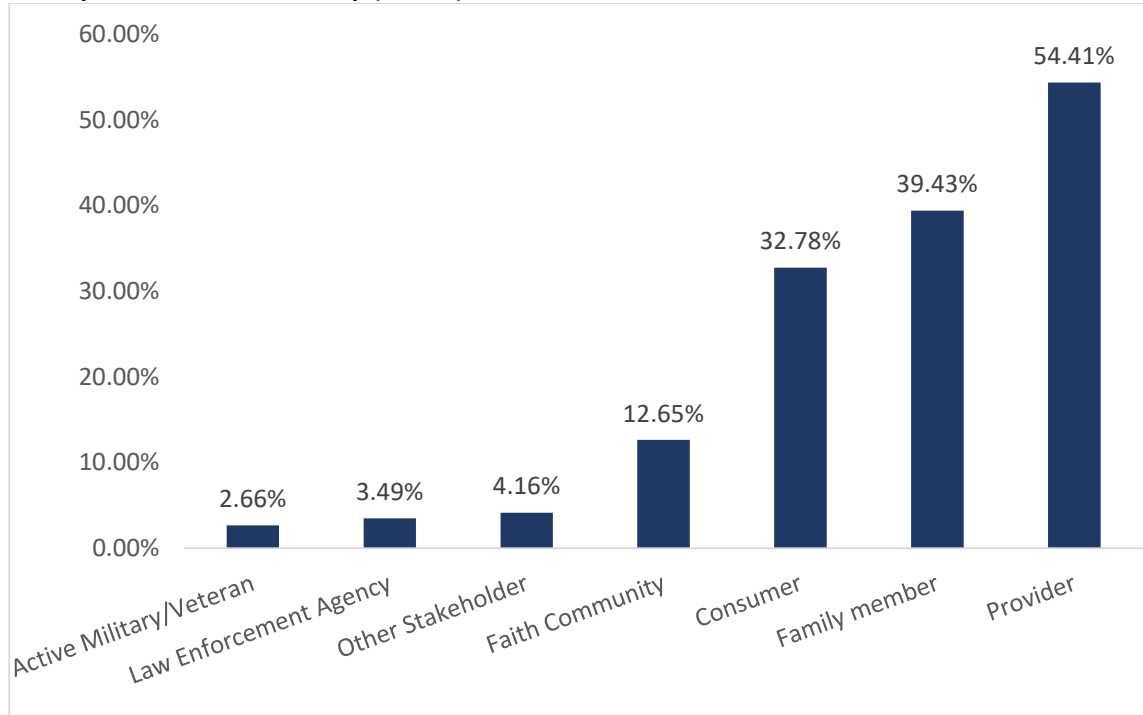
Q15. If you marked "ASIAN OR PACIFIC ISLANDER" under question 14, please tell us about your nationality or country of origin? (Please select all that apply)

**Participant’s Nationality or Country of Origin (N= 144)**



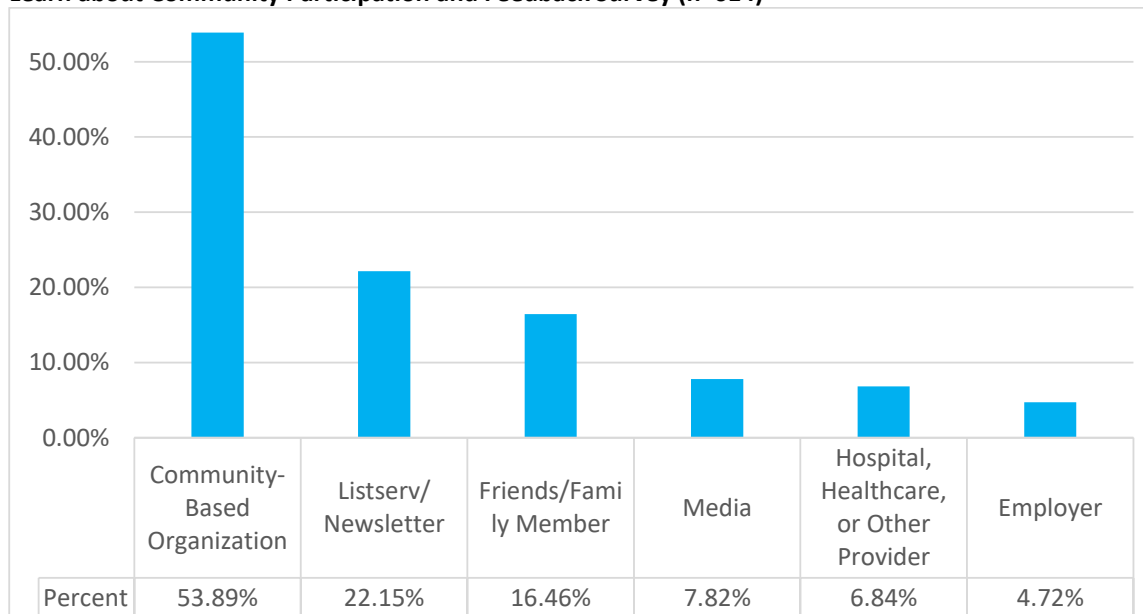
Q16. Which of the following stakeholder group(s) do you primarily represent (Please select all that apply).

Participant's Stakeholder Group (n= 601)



Q17. How did you learn about the MHSA Community Participation & Feedback Survey? (Please select all that apply).

Learn about Community Participation and Feedback Survey (n=614)



Q18. What services are you receiving at this time? (Please select all that apply)

**Services Received by Participants (n= 160)**

| Service                       | Number | Percent |
|-------------------------------|--------|---------|
| Mental Health Services        | 125    | 78.13%  |
| Community Group               | 51     | 31.88%  |
| Vocational Rehabilitation     | 14     | 8.75%   |
| Homeless Services             | 8      | 5.00%   |
| Alcohol & Other Drug Services | 5      | 3.13%   |

Q19. COMMUNITY INPUT MEETING EVALUATION SECTION: Please tell us about your recent experience (If you did not attend a recent forum, please skip questions 19-22). What is your overall satisfaction with the MHSA Community Input Meeting today?

**Participant's Satisfaction with the Meeting (n= 148)**



Q20. Please share any comments about strengths of today's MHSA Community Input Meeting.

Of the 58 participants that wrote strengths of the meeting the top three were:

- 1) Appreciate being asked (n= 19)
- 2) Informative (n= 8)
- 3) Survey was good (n= 7)

Q21. Please share any comments about areas for improving today's MHSA Community Input Meeting.

Of the 51 participants that suggested areas of improvement the top three were:

- 1) Survey improvements (n= 9)
- 2) More advertising of the meetings (n= 8)
- 3) Hope that the meetings lead to change (n= 5)

Q22. For those who attended a recent Community Input Meeting, was it easy for you to understand the purpose of the forum?

**Participant’s Understanding Purpose of the Meeting (n= 69)**

| Response          | Number | Percent |
|-------------------|--------|---------|
| <b>Mostly Yes</b> | 65     | 94.20%  |
| <b>Mostly No</b>  | 4      | 5.80%   |

Q23. 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.

Of the 126 participants that wrote additional comments the top three subject areas were:

- 1) Suggested system changes (n = 57)
- 2) Appreciation for being asked to participate (n= 32)
- 3) Thankful for MHSA work and programs (n=16)





For questions or additional information regarding this report, please contact the report developer:

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