

Mental Health Services Act Stakeholders Group
Friday, March 22, 2024 at 1:00 PM – 3:00 PM
Minutes

Teleconference Remote Meetings through Zoom

<p>MHSA-SG Members:</p>	<p><input checked="" type="checkbox"/> Annie Bailey (City of Fremont) <i>late, meeting conflict</i> <input checked="" type="checkbox"/> Carissa Samuel (YAY/Student Ambassador) – <i>late, work conflict</i> <input type="checkbox"/> Carol Wang (MHAAC) <i>currently visiting John George</i> <input type="checkbox"/> Elaine Peng (MHACC) <i>currently visiting John George</i> <input checked="" type="checkbox"/> Gina Lewis <input checked="" type="checkbox"/> Jeff Caiola (Berkeley Depression Bipolar Support Alliance-DBSA) <i>have issues joining by phone - late</i></p>	<p><input checked="" type="checkbox"/> Liz Rebensdorf (NAMI East Bay/MHSAAC) <input checked="" type="checkbox"/> Margot Dashiell (East Bay SHC/ACFC) <input checked="" type="checkbox"/> Mark Walker (Associate Director East Bay Programs) <input type="checkbox"/> Shawn Walker-Smith (AA Family Outreach Project/ Advocate/Buss. Owner) <input type="checkbox"/> Terry Land (Lawrence Livermore National Laboratory/MHAB) <input checked="" type="checkbox"/> Viveca Bradley (MH Advocate/MHAAC/AA Family Outreach) <i>late, have issues joining by phone.</i></p>
<p>ACBH Staff/Guest:</p>	<p><input checked="" type="checkbox"/> Noah Gallo (MHSA Senior Planner) <input checked="" type="checkbox"/> Abigail Chente (MHSA Administrative Asst.) <input type="checkbox"/> Stephanie Lewis (Ethnic and Health Division Director) - Guest</p>	

Meeting facilitated by **Noah Gallo**

ITEM	DISCUSSION	DECISION/ACTION
<p>Icebreaker</p>	<p>“What is on your bucket list to do for the next 6 months?”</p>	
<p>Presentation: Crisis Response Program by Stephanie Lewis</p>	<p>April 1st starts to pilot 988 dispatching CATT on nights and weekend</p> <p>Question/Comment:</p> <ol style="list-style-type: none"> Stakeholder asked on how Prop. 1 might affect any of the Crisis Support? <ul style="list-style-type: none"> As a speculation on Prop. 1, may redirect some funds, so we may retool some programs to fit what the expectations. The implementation of this changes by our Gov. are very related (expansion of grave disability, Prop. 1 redirecting funds into housing, care court, languishing on our streets etc.). In terms of how it will affect our Mobile Crisis Support Team, we may be moving funds to align the qualifying bucket. The mobile crisis team is a required benefit and it's a must service. 	

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	<p>2. On the Expanded Services in the East County, do we see an absence of services or lessening or larger needs? because in Oakland there's an enormous need that has to be met.</p> <ul style="list-style-type: none"> • They used data on where to use their teams: <ul style="list-style-type: none"> ○ in the North County area, they have 4 to 5 teams operating (Berkeley, Emeryville, Oakland, Alameda). ○ South & East County area they only have 1 or 2 teams only. We are building more teams and we're receiving more phone calls in the East County. • When the shelters and other services get full in the North County, people move over to other areas, so we need also to be able to reach those areas. e.g. a person who are in need and ready to receive service for sobering and detox treatment, the long commute would be a deterrent (have to be ready to strike while the iron's hot) so, people don't have to traverse the whole county to get the services they need. <p>3. What happens in the transition of people when they're not admitted to John George?</p> <ul style="list-style-type: none"> • People in crisis can go to Amber house (it's both CSU/CRT) they get assessed, stay for 23 hours and 59 minutes, but if they are still not stable, they can then be referred to CRT which is in the same bldg. and stay for up to 2 weeks. If Amber is full, they can arrange transport to other CRT locations in Richard Jay Moller or Woodroe. • The CSU and CRT were implemented because they want to divert people, if they don't need to go to John George which can be traumatic. • There's a lot to teach the communities about the low barrier volunteer services and take people to places like Amber house if it has exceeded/exhausted their expertise. They can have respite and family members can have respite, then determine if people in crisis could recover or if there's a need to go to the hospital. It completes the Crisis response in a circle and effective way, so there's no gaps. <p>4. The Stakeholder member had visited the Brooklyn Drop-in because a neighborhood group wants to check out their services. The site states that their respite program was taken away, but they have Amber house posted on the wall and they don't seem to know about the service.</p>	<ul style="list-style-type: none"> ○ They should get the word and agencies need to connect. ○ They are in the process of hiring a PR marketing

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	<ul style="list-style-type: none"> • They are now offering a crisis response update quarterly and send out a blast because there's a lot of turn over. If you heard about the service but never use it, after a few months they just forgot about it or did not get into a habit of it. • Marketing is a major lack and they've thought of a few marketing plans in Social Media post, talking about having a Billboard or in the buses. <p>5. Mobile Team should have resource information.</p> <ul style="list-style-type: none"> • Mobile Team does have a lot of technology, like the portable printer to provide resources to those in need and give out all support groups all over the county. <p>6. How many people can serve in Amber house, Jay Moller and Wood Groe?</p> <ul style="list-style-type: none"> • Amber house (CSU – 12/pax, CRT 14/pax) • both Jay Moller and Wood Groe - 16 beds <p>7. How many numbers of TAY are seen?</p> <ul style="list-style-type: none"> • 17% contacts call in 2023 (ages 16-25 yrs. old) 	<p>position to get the word out on their great services.</p> <ul style="list-style-type: none"> o The Crisis Response Program's ultimate goal is to have 988 dispatching all their team in the future, but they have to build capacity. o NAMI East Bay will be contacting Stephanie Lewis to do an informative presentation.
<p>MHSA FY 24/25 Annual Update Public Comment Outreach Strategy</p>	<p>No questions or comment</p>	<p>o</p>
<p>Roles and Responsibility of Stakeholder Group</p>	<p>Question/Comment:</p> <ol style="list-style-type: none"> 1. Have some confusions on what's the BHSA stands for? <ul style="list-style-type: none"> • BHSA – Behavior Health Services Act or Prop. 1. 2. As Stakeholder Group members, they understand that they have to be involved, to advise and can make recommendations. But how can the MHSA Senior Planner make those opportunities to be involved or to advice available for them? Usually, they were given a presentation, doesn't recall session where their ideas are taken in? <ul style="list-style-type: none"> • We had a Listening Session when they've provided their input and so will provide different sessions like that. • The Stakeholder thought it was just the first time they had it which was good to have. 	<p>o</p>

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	<p>3. Stakeholders suggested having a session where they can bring in a circle of about 10 people from family advocacy groups to have them represented, because those people are close to the ground and they're the ones greatly impacted/directly affected. And the family can have a sense of urgency, take an ownership and have an element of sharing ideas.</p> <ul style="list-style-type: none"> • It can be altogether 2 or 3 in each family advocacy group. • We already have Mark that presents the Veterans. And Mark, a stakeholder group member agreed. <p>4. Also to invite the Care Court, to get information on their services available for families and how to access them.</p>	<ul style="list-style-type: none"> o Noah will arrange and set up the family advocacy group (children and youth group, the adult family prospective, Veterans, Care court and FASMI) as space gets available on the calendar. o Noah will send email to the MHSA-SG to provide suggestions or votes on family advocacy group to invite.
<p>BHSA Funding Steam & Timeline</p>	<p>Question/Comment: Comment: Comment</p> <ol style="list-style-type: none"> 1. Stakeholder members mentioned that there's some talk about a re-count; that there's a certain percentage that the opposition can request a re-count. <ul style="list-style-type: none"> • That's why we're very prudent in analyzing and assessing. We have 18 months before making a decision, then we'll know more about BHSA, the programs and the clear direction that we'll be going. 2. MHSA-SG asked if there's an organizational chart change or new dept. will be created specifically for housing? Since this will be a big percentage. <ul style="list-style-type: none"> • Sr. Planner responded that there's no conversation on these specific details yet. 3. Is the 30% housing component strictly for SMI? or if this can be used across the board for other homeless folks? <ul style="list-style-type: none"> • It's not strictly just for SMI, half is for Veterans, for people close to being homeless and homeless people, and has been marketed, we heard treatments not tents. 4. Will the current MHSA also be the one running the BHSA? and if the MHSA Stakeholder Group will also transition? And if their name will have to change? <ul style="list-style-type: none"> • The MHSA and MHSA-SG will transition to BHSA, but still in the analysis and assessment stage and will have more to share in the next meeting. As mentioned, we're looking to getting an answer in 18 months. So, we're phasing out MHSA and phasing in BHSA. Currently we have a group of teams that are 	<ul style="list-style-type: none"> o Viv and Gina requested a copy of the meeting packet (Abigail will mail out).

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	<p>looking at the 300-400 pages of Prop. 1 and awaiting certification and implementation guidelines from DHSA.</p> <p>5. Will the MHSA Programs be kept? Will the name change? If our group will also have a name change?</p> <ul style="list-style-type: none"> • They would like to keep programs as much as possible, but decisions will be made in 18 months and welcome this group's advocacy. • Our name will change to BHSA, new logo, new website, and new branding. <p>6. Do we need new members? And if so, suggested that people from FASMI will be good to have representation.</p> <ul style="list-style-type: none"> • In the bill there's room for new members, this group has the potential to grow and at the state level, but we have to wait until we get clear guidance. <p>7. Will their MHSA-SG be evolved in the selection of new members to become BHSA group? or will our current group be term-out and form a new group?</p> <ul style="list-style-type: none"> • There hasn't been any talk that this group will term-out but can anticipate to grow and doesn't expect anyone to be dropped. 	
<p>Outreach & Marketing Plan: Alameda County MHSA Community Input & Public Comment FY 24/25 Annual Update Plan</p>	<p>No questions or comment</p>	<p>o Noah will email the Public Comment Survey for this group to read and provide comments on.</p>
<p>Open Forum</p>	<p>Announcements:</p> <ul style="list-style-type: none"> • On April, Felton will be talking about early psychosis. • On May, ACCESS hotline presentation by Charles Edward. • Shared our county agency's re-branding. 	<p>o Noah will share more information about our re-branding.</p>
<p>Adjourned</p>	<p>Ended 3PM</p>	<p>o</p>