COMMUNITY PROGRAM PLANNING PROCESS

(CPPP)

ANNUAL REPORT FY 2024 – 2025

Behavioral Health Department
Alameda County Health

MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA

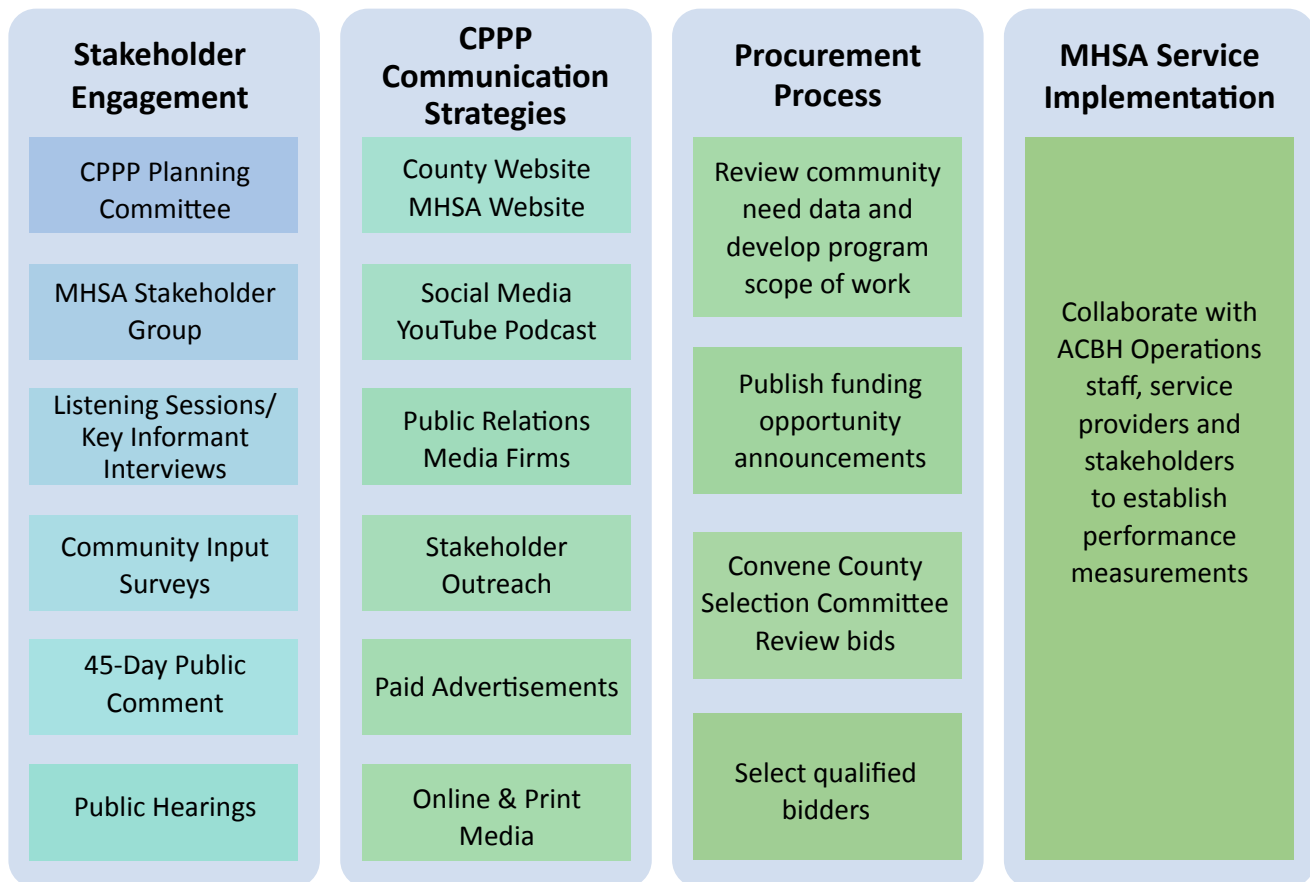# COMMUNITY PROGRAM PLANNING PROCESS (CPPP) ANNUAL REPORT: FY 2024 – 2025

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The California Code of Regulations, Title 9. Rehabilitative and Development Services, Division 1. Department of Mental Health, Chapter 14. Mental Health Services Act: The "Mental Health Services Act (MHSA)" is the law that took effect on January 1, 2005, when Proposition 63 was approved by California voters and codified in the Welfare and Institutions Code. The regulations above detail that each county in California must implement a Community Program Planning Process (CPPP) to develop Three-Year Program and Expenditure Plans, and Annual Updates in partnership with community stakeholders.

The Community Program Planning Process (CPPP) is a critical component of the Mental Health Services Act because it utilizes community input to help shape Alameda County's mental health planning. The three-month CPPP involves identifying community issues related to mental illness, analyzing mental health needs, and reassessing priorities and strategies to address those needs. Alameda County MHSA conducted CPPP activities between October 28, 2023-December 31, 2023.

The CPPP is administered through the Alameda County Mental Health Services Act team who is responsible for coordinating community meetings, listening sessions, key informative interviews, surveys and ensuring that clients, former clients, peers, stakeholders, family members, ethnically and socially diverse groups, providers, educators, law enforcement representatives and others are present to collect data from. Through these comprehensive policies and procedures, Alameda County Mental Health Services Act fosters transparency, inclusivity and accountability in mental health program planning and implementation.

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

Stakeholder Engagement	CPPP Communication Strategies	Procurement Process	MHSA Service Implementation
CPPP Planning Committee	County Website MHSA Website	Review community need data and develop program scope of work	Collaborate with ACBH Operations staff, service providers and stakeholders to establish performance measurements
MHSA Stakeholder Group	Social Media YouTube Podcast	Publish funding opportunity announcements	
Listening Sessions/ Key Informant Interviews	Public Relations Media Firms	Convene County Selection Committee Review bids	
Community Input Surveys	Stakeholder Outreach	Select qualified bidders	
45-Day Public Comment	Paid Advertisements		
Public Hearings	Online & Print Media		

The CPPP for the MHSA FY24/25 Update utilized inclusive community engagement strategies to enable Alameda County to reach diverse communities. The MHSA team communicated with more than 340 organizations in Alameda County to encourage their clients and extended community to participate in the CPPP. In addition to the CPPP outreach, the MHSA team conducted community engagement through the MHSA website, Listening Sessions, Key Informative Interviews, social media, stakeholder outreach, and the 45-day Public Comment period.

The CPPP focused on two mechanisms to capture community feedback: Community Input Survey and Listening Sessions. The Community Input Survey received 612 respondents and provided the opportunity for respondents to provide direct feedback to the MHSA team. The second component of the CPPP was the facilitation of 36 listening sessions throughout the county with a total of 394 participants. Each listening session represented an important cross section of Alameda County populations in accordance with data from the Alameda County Profile. Some reoccurring themes from the listening sessions include the following:

• Access to Services

• Peer Support

• Housing Interventions

• Specialized Support for Vulnerable Populations

• Youth Empowerment

• Stigma Reduction

• Cultural Sensitivity

• Workforce Support

• Trauma-Informed Work

• Data and Transparency

• Community Safety Initiatives

• Collaboration with Law Enforcement

• Crisis Support Teams

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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

CONSUMER & FAMILY EMPOWERMENT

SOCIALLY INCLUSIVE

BEST PRACTICES

CULTURALLY RESPONSIVE

HEALTH & WELLNESS

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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 they represent.

BEST PRACTICES we value clinical excellence through the use of best practices, evidence-based practices, and effective outcomes, including prevention and early intervention strategies to 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 & WELLNESS we value the integration of emotional, spiritual and physical healthcare 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 use to engage our communities.

SOCIALLY INCLUSIVE we value advocacy and education to eliminate stigma, discrimination, isolation and misunderstanding of persons 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 choice, 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.

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MHSA Overview

The Mental Health Services Act (MHSA), Proposition 63, was passed by California voters in 2004. MHSA enhances the delivery of mental health services and treatment across the State of California. MHSA is a 1% tax on individuals whose income exceeds one million dollars.

Alameda County, through funding by MHSA, offers a comprehensive strategy for developing community based mental health services and supports. MHSA addresses a broad continuum of prevention, early intervention, and service needs, providing the necessary infrastructure, technology, and training elements to effectively support an enhanced mental health system.

MHSA improves the quality of life for people of all ages with mental health challenges. MHSA requires a Community Program Planning Process (CPPP), where Alameda County engages stakeholders, peers, providers, and the public to partner in the development process and the drafting of the MHSA plan.

MHSA is administered by Alameda County Behavioral Health Department through funding community-based organizations (CBOs). The MHSA department strives to ensure activities and projects execute core values and principles:

Community Collaboration

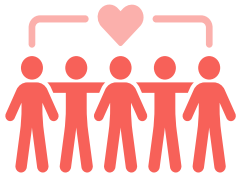Cultural Competence

Consumer and family-driven services

Wellness, recovery, and resiliency

Integrated service experiences for clients and family

MHSA funds mental health programs and alleviates mental health challenges through five services categories listed on the following page .

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MHSA Service Categories

Community Services & Supports (CSS)
Direct treatment and recovery services for serious mental illness or serious emotional disturbance.

51% Full Service Partnerships

Prevention & Early Intervention (PEI)
Interventions prior to the onset of mental illness and early onset of psychotic disorders.

Innovation (INN)
New approaches and community-driven best practices.

Workforce Education and Training (WET)
Education, training and workforce development to increase capacity and diversity of the mental health workforce.

Capital Facilities and Technology Needs (CFTN)
Buildings and technology used for the delivery of MHSA services to individuals and their families.

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MHSA Community Program Planning Process (CPPP)

Senior Planner Noah Gallo engaging the Latino community during a toy giveaway in Oakland's Fruitvale neighborhood. Historically, this community has been underrepresented in outreach activities.

The MHSA Community Program Planning Process is an important component of the Mental Health Services Act. The CPPP focuses on acquiring community input to help shape Alameda County's mental health planning. The CPPP utilizes community engagement strategies to encourage the participation of community stakeholders from all regions of the county to ensure inclusion and diversity in identifying the community mental health needs and priorities.

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The CPPP Process for the MHSA Update (FY24/25)

The Community Program Planning Process (CPPP) for the MHSA Update (FY24/25) was conducted October 28, 2023 - December 31, 2023. The yearly community input process guides MHSA to fund programs that are culturally responsive, accessible, and to ensure that services align with requests by consumers, families, and stakeholders. MHSA engages stakeholders in various marketing & outreach efforts: flyers, listening sessions, community survey, workgroups, social media, community events, street outreach, newsletters, email campaigns, and planning panels so that the MHSA Update (FY24/25) is inclusive of the community perspective. Clients, Staff, and family members involved in behavioral health treatment are essential to this process, Alameda County ensures we receive their feedback throughout the CPPP.

Communication Strategies	• ACBH & ACMSA website • Various Outreach channels • Inclusive feedback strategies
Advisory Committee	• Identify priorities • Monitor Implementation • Provide continous feedback
Program Planning	• Assess needs & develop service models • Review program proposals • Select qualified providers
Program Implementation	• Collaborate with participants to establish goals • Peer engagement in program governance • Stakeholders & consumers input for program planning/monitoring
Evaluation	• Peer & family engagement in evaluation efforts • Collect & analyze data on participant satisfaction • Data influencing decisions on programs and allocated funds

The CPPP Process for the MHSA Update (FY24/25)

IDENTIFY NEEDS

COMMUNITY FEEDBACK

MHSA FY 24/25 UPDATE
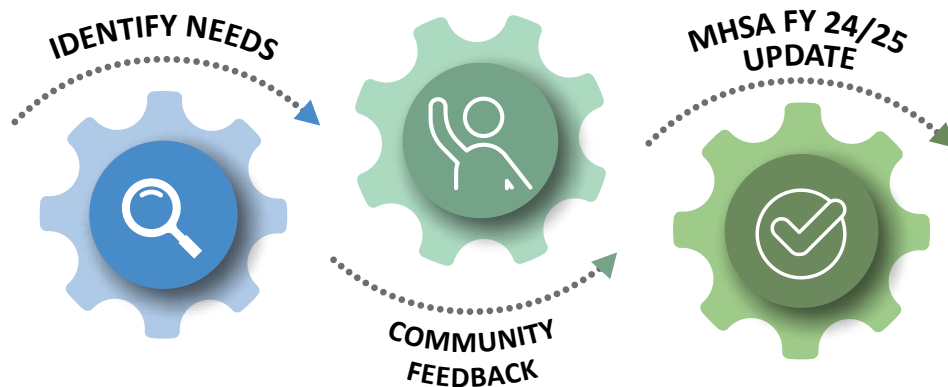
August 2023 - September 2023
• Review regional strategies, evaluations, and reports
• Utilize MHSA Stakeholder Group and CPPP Committee to Plan and implement community input process

October 2023 - January 2024
• Listening Sessions
• Key Informant Interviews
• Community Input Surveys

February 2024 - June 2024
• 45-Day Public Comment
• Public Hearing at the Alameda County Mental Health Advisory Board
• Board of Supervisors Health Committee Presentation
• Board of Supervisors approval
• Departmental implementation

IDENTIFY NEEDS

The Community Program Planning Process (CPPP) for the MHSA Update (FY24/25) was conducted October 28, 2023 - December 31, 2023. The yearly community input process guides MHSA in funding programs that are culturally responsive, and accessible, ensuring that services align with requests from consumers, families, and stakeholders. MHSA engages stakeholders in various marketing & outreach efforts: flyers, listening sessions, community survey, workgroups, social media, community events, street outreach, newsletters, email campaigns, and planning panels so that the MHSA Update (FY24/25) is inclusive of the community perspective. Clients, Staff, and family members involved in behavioral health treatment are essential to this process, Alameda County ensures we receive their feedback throughout the CPPP.

The data analysis led to the MHSA team creating a list of 11 categorized areas of community needs. The MHSA team utilized the categorized needs to standardize conversations with community members, staff, stakeholders, and civic leaders. Participants were then asked to provide a ranking of the 11 categorized areas of community need and to offer *strategies and solutions* to improve MSHA gaps in community services. See Appendix B-4 for a list of data sources used by the MHSA team.

COMMUNITY FEEDBACK

The Community Feedback phase - MHSA CPPP applies an inclusive methodology of community engagement to utilize a range of strategies to gather diverse opinions. The MHSA team conducted a series of Listening Sessions, Key Informant Interviews, and a multilingual Community Input Survey. The MHSA Senior Planner also led community Listening Sessions and Key Informative Interviews in English and Spanish; this was done to provide a voice to diverse groups in different regions of the county. The purpose of the listening sessions and key informant interviews was not to provide service information, advice, or solve systems issues; rather, these open dialogues created a vehicle for participants to learn more about MHSA and partake in facilitated discussions to add more context to needs and to offer recommendations to gaps in services. To help standardize conversations and the survey, participants were provided definitions of the 11 categorized areas of community needs to vote on their top rankings and then to provide strategies and solutions to these areas of need.

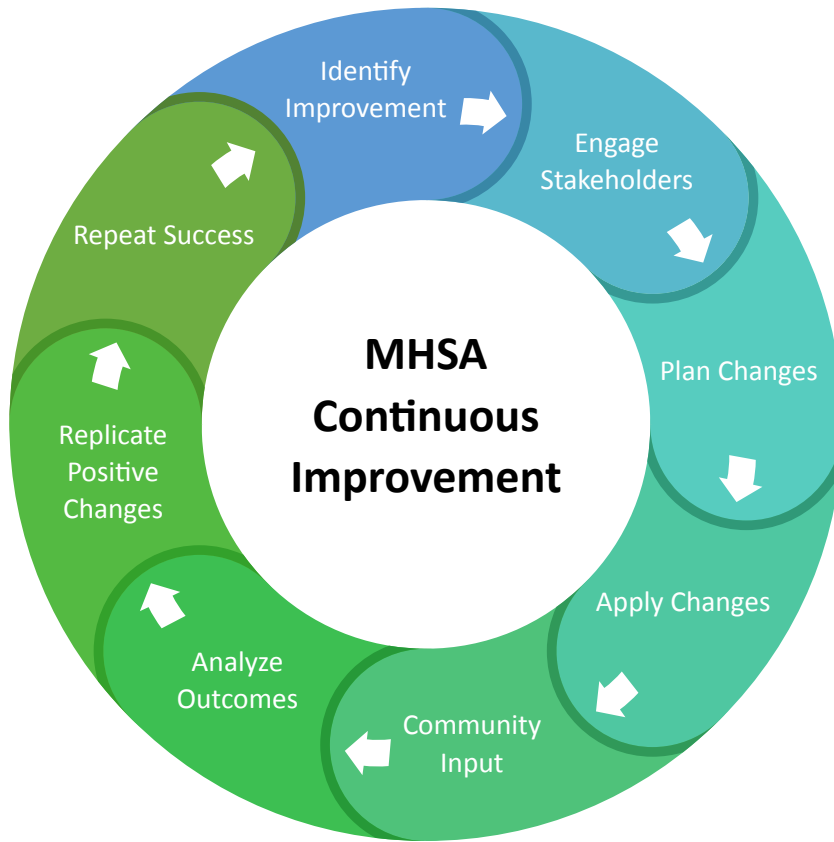Below are the actions the MHSA team took to employ an inclusive CPPP:

1. Listening Sessions – The MHSA team conducted 23 Listening Sessions (LS). The MHSA team identified key community groups based on their strategic representation of our client base and community. Examples of the Listening Session groups: mental health groups, veterans' groups, senior citizens groups, family groups, Transitional Age Youth groups and other groups spanning the different demographic makeup of Alameda County. Additionally, a Demographic Survey was used to capture insights and demographic profiles from the Listening Session participants.

2. Key Informant Interviews – The MHSA team conducted 12 Key Informant Interviews (KII). The MHSA team utilized a new tactic to community engagement for the MHSA FY24/25 Update Plan and led interviews with leaders from city governments, clinics, agencies, and nonprofits. The objective was to have interviews with individuals in leadership positions that are knowledgeable of their community's needs. We strategically sought interviews with leaders from entities in different regions of the county to gain a better understanding of the demographics of their region of Alameda County. A full list can be seen below in **Table 4.**

3. **Community Input Survey** – the MHSA team conducted an 18-question survey that was available in digital format and paper format. The survey was shared with consumers, Alameda County residents, community leaders, nonprofits, clinics, mental health groups, advertised on social media and with Alameda County employees. The survey was offered in English, Spanish and Chinese. The Community Input Survey is available in Appendix B5.

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MHSA FY24/25 UPDATE

MHSA Continuous Improvement

Identify Improvement → Engage Stakeholders → Plan Changes → Apply Changes → Community Input → Analyze Outcomes → Replicate Positive Changes → Repeat Success

The MHSA FY24/25 Update Phase - The MHSA Update (FY24/25) was created and written by the ACBH MHSA Division and the Finance team. The plan was approved by the ACBH Executive Leadership, planning, and fiscal staff in consultation with the ACBH MHSA Stakeholder Group. The ACBH MHSA method for the CPPP provides a variety of opportunities for consumers, peers, family members, providers, community members, and other stakeholders to participate in the development of our planning efforts. ACBH posted the plan on two websites: http://www.acbhcs.org/mhsa-doccenter/ and https://acmhsa.org/reports-data/#mhsa-plans on April 1, 2024 for forty five (45) days for public comments. The circulation of the MHSA Update (FY24/25) will be done numerous times beginning April 1, 2024, and listed in Alameda County Health Care Services Agency newsletter on April 13, 2024. To increase awareness and outreach about the plan, targeted emails were sent out to various

Stakeholder Groups (Mental Health Advisory Board, Alameda County Consortium of Mental Health providers. **(please see Appendix B-1 Outreach Plan).**

These community engagement methods enabled Alameda County residents to express their opinions, needs, and requests of the mental health services Alameda County offers. The MHSA Team gathered community input with transparency, discretion, flexibility, and community focused solutions. The MHSA Team analyzed the data from the various community input strategies to provide insight to ACBH leadership and the public, the analysis can be seen below. Lastly, the MHSA Team directed the CPPP to access the community's input and encourage community support to improve the mental health programs and services that Alameda County offers. Below is a list of the 11 Categorized Areas of Community Need and definitions:

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Categorized Areas of Community Need in Alameda County

1. Access, Coordination and Navigation to Services – this category captures the needs of diverse cultures and identities such as race/ethnicity, language, LGBTQIA+, veteran status and age related to accessing/finding/navigating to mental health and substance use services, including community knowledge and education, language capacity and culturally responsive approaches to engaging communities. There is also a need for successful connection to services after an emergency

2. Behavioral Health Workforce – this category captures the needs related to recruiting, developing, supporting and maintaining a sufficient clinical and peer/family member workforce to address the needs and the diversity of the community. This includes a workforce that looks like the community it serves and provides services in a communities languages so clients can be served in their native languages. This category also captures the Provider Support needs around training/core competencies burn out, high turnover and vicarious trauma.

3. Crisis Continuum – this category captures needs related to mental health and substance use crisis response and with an emphasis on non-law enforcement response, as well as appropriate community-based supports, early assessment of suicide risk, and stabilization during and after a crisis.

4. Housing Continuum – this category captures the housing needs for individuals living with behavioral health challenges ranging from prevention of becoming unhoused, housing navigation, and supports needed to maintain housing. This is particularly needed for those living with disabilities and older adults, who may be facing becoming unhoused for the first time.

5. Substance Use – this category captures the increasing need for substance use services and supports that are accessible, integrated and coordinated with mental health services.

6. Community Violence and Trauma – this category captures gun violence, domestic violence, human trafficking, gang violence, immigration trauma, poverty, pervasive racism and homophobia, family conflict and stress, school safety and bullying, and post-traumatic stress disorder (PTSD).

7. Child/Youth/Young Adult Needs – this category captures mental health and substance use challenges for school to transition-age youth ages 6-25, it also includes specific needs of children 0-5 and their families, respite services, ongoing increased suicide rates, youth runaways, juvenile justice involvement, human trafficking, gang violence, lack of support on how to access services, needs of LGBTQ+, pervasive racism, needs of bi-cultural children, lack of training on the part of schools for students with MH challenges.

8. Adult/Older Adult Needs – this category captures mental health and substance use challenges for adults and older adults including social isolation, depression, complex chronic health issues (including Alzheimer's and dementia), general poor mental health outcomes for those living with a severe mental illness, suicide rates, alternatives to incarceration, pervasive racism, LGBTQ+, immigration stress, gun violence, elder abuse, traumatic impact of social unrest-fear, in particular for Asian communities.

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9. Needs of Family Members – this category captures the ongoing stress, frustration and isolation family members can feel in taking care of their loved ones in a healthcare system that is mainly a "fail first" system, especially for loved ones with severe mental illness and episodes of anosognosia. Numerous navigation issues, especially related to the criminal justice system. High need for 24/7 access to inpatient and outpatient psychiatry services. Suicide (and how this effects the family and entire communities) lack of understanding about Child Protective Services (CPS), intergenerational trauma, and immigration trauma.

10. Needs of Veterans – this category captures the mental health and housing needs of Veterans: OaklandBerkeley/Alameda County has the 4th highest number of homeless veterans, and second highest (78.8%) percentage of unsheltered homeless veterans in California. Veterans have a higher rate of poor mental health compared to nonveterans and women veterans have a poorer mental health compared to their male counterparts, in particular due to military sexual assault trauma. Additional needs include high suicide rates (1618/day), stigma, lack of navigation support, lack of focused veteran groups for non-VA (veterans association) connected individuals and the aging veteran population who are older, sicker and more isolated. There is also a misunderstanding that not all veterans are eligible for VA services. In addition to these needs for American veterans, veterans of other countries also have significant needs around problem solving and healthy coping mechanisms.

11. Needs of the Re-entry Community for both Adults and Youth – this category captures the mental health, substance use, housing and employment needs of this community. Difficult to navigate uncoordinated and complicated systems to receive both behavioral and physical health services. Stigma, a high need for services to be provided by people who reflect this community and have lived experience with being justice involved. Additional needs in the areas of: focused treatment for sex offenders (housing, prosocial rehab services etc.). Lack of MH supported recovery residences, cooccurring treatment and focused job training. Needs of specific communities (LGBTQ+, immigrant, communities of color). Housing assistance and support services for those with disabilities to live independently.

Summary of Areas:

Access, Coordination and Navigation to Services

Behavioral Health Workforce

Crisis Continuum

Housing Continuum

Substance Use

Community Violence and Trauma

Child/Youth/Young Adult Needs

Adult/Older Adult Needs

Needs of Family Members

Needs of Veterans

Needs of the Re-entry Community for both Adults and Youth

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CPPP Inclusive Strategies

Inclusive Engagement Strategies

- Engaging diverse community groups
- Listening Sessions, Key Informant Interviews, Community Input Survey
- Various outreach channels

Diverse Representation & Participation

- Strategic identification of community groups
- Inclusive demographic survey
- Key Informant Interviews w/ leaders in county regions

Accessibility & Awareness

- Community Input Survey in digital & paper formats
- Promotion of CPPP through multiple channels
- Inclusion of survey insights & feedback into planning

The MHSA team effectively collected diverse community feedback to address mental health needs in Alameda County.

Cultural Competence & Sensitivity

- Listening Sessions & Survey in multiple languages
- Partnering w/ various stakeholders for survey & engagement methods

Community Focused Solutions

- Analysis of diverse data sources
- Emphasizing different community perspectives

MHSA Staff

- Multilingual
- Diverse
- Live in different regions of the county

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Community Program Planning Process Planning Committee

The MHSA CPPP Planning Committee (MHSA CPPP-PC) consisted of 13 members of ACBH employees and Community Stakeholders that met regularly to guide and discuss CPPP activities. The MHSA CPPP-PC provided input, expertise, and their professional network to ensure the continuity of services and administrative transparency for all community outreach efforts, which included:

• Endorsing CPPP outreach plan.

• Participating in CPPP activities (such as listening sessions).

• Approving CPPP assessment instruments.

• Coordinating with mental health groups to increase CPPP stakeholder engagement. The CPPP-PC participated in a total of 6 biweekly planning meetings.

Table 2: MHSA FY24/25 Update Plan CPPP Committee Roster

(see Appendix A-2 for the MHSA Meeting Calendar)

Name	Organization/Program Unit	Seat/Role
Tracy Hazelton	MHSA, Division Director	Alameda County
Robert J. Williams	Health Human Resource Education Center (HHREC), MHSA Program Manager	Committee Support/Facilitator
Odessa Caton	MHAAC Family Education Resource Center (FERC), Director	CBO Provider, representing Family Members
Noah Gallo	MHSA, Senior Planner	Alameda County
Mona Shah (MSW)	Health Equity Policy and Systems Manager/ Interim Office of Ethnic Services, Administrator	Alameda County
Mark Walker	Swords to Plowshares, Deputy Director of East Bay Programs, MHSA Stakeholder Group Member	Veterans
Ingrid Chung (LCSW)	Asian Health Services, Clinical Program Manager	CBO Provider, representing Asian American Communities
Gina Lewis	MHSA Stakeholder, Family Member/Peer Advocate	Family Member/Peer Advocate
Gavin O'Neill	Superior Court of California, County of Alameda, Collaborative Courts, Principal Analyst	Collaborative Courts, Justice Involved Individuals
Eleni Spiru	Swords to Plowshares, Community Engagement Liaison	Veterans
Danielle Guerry (LMFT)	Telecare Alameda Court Collaborative Program, Clinical Director	Collaborative Courts, Justice Involved Individuals
Carole Wang	Mental Health Association for Chinese Communities (MHAACC), Sr. Deputy Director	CBO Provider, representing Asian American Communities
Brian Godwin	MHSA, Data Analyst	Alameda County

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MHSA Stakeholder Group

ACBH recognizes the need to have the community involved in the planning process for MHSA related activities. ACBH is committed to being inclusive of all stakeholders, family members, and community members who wish to participate in the planning process and in stakeholder groups in accordance with WIC § 5848 and California Code of Regulations (CCR) § 330.

The MHSA Stakeholder Group is a group of 20 mental health peers with lived experience, family members, providers and other key constituencies. This group has met 7 times in 2023 with the goal of advancing the principles of the MHSA. During meetings the group provides recommendations to the transformation of the mental health system in Alameda County. The meetings are open to the public to attend and provide comments and discussion. 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.
- Communicating with relevant mental health constituencies.

Table 3: MHSA FY24/25 Update Plan MHSA SG Roster

(see Appendix A-1 for the MHSA Meeting Calendar)

Name	Seat/Role	Title/Affiliation
Aaron Chapman	ACBH – Agency Leadership	ACBH Medical Director
Annie Bailey	Provider	City of Fremont Youth & Family Services Division Administrator
Carissa Samuel	Provider-TAY Student	UC Berkeley Student/ Former Ohlone College Mental Health Ambassador
Carole Wang	Consumer/Family Member	Mental Health Association for Chinese Communities (MHACC)
Dr. Karyn Tribble	ACBH - Agency Leadership	Behavioral Health Director
Elaine Peng 彭一玲	Peer with lived experience/ Family Member	Mental Health Association for Chinese Communities (MHACC)
Gina Lewis	Family Member/MHAB Member	Peer Advocate
James Wagner	ACBH- Agency Leadership	Deputy Behavioral Health Director
Jeff Caiola	Peer with lived experience	Recovery Coach
Kate Jones	ACBH - Agency Leadership	Adult & Older Adult System of Care Director
Liz Rebensdorf	Family Member	President, National Alliance on Mental Illness (NAMI)- East Bay
Margot Dashiell	Family Member	Alameda County Family Coalition, African American Family Support Group
Mark Walker	Provider	Associate Director of East Bay Programs, Swords to Plowshares
Noah Gallo	ACBH- MHSA	MHSA Senior Planner
Shawn Walker-Smith	Family Member	Business Owner
Stephanie Montgomery	ACBH - Agency Leadership	Health Equity Division Director
Terry Land	Family Member/MHAB Member	Scientist
Tracy Hazelton	ACBH - Agency Leadership	MHSA Division Director
Viveca Bradley	Peer with lived experience	Mental Health Advocate

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Table 4: Listening Sessions and Key Informant Interviews (see Appendix B-4 for transcripts)

	Date	Region	Children	TAY	Adults	Older Adults	Additional Population Characteristics
ACBH Cultural Response Committee	11/21/2023	County			X	X	Providers
ACBH Pride County Coalition	12/6/2023	County			X	X	LGBTQ
African American Family Outreach Project	10/2/2023	Oakland			X	X	Adults, Older Adults
Alameda County Fatherhood Support Group	12/4/2023	County	X	X	X		Fathers
Alameda/Contra Costa Medical Association	1/4/2024	County					Providers
Ashland Cherryland Food and Basic Needs Coordination Meeting	1/9/2024	Castro Valley, Hayward, San Lorenzo	X	X	X	X	Providers, Education, Community
Asian Health Services TAY Group	11/29/2023	Oakland		X			TAY Group
Axis Community Health	11/20/2023	TriValley	X	X	X	X	Providers
Bay Area Community Services	12/8/2023	County	X	X	X	X	Community Services
CARES Alameda	12/21/2023	Alameda	X	X	X	X	Providers
Casa U English Speaking	10/24/2023	Oakland			X	X	Adults, Older Adults
Casa U Spanish Speaking	10/24/2023	Oakland			X	X	Adults, Older Adults
City of Alameda	11/30/2023	Alameda	X	X	X	X	City Leadership
City of Fremont	11/8/2023	Fremont	X	X	X	X	City Leadership
City of Livermore	11/17/2023	Livermore	X	X	X	X	City Leadership
City of Oakland	11/13/2023	Oakland	X	X	X	X	City Leadership
City of San Leandro	11/16/2023	San Leandro	X	X	X	X	City Leadership
CPPP Committee Members Listening Session		County			X	X	Consumers
Family Advocating for the Seriously Mentally Ill (FASMI)	1/12/2024	County	X	X	X	X	Consumers, Families
Family Education & Resource CenterEnglish	11/3/2023	County			X	X	Family Services
Family Education & Resource CenterSpanish	12/18/2023	County	X	X	X	X	Family Services
First 5 Alameda County	12/4/2023	County	X	X			Youth, TAY, Parents
Jay Mahler	12/7/2023	County		X	X	X	Consumers
Korean Health Center		Oakland	X	X	X	X	Providers
La Familia	12/6/2023	County	X	X	X	X	Providers
LGBTQIA Center	12/7/2023	Oakland		X	X	X	LGBTQ
Mental Health Association of Chinese Communities	1/4/2024	County	X	X	X	X	Chinese Community
MHSA Stakeholder Group	12/15/2023	County			X	X	Mental Health Board
Pacific Center	11/20/2023	Berkeley	X	X	X	X	LGBTQ
Peers TAY Group	12/6/2023	Oakland	X	X			TAY Group
PEERS	1/16/2024	County					Consumers

	Date	Region	Children	TAY	Adults	Older Adults	Additional Population Characteristics
PEI and UELP (ACBH Contracted Prevention Provider)	1/10/2024	County		X	X	X	Providers
POCC (Peers Organizing Community Change)	12/1/2023	County			X	X	Adults, Older Adults
Supportive Housing Community Land Alliance	11/29/2023	Oakland			X	X	Adults, Older Adults
Swords to Plowshares	11/2/2023	Oakland			X	X	Veterans
Trauma Recovery Partners	12/8/2023	Oakland	X	X	X	X	Youth, TAY, Adults, Older Adults
Veterans Collab Court	10/27/2023	Oakland			X	X	Veterans

36 listening session focus groups were hosted by ACBH, the MHSA CPPP-SM, and community-based organizations. Approximately **394** community stakeholders participated in the FY23/24 MHSA CPPP (See Figure 1 and 2). Most listening session participants were community providers at 45% and peers, who made up 38% of participants. Of the total 36 listening sessions, 20 were conducted with providers, 11 sessions with peer groups and 5 sessions were conducted with city level representatives. There was also an effort to include groups that represented specific communities and subsets of the population. There were 3 listening sessions completed with groups that identified or specifically served LGBTQIA communities, 2 groups for veterans, 1 for families and 1 for transitional age youth (TAY).

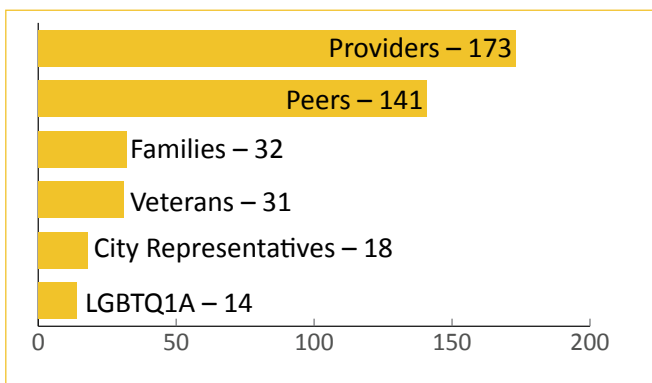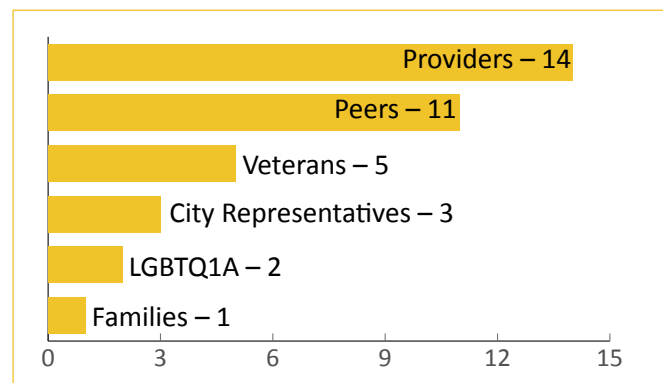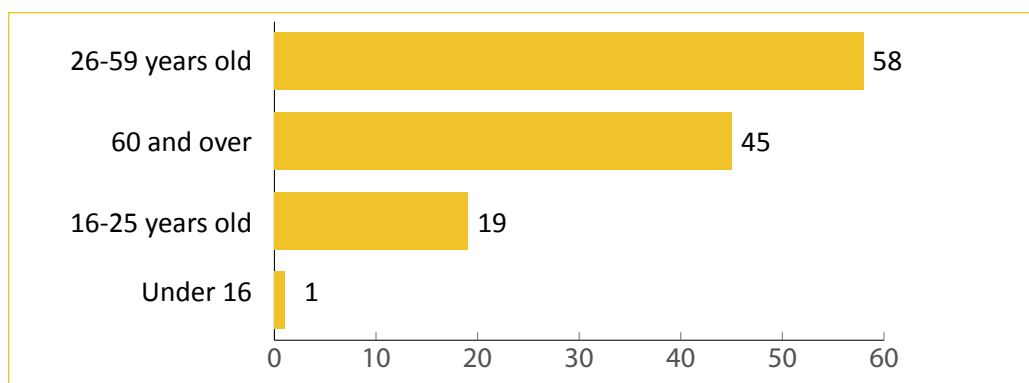**Figure 1: Participants by Stakeholder Group (n=394)**

Providers – 173
Peers – 141
Families – 32
Veterans – 31
City Representatives – 18
LGBTQ1A – 14

Figure 2: Sessions by Stakeholder Group (n=36)

Providers – 14
Peers – 11
Veterans – 5
City Representatives – 3
LGBTQ1A – 2
Families – 1

Listening session participants were given the opportunity to fill out a demographic survey following the listening sessions to help gather additional data.
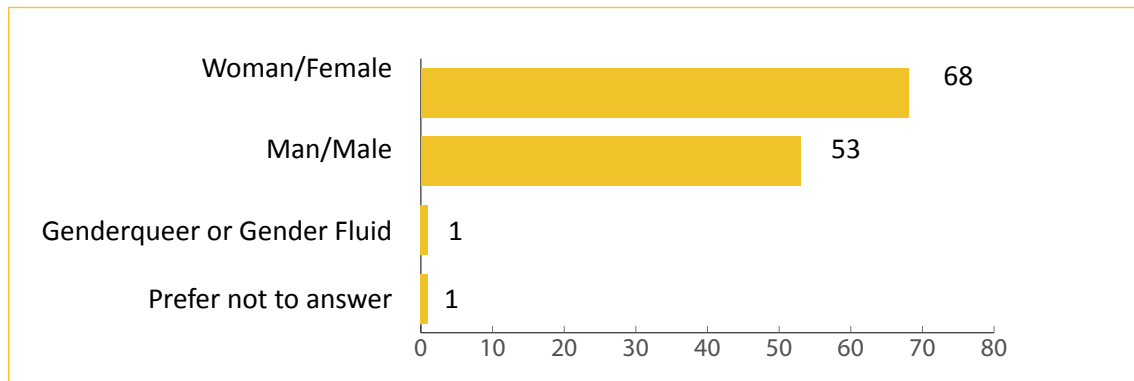
There were 123 participants who elected to fill out the demographics survey, 47% reported being between the ages of 26-59, 37% being 60 and over and 15% being 16-25 year olds. Refer to Figure 3.

Figure 3: Participant's Age Groups (n=123)

26-59 years old: 58
60 and over: 45
16-25 years old: 19
Under 16: 1

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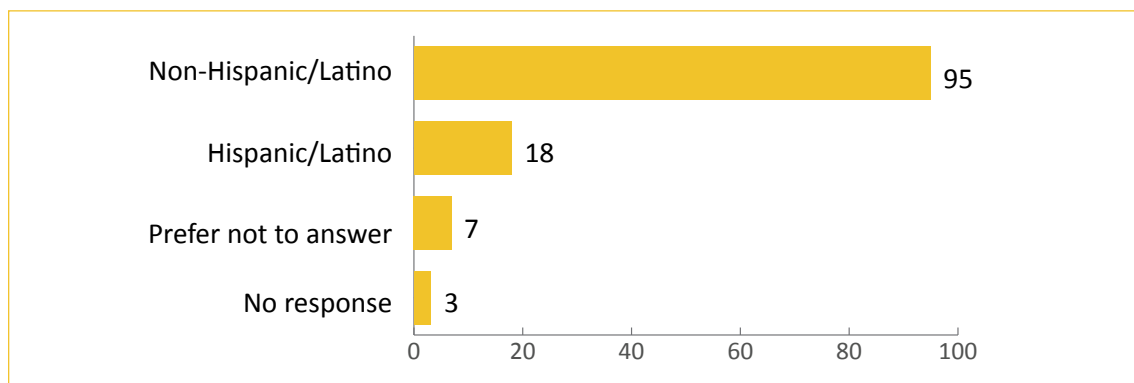Survey

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Most participants that elected to fill out the demographics survey identified as a woman/female (55%), followed by those who identified as a man/male at 43%. See Figure 4.
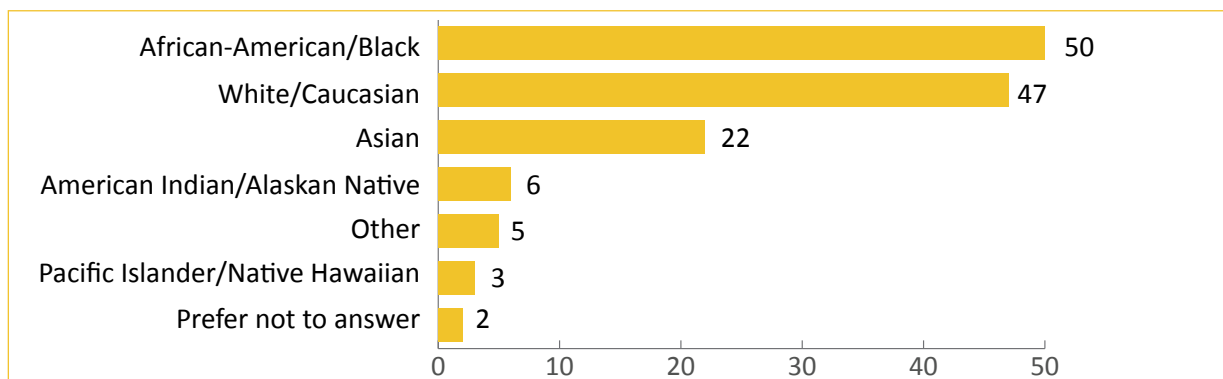
Figure 4: Participant's Gender Identity (n=123)

A high majority of the listening session participants who elected to fill out the demographics survey identified as Non-Hispanic/Latino (77%), while only 15% reported Hispanic/Latino as their ethnicity. Refer to Figure 5.
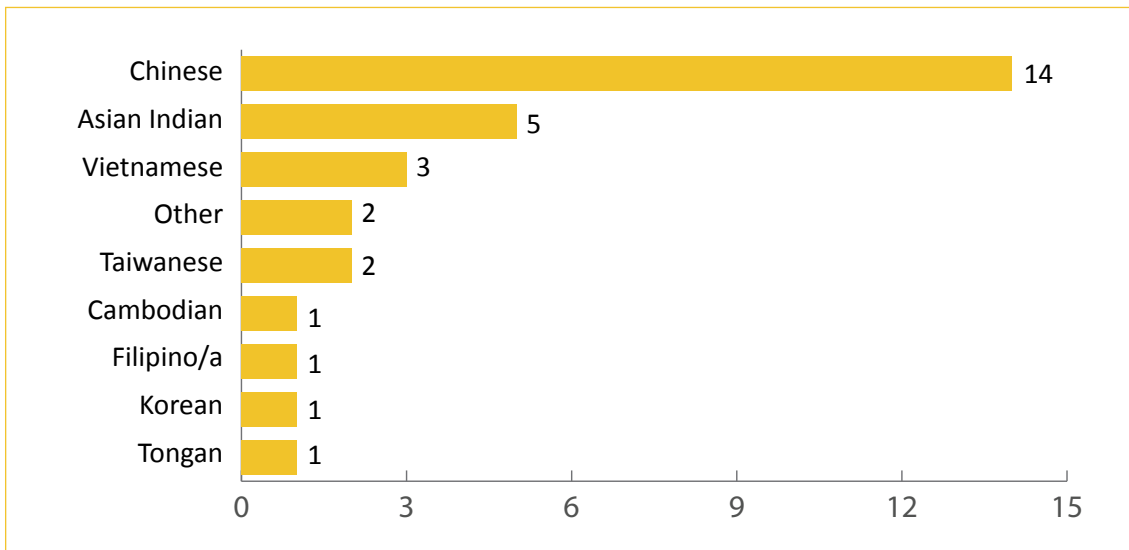
Figure 5: Ethnicity (n=123)

Of the 123 listening session participants who were elected to fill out the survey, the top 3 reported race identities were: 1. African American/Black (41%), 2. White/Caucasian (38%) and 3. Asian (18%). See Figure 6

Figure 6: Race (n=123)

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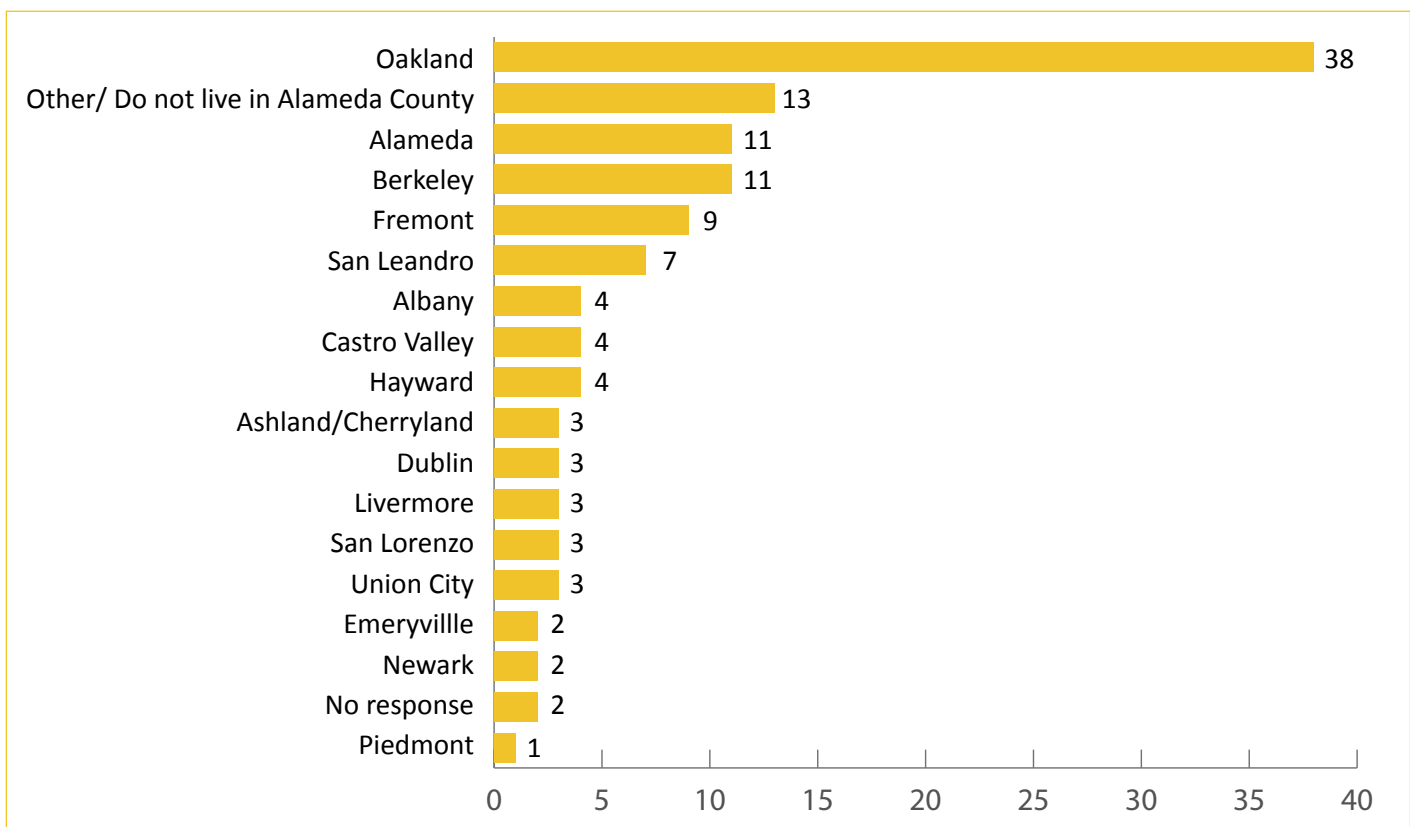Survey

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There were 25 respondents who identified as Asian (22) or Pacific Islander/Native Hawaiian (3) in the race question and 30 respondents who provided a response for the API ethnicity. The most common AAPI ethnicity was Chinese (56%), followed by Asian – Indian (20%) and Vietnamese (12%). See Figure 7.

Figure 7: Asian or Pacific Islander Participant's Ethnicity (n=30)

Ethnicity	Count
Chinese	14
Asian Indian	5
Vietnamese	3
Other	2
Taiwanese	2
Cambodian	1
Filipino/a	1
Korean	1
Tongan	1

Oakland residents were represented the highest (31%) in the post-listening session demographic survey. This was followed by 11% reporting they did not live in Alameda County and the City of Alameda and Berkeley each making up 9%, respectively. Refer to Figure 8.

Figure 8: Participant's City of Residence (n=123)

City	Count
Oakland	38
Other/ Do not live in Alameda County	13
Alameda	11
Berkeley	11
Fremont	9
San Leandro	7
Albany	4
Castro Valley	4
Hayward	4
Ashland/Cherryland	3
Dublin	3
Livermore	3
San Lorenzo	3
Union City	3
Emeryvillle	2
Newark	2
No response	2
Piedmont	1

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During the listening sessions, stakeholders provided input on mental health services and various priority areas of need. The following reoccurring themes were identified across all listening sessions:

Access to Services:
Ensuring clear processes for accessing mental health services, including non-law enforcement solutions and 24/7 availability.

Peer Support:
Promoting the role of peer support specialists with lived experiences in aiding clients and providing immediate assistance.

Housing Interventions:
Addressing the housing needs of individuals with mental health challenges, including supportive housing and services.

Specialized Support for Vulnerable Populations:
Addressing specific needs of populations like LGBTQ individuals, veterans, re-entry citizens, and foster care children.

Youth Empowerment:
Supporting programs that incentivize young adults to seek mental health resources and empowering youth through education in schools and other community settings.

Stigma Reduction:
Addressing stigma related to mental health, especially for children and youth, and promoting acceptance of mental health care across different cultures.

Cultural Sensitivity:
Recognizing the need for culturally sensitive and appropriate services, including bilingual support and LGBTQ clinicians.

Workforce Support:
Emphasizing the importance of support systems for the workforce, including training, self-care, and incentives.

Trauma-Informed Work:
Emphasizing trauma-informed approaches, such as Crisis Intervention Team (CIT) training, to enable informed and culturally responsive services.

Data and Transparency:
Emphasizing the need for data analysis, transparency in decision-making, and advocacy for funding to support mental health services.

Community Safety Initiatives:
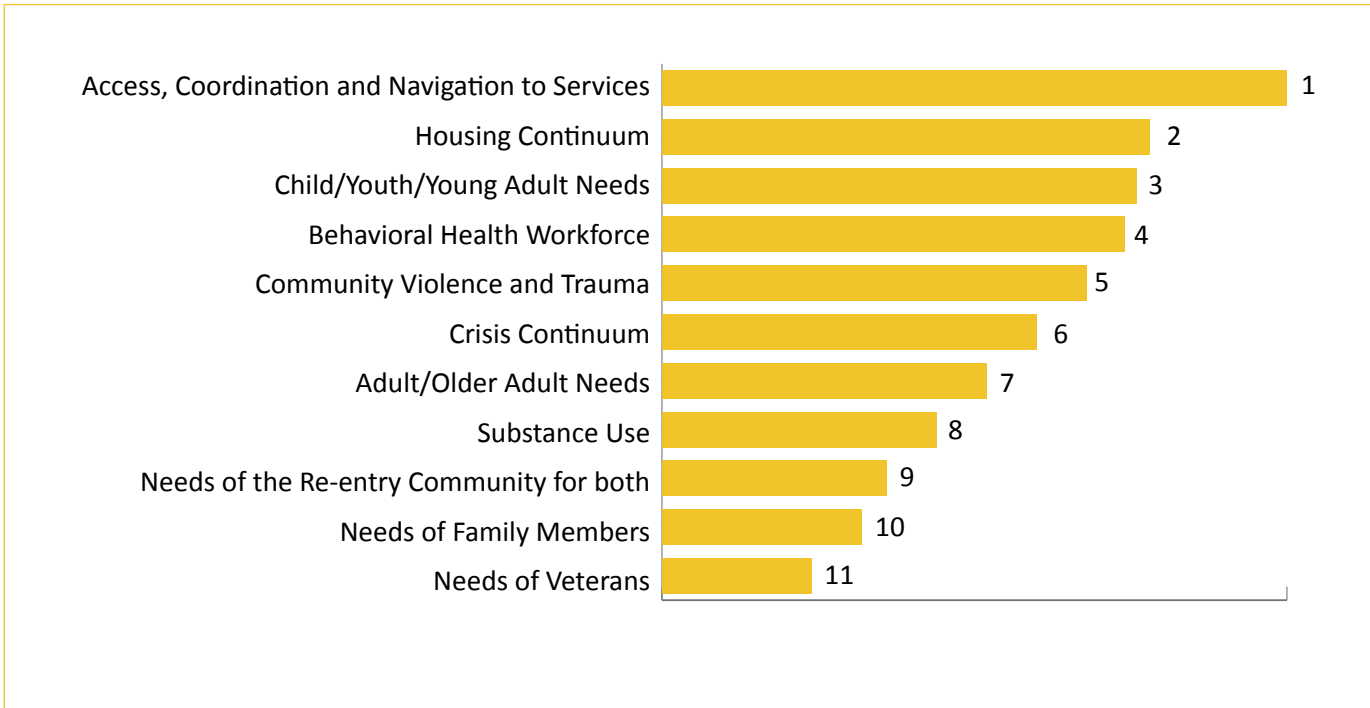Addressing the need for initiatives and strategies to address community violence and enhance overall safety.

Collaboration with Law Enforcement:
Emphasizing the importance of collaboration between mental health services and law enforcement to ensure community safety and appropriate responses to crises.

Crisis Support Teams:
Advocating for the presence of mobile crisis support teams on the streets to respond in a timely manner to and prevent escalation of violence during crisis mental health situations.

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Listening session participants **1)**. reviewed the provided 11 areas of need, **2).** ranked their top 3 areas of need and **3).** discussed their reasons for selecting each. Participants also provided possible strategies and solutions to address each of these needs. The results of that ranking show the following to be the top ranked areas of need (in rank order):

Area of Need	Rank
Access, Coordination and Navigation to Services	1
Housing Continuum	2
Child/Youth/Young Adult Needs	3
Behavioral Health Workforce	4
Community Violence and Trauma	5
Crisis Continuum	6
Adult/Older Adult Needs	7
Substance Use	8
Needs of the Re-entry Community for both	9
Needs of Family Members	10
Needs of Veterans	11

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Area of Need	Strategies and Solutions
1. Access, Coordination and Navigation to Services	• Establish community navigation centers as one-stop shops to provide access, coordination, and navigation to various services. • Support, fund and increase programs that utilize community navigators, promoters, and peer support services to improve patient access and navigation of services. • Implement culturally sensitive and appropriate outreach strategies to effectively engage diverse communities. • Develop a comprehensive digital platform and master directory containing contact information, assessment details, and available resources for mental health services. • Prioritize bilingual services to support multiple languages in the growing client base and improve accessibility for diverse communities.

"There needs to be more promotion on the mental health stigma to inform people from different cultures it is acceptable to receive mental health care."

"There should be a clear process on where people can go for services or who they can talk to on a personal level that they can trust."

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Area of Need	Strategies and Solutions
2. Housing Continuum	• Increase prevention and early intervention programs to avoid homeless-ness. • Provide safe/welcoming places with direct services and housing for those with mental health challenges, aiming to prevent additional trauma. • Provide emergency housing lasting a minimum of 6 months, followed by long-term supportive housing. • Support housing interventions with additional funding for operational support to meet the needs of the community that include comprehensive and wraparound services. • Establish accountability and check-and-balance mechanisms in housing pro-grams and services. • Ensure transparency in decision-making processes related to housing.

"People with serious mental illness have one of the highest needs for permanent and/or supportive housing."

"There needs to be more service enriched housing programs, this is a greater need than just shelter. These housing programs can address the mental health needs of clients they house."

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Area of Need	Strategies and Solutions
3. Child/Youth and Young Adult Needs	• Increase and improve engagement strategies for youth by incorporating creative and fun activities like art, music, and movement recognizing the therapeutic benefits of these. • Address the diverse needs of children, youth, and young adults from marginalized communities such as immigrant youth, unaccompanied minors, LGBTQ youth and those in the foster care system. • Strengthen support systems by educating family members and parents on mental health issues and providing spaces for dialogue and offering tools for parents to understand youth issues more comprehensively. • Advocate for programs in school and other community spaces that promote mental health awareness, seeking help and identifying mental health issues among youth. • Increase youth workshops, townhalls events such as youth leadership summits to discuss various mental health topics, healing and resources. • Provide tangible means to youth that can support their stabilization and encourage them to reach out to mental health resources while aiming to break the mental health stigma. Resources such as stipends, respite care and other practical needs etc.

"Healing the parents is important to heal the child, [so we need] more events to incorporate youth and family together."

"[We need to] engage with youth to empower them and for them to know how special they are. When people believe they're precious they will act precious."

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Area of Need	Strategies and Solutions
4. Behavioral Health Workforce	• Address workforce shortages by incentivizing the recruitment of individuals from diverse backgrounds that reflect the client population. • Develop partnerships and pipelines to work with schools and other non-traditional agencies to train, recruit and hire mental health workers (clinical and non-clinical) • Expand peer support programs and paid training opportunities and intern-ships to increase access to mental health jobs for people who have lived experiences and direct ties to the community. • Provide funding to aid in training programs that will equip staff with the necessary skills for their roles, especially around cultural competency. • Provide self-care opportunities for staff to enhance their ability to serve effectively and emphasize the need for a support system in the workforce to prevent burnout and ensure staff well-being. • Provide support services and resources for the workforce when staff members also experience crisis.

"Workforce shortages and challenges such as recruiting counselors that reflect the client diversity plus the scarcity of BIPOC psychiatrists are issues that limit hiring."

"We need more trauma informed training for providers, so people can continue to be informed, continue to examine their biases, can provide culturally responsive services."

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All listening session feedback was documented, summarized, and analyzed to ensure that major themes, strategies, and solutions were captured. Using the socioecological model (see image below) participant responses were placed into 5 categories (1. Individual, 2. Interpersonal, 3. Organizational, 4. Community and 5. Public Policy) to demonstrate the various efforts that can be made to address the complex issues Alameda County faces with regard to mental health service delivery at various levels (see Appendix B-5).

Public Policy
national, state, local laws and regulations

Community
relationships between organizations

Organizational
organizations, social institutions

Interpersonal
families, friends, social networks

Individual
knowledge, attitudes, skills

The top 4 areas of need were reviewed and analyzed in more depth, as shown above. While most of the listening session feedback collected, focuses on addressing organizational and community needs at the programmatic level (which was expected since participants comprised mostly of providers from partnering agencies), there were a vast number of solutions and strategies provided that identified the need to bring families and social networks into play to increase interpersonal resilience. There is also a clear connection between how local and state policy affect service delivery at every level.

The following subsections describe the specific community feedback collected during CPPP Listening Sessions (LS) and Key Informant Interviews (KII) by unique stakeholder groups. A full listening session transcript of all reported needs and recommendations can be found in **Appendix B-4**.

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Alameda Contra Costa Medical Association

The MHSA team met with the Alameda Contra Costa Medical Association to conduct a virtual listening session. The providers shared their top concerns for community needs as Community Violence and Trauma, Behavioral Health Workforce, and Access, Coordination and Navigation to Services. There was a theme in the discussion about strategies to ensure that the staffing for medical professionals is sufficient. The group discussed how non-licensed staff can be utilized through internships and as navigators for multilingual and multicultural needs diverse clients. The group also discussed the need for wraparound services at housing sites to ensure that clients' needs are being met. Lastly, the group is concerned by the potential changes to programs from Proposition 1 and they would like to write a letter advocating for mental health programs.

Alameda County - Culturally Responsive Committee

CRC Meeting was attended by different participants from different organizations within and outside the county and communities, with a total of 16 participants. The participants were from San Mateo County BHRS, Diversity in Health Training Inst., Sidra Team, Pacific Center for Human Growth, Pathways to Wellness, ALCO of Homelessness Care and Coordination, ALCO Tobacco Control Program, ACBHCS WET, CSS, Licensed SW, Supportive Housing Community Land Alliance, and others as anonymous.

The areas of needs were presented and elaborated to the participants for the main goal of getting their feedback and insights. A survey was launched, and the top three (3) topics were identified for discussion and input. Participants have voiced the need for stabilization inside their organization and concerns about workforce burnout, retention, housing needs and further support. The need for providing up to date resources that are available now regarding housing, SUD, training, and jobs available for families. Geriatrics system support is lacking and more support/resources/programs for vulnerable elders. Easier access of resources to the marginalized community. Resources, treatment, and support to boarding houses and expansion to other cities.

Lastly, prevention programs and trauma supportive resources for the youth and older adults especially the immigrants.

African American Family Outreach Program Listening Session

MHSA cohosted a listening session with African American Family Outreach Program participants. Participants identified streamlining service access with a centralized system, consistent crisis response, and comprehensive aftercare plans. They also addressed urgent housing needs requiring longer emergency stays, increased supportive and affordable housing, and better oversight for program safety. The participants also addressed family and youth support gaps through education, peer support, expanded mental health programs, and respite care. Additionally, emphasizing community engagement and changing mental health and violence narratives.

Alameda County Fatherhood Support Group

The MHSA team spoke with leaders of the Fatherhood Summit with First 5 Alameda County to address the needs of fathers in the mental health landscape. Discussed were challenges fathers encounter when accessing low-cost mental health services and the need for support and understanding in their mental health wellness. They advocate for more mental health resources and programs designed for fathers, that seek to engage both involved and disengaged fathers without judgement or bias. The conversation highlighted the importance of changing the discussion around mental health resources for fathers, specifically the black and brown communities, by extending available and culturally aligned services.

Ashland/Cherryland Basic Needs Committee

The MHSA Team facilitated a session with members of the Ashland Cherryland Food and Basic Needs Coordination Committee. Participants identified Access/Coordination/Navigation, Housing and Child/Youth Needs as top areas of needs. Solutions included: Utilization of the promotora, peer to peer, model to bring MH to communities, more services/supports for parents, e.g. parent support groups/

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workshops, more school-linked services, increased language access and cultural representation, roving housing navigators, especially to help youth/young adults, a migrant shelter, and more transitional housing. Participants also suggested substance use education for youth and parents, particularly around cannabis, there's a good deal of self-medicating post-covid, supporting the full family, screenings for abuse, providing fun and a sense of community in order to successfully engage with community members and overall meeting people where they're at.

Asian Health Services – Transitional Age Youth Group

MHSA cohosted a listening session with Asian Health Services for college-aged youth. The top mental health issues mentioned included Access, Coordination and Navigation to Services, Housing, Behavioral Health Workforce and Community Violence and Trauma. Participants identified solutions such as media projects to reduce stigma/discrimination regarding mental health services as well as stories and information on how effective or helpful mental health services can be. A variety of outreach strategies were mentioned including social media platforms such as Instagram and WeChat, event outreach, and phone banking. The group stressed linking outreach efforts to the various needs of specific communities. Other solutions included school-based training on boundary setting and healthy relationships- for the purpose of preventative approaches to domestic violence. Demographics included: Asian identified young adults ages 18-24.

Axis Community Health

MHSA conducted a key informant interview with Jennifer Penny, Chief Behavioral Officer at Axis Community Health. Axis Community Health has indicated that their top clients' needs are Crisis Continuum, Behavioral Health Workforce, Community Violence and Trauma, and Access, Coordination and Navigation to Services. Axis Community Health has been innovative and created successful programs such as Bridge Urgent Care Mental Health Program, however funding constraints limit further expansion into neighboring cities. They have persevered through workforce shortages, such as recruiting counselors that reflect client diversity, and the scarcity of psychiatrists. Trauma cases have risen due to the Covid pandemic, immigration issues and global

conflicts. Axis has taken a proactive approach to create programming around non law enforcement response and these programs have yielded a decrease in 5150s. Overall, Axis has been responsive and innovative for effective mental health care delivery.

Bay Area Community Services (BACS)

MHSA conducted a key informant interview with Jovan Yglecias Chief Program Officer and Katherine Lutz Associate Director of Programs, Bay Area Community Services. The top needs highlighted were addressing the crisis in the behavioral health workforce, creating integrated systems to address substance abuse, minimizing gaps in crisis intervention services, and creating service enriched housing programs. BACS emphasized the need for culturally sensitive navigation services, support for the reentry community, difficulties faced by veterans and for Alameda County to continue to refine and seek community input on how resources are spent to enhance mental health services in the region.

Casa Ubuntu Listening Session - English

During the Casa Ubuntu English speaking listening Session, we presented information regarding the needs of the community that were based off collected data over prior years. These were the highlights for three key areas of concern: This group identified access to services with solutions that solves issues involving the challenge of finding appropriate services and the need for more non-profit support, peer support groups, and accessible resources. One of the main concerns was homelessness, with recommendations including simplifying housing applications, promoting tiny home programs, and ensuring affordability. Supportive services for those with disabilities are crucial. Another main concern was addressing community violence & trauma with the focus in this area which focuses on youth support, emphasizing early intervention, better housing conditions, and increased access to therapy services. Programs like the Housing Academy are suggested. In addition, addressing substance abuse is also a priority, with suggestions for non-spiritual 12-step programs, more sponsors, and improved access through peer support and transportation services.

Casa Ubuntu Listening Session - Spanish

MHSA cohosted a listening session with Casa Ubuntu's

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Spanish program participants. Participants identified addressing urgent community needs: Combat community violence & trauma by prioritizing faster police response, enhanced patrols, school-based support for families & youth, and secure transportation for both youth & elders. Additionally, cater to adult/older adult needs by bolstering social services, aiding DACA/Undocumented individuals, hosting job fairs, facilitating literacy programs, offering transport aid, and ensuring accessible housing. Commitment extends to the re-entry community through education, online classes, tech access, housing, and benefits for undocumented individuals.

City of Alameda

The MHSA team conducted a key informative interview with the City of Alameda Social Services team. The city of Alameda identified the Housing Continuum, Crisis Continuum and Substance Abuse as the top 3 needs of Alameda. The conversation highlighted the difficulties recruiting and retaining qualified professionals, with diverse backgrounds and clinical training. The public's access to mental health services is a critical concern, with the need to overhaul a complex system to expedite access to ensure individuals can navigate resources more effectively. Housing remains a top concern with the need to provide mental health services in a residential setting. Substance abuse has increased due to the availability of drugs and the potency of them. They are also seeing a need to support individuals transitioning from the justice system to the workforce and the reintegration to society.

City of Fremont

MHSA conducted a key informative interview with the city of Fremont Human Services division. The listening session featured 4 participants that worked in youth, young adult, adult, and older adult services for the city of Fremont. The cultural diversity of the city of Fremont and the neighboring cities requires a diverse BH workforce to reduce community stigma. There is a continued need for bilingual staff to communicate with clients. In recent years staffing has become more difficult due to stated concerns about the increase in the cost of living, student loans expenses and the ability to purchase a local home on a provider salary. The city of Fremont has asked the county for assistance in helping create programs to attract new talent. The

geographical location and size of the city of Fremont has limited timely non law enforcement response for substance abuse services. There are few residential treatment program opportunities for clients in the Fremont area and this has created a recurring loop for clients in need of residential treatment. There is an ongoing need to continue to educate clients about the services available to them. Fremont's geographical location limits client's accessibility to nearby mental health services.

City of Livermore

MHSA conducted a key informative interview with Mr. Josh Thurman, Human Services Programs Manager Housing and Human Services Division, Community Development Department, City of Livermore. Central themes from the interview included the need for services and support to be *physically located in the Tri Valley Area*. Having services in the Tri Valley area allows for relationship development and knowledge of residents and neighborhoods, which helps increase access, coordination, and navigation of services. This theme of local services includes crisis, SUD detox, cooccurring services, not simply weekly group meetings/low-level outpatient treatment. Additionally, youth and youth services were mentioned in response to the heavy academic pressure that children and youth are facing.

City of Oakland

MHSA met with the City of Oakland Human Services team. The participants discussed needs and challenges focusing on the diverse demographic groups. Community Violence and Trauma are a top priority to address escalating domestic violence and homeless violence threats. New approaches and strategies are being created from statistics with the goal of protecting youth from violence. Access, Coordination, and Navigation to services is an issue that requires timeliness service, and the absence of expert professionals makes the service wait times longer. There is an increased effort to offer peer support services to fill this void, to provide residents have guidance. Child, Youth, and Young Adult needs discussions are ongoing with the hopes of addressing trauma informed practices for foster care youth. Non-law enforcement strategies to approach mental health crises have been in the forefront of discussions and

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expansions to current programs are being reviewed. Oakland is making efforts to secure housing for the homeless and expand its reentry services. The meeting participants were knowledgeable about the needs of the Oakland residents and were willing to participate in feedback and potential ways to improve care.

City of San Leandro

The conversation was with Jessica Lobedan, Human Services Director. She indicated that the top needs are Crisis Continuum, Housing Continuum, Substance Use and Access, Coordination and Navigation to Services. Housing is a top need and the ability to help mental health clients at housing locations. The need for crisis intervention services is a recurring topic that they think will be needed in the future. They are looking for continued collaboration and assistance with accessing services for their residents. There has been an expressed interest in having a community center for de-escalation services.

CPPP Committee Members Listening Session

MHSA cohosted a listening session with the Community Planning & Processing Committee that had 12 participants identify community needs, and solutions. For Re-Entry, providing pre-transition support, simplifying system navigation, fostering collaboration among re-entry programs, improving mental health coordination, and ensuring incarcerated individuals receive mental health support. For Child/Youth/Young Adults, educating parents, integrating mental health into public schools, enhancing early intervention, and reducing stigma through peer counseling. For Access, Coordination and Navigation to Services, establishing a comprehensive online resource, creating a county-wide linkage system, and employing navigators from diverse communities to enhance accessibility. Additional funding and a centralized online platform for services are also vital community priorities.

Family Education & Resource Center - English

MHSA cohosted a listening session with 13 FERC program participants. These participants identified pressing concerns about violence, theft, and gun violence, advocating for changes in police priorities, safer spaces for youth, and improved aesthetics. They emphasized effective agency management, promoting healthy family communication, safe service access, and the vital link between a safe environment and

mental health. Housing-related issues focused on income-based senior accommodation, transparent housing access, preventing evictions, and developing more accessible housing options. Recommendations included culturally aligned healing practices, stigma reduction, and accessible treatment, alongside peer-led groups, funding support, harm reduction education, and career development initiatives, shaping future community initiatives.

Family Education & Resource Center - Spanish

The MHSA team met with the Family Education & Resource Center (FERC) Spanish Group. The discussion focused on the mental health challenges and solutions to addressing the mental health needs of the Spanish speaking population. The group highlighted the barriers to language accessibility, the stigma around receiving mental health services, and the lack of accessible information. The group also spoke about how important housing is to mental health as well as culturally competent individual mental health professionals. The group discussed the need for preventative programs for youth and adults, trauma informed care, and family support services.

First 5 Alameda County

MHSA conducted a key informative interview with Laura Otero Administrator with First 5 – Help Me Grow. The Help Me Grow team works with children ages 0-5 and their families. First 5 – Help Me Grow indicated that they are seeing clients' top needs as: Access, Coordination and Navigation to Services, Behavioral Health Workforce, Community Violence and Trauma and the Housing Continuum. There is a continued need to help families seamlessly access and locate services. Recruiting and retaining credentialed providers and ensuring staff are multilingual and cultural remains a top priority. They continue to have to aid in supporting the youth and family clients as they recover and cope with domestic violence and trauma related incidents. Housing has continued to be a main issue with families needing temporary housing and they see an increase organizing with shelters.

Jay Mahler Recovery Center

The MHSA team held a listening session with 10 participants at Jay Mahler Recovery Center. The top needs of the group were the Housing Continuum,

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Substance Use, and the Needs of the Re-entry Community. The group expressed the need for more housing for the unhoused and detailed how housing is a barrier to mental health. They are looking for Alameda County to improve substance abuse services that are repetitive and provide more intensive inpatient treatment programs. They were concerned that the needs of the re-entry community are not being adequately addressed and there needs to be more care navigators available to help with accessing community services. Overall, the group was knowledgeable on the resources that Alameda County offers, however they would like Alameda County to provide more resources and guides to help consumers connect with services more efficiently.

La Familia

MHSA conducted a key informant interview with Aaron Ortiz CEO of La Familia. The discussion reviewed the complexities of structuring mental health services in Alameda County. The discussion highlighted the essential need for increased access, efficient coordination, and successful navigation of the services available to mental health clients in Alameda County. The topics discussed varied from the significance of workforce development and crisis management strategies to the housing continuum and concentrated support for children, adults, and the reentry communities. There is a necessity for more tailored mental health services to address community members' needs across different demographic groups to make a greater impact on substance use, community violence, trauma, and family member support.

LGBTQ Center

The MHSA team spoke with the Executive team at the LGBTQ Center in Oakland and learned more about the needs of its clients and the LGBTQ Community. They are seeing a need for more programs to address social isolation in the elderly population. The housing being developed is not created with LGBTQ concerns in mind and accommodations for the LGBTQ community are leading to displacement from new developments. Also, needs for LGBTQ people in homeless encampments need to be addressed due to rising threats and violence. HIV is an ongoing problem that is receiving less resources but still needs to be addressed. Overall,

the LGBTQ Center is looking to bring on a care navigator and would like to continue to participate in county programs.

MHACC

MHSA co-facilitated a listening session with community members from the agency, Mental Health Association for Chinese Communities (MHAAC) 美國華裔精神健康聯盟　資深副執行長　The top mental health needs included access/coordination/navigation of services, workforce and children/youth/young adult needs. Frustration with housing services was also brought up. Participants identified many solutions including the need for a resource directory of all behavioral health services, expanded loan forgiveness programming, more activities/events for youth and families to do together for joint learning (one participant said... Healing the parents is important to heal the child). Other solutions included activities to reduce stigma, dedicated funding for their tri-lingual warm-line, youth leadership activities and advocacy at the state level for California to opt into Psychology Interjurisdictional Compact (PSYPACT®), an interstate compact designed to facilitate therapeutic services across state boundaries. A memorable quote from the session was, "I think if you really want to improve mental health, try to convince people that they are not worthless, insignificant, invisible, or powerless. You can brainstorm as to how to convince people that they are worthy, significant, visible, and capable". Demographics included 12 individuals who identified as Chinese.

Pacific Center

MHSA conducted a key informant interview with Shanna Bowie, Director of Programs at the Pacific Center. The Pacific Center offers wide ranging programs, including support groups and mental health services. The Pacific Center indicated that they are seeing clients' top needs as: Access, Coordination and Navigation to Services, Behavioral Health Workforce, Child/Youth/Young Adult Needs, and the Crisis Continuum. There is a need for a more diverse and culturally competent behavioral health workforce. They suggest more training of clinicians to better serve LGBTQ groups. They also recommend addressing gaps in services and including funding specifically around the needs of children, youth, and young adults. The Pacific Center has increased

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services and resources for the crisis continuum and is focusing on non-law enforcement intervention to support individuals experiencing a mental health crisis.

Peers TAY Group

MHSA team conducted a Listening Session with 7 community members from the PEERS TAY group. The group is comprised of youth and young adults who were vocal about sharing their concerns and recommendations for the MHSA services in Alameda County. The Peers TAY group highlighted their top concerns as: Access, Coordination and Navigation to Services, Housing Continuum, Child/Youth/Young Adult Needs and Substance Use. They addressed that there needs to be cultural destigmatization around mental health services and incentivization for youth to want to come forward to access mental health services. There are numerous members of the group who live in unsafe communities and believe their mental health issues stem from their environment. The group thinks there needs to be more mental health resources in schools to help youth address issues immediately, and not wait to access services after school or on the weekend. The group encourages MHSA to continue to conduct focus groups to listen to strategies and solutions to community members mental health needs.

POCC – Peers Organizing Community Change

The POCC Meeting was held via Zoom video conferencing that was attended by total of 30 attendees among them were 26 expected survey participants. A demographic survey was launched in the beginning. Then the areas of needs were presented and elaborated to the participants for the main goal of getting their feedback and insights. Afterward the participants cast their top three (3) votes of topic in the chat, then were tabulated and identified the most voted topic for discussion and input.

Participants have asserted that services and assistance are needed to meet people where they are literally (going to homeless camp) and in other avenues of their current situations. They've pointed out that there's a great need for after-hours and weekend services, especially for people with MH challenges, that's a safe and welcoming space or place, including temporary triage. They are advocating hiring more peer support specialists to team with clinicians and

doctors as a whole component in providing complete care services. To have an analysis of data that can show which has effective results in reaching the needs of the community. To have a one-stop-shop for respite care continuum. To have a check and balance in housing and transparency in its decision-making. In the end part of the forum, it was added to create a group home for undocumented Latino community experiencing MH crisis. And final suggestion to hire a position and develop a comprehensive master directory that gets updated with different resources like hospitalization, housing, treatment etc.

Supportive Housing Community Land Alliance

The MHSA team presented at the Supportive Housing Community Land Trust board meeting to board members and community members. The top needs of the clients were the Housing Continuum, Behavioral Health Workforce, Crisis Continuum, Access, Coordination and Navigation to Services, and Substance Abuse. The group wanted to emphasize that more affordable housing needs to be made in different areas of the county. They also want there to be more wraparound services for mental health clients in residential buildings. The participants praised the Supportive Housing Community Land Trust model for providing them with the opportunity to be invested in their living situation as opposed to being homeless or a renter.

Swords to Plowshares - Veterans

MHSA cohosted a listening session with 17 Swords to Plowshares veterans program participants. Participants identified Veterans' Need are more Advocacy centers like Swords to Plowshares, emphasize more mental health training, addressing impacts of hospital closures, and call for ongoing support. To prevent community violence and trauma, the participants talked about pushing for more prevention crisis teams, reconciliation efforts, relocation aid, and faster crisis services, while addressing societal issues impacting safety.

Trauma Recovery Partners

The MHSA team met with the African Program Manager at Partnerships for Trauma Recovery. The conversation highlighted their top needs as Access, Coordination and Navigation to Services, Community

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Violence and Trauma, Child/Youth/Young Adult Needs, and Adult/Older Adult Needs. The conversation discussed how many of their clients are new immigrants from 55 African countries speaking over 23 different languages. Their clients have experienced violence in their home country, violence on their immigration journeys to the United States and some have experienced violence here. They encourage the Alameda County services to be culturally sensitive, provide linguistic accessibility, and to be mobile in the community. They see the need to bring together the different age groups of the new African immigrants so they can better understand each other with the goal of African youth, adults and elders improving the family dynamics and alleviating the elders needs of social isolation and caretaking duties.

Veterans Collaborative Courts

MHSA cohosted a listening session with the Office of Collaborative Courts participants and graduates of the program. Participants identified enhancing veteran services: local facilities, better transport, support for younger veterans, veteran workforce, and peer groups, citing Swords to Plowshares' impact. Some housing solutions vouchers, affordable housing, repurposed military bases for homeless veterans. Lastly, the participants addressed needs around improved training, community programs, aiding access to housing/services, fostering community, and engaging VA providers.

ACBH Pride Coalition

The ACBH Pride Coalition meeting was attended by ACBH Health Equity Division, Family Behavioral Health Care & Ethnic Services, and other CBOs like Quality Assurance Dept & Co-Chair Pride Grp., Restorative Justice for Oakland Youth, Horizon Treatment Services, Intake & Quality Assurance, Pacific Center for Human Growth, and Pathways to Wellness Clinics. Participants suggested the need to provide funds for substance use education, prevention, and treatment at all school levels. Participants voiced the need for: youth housing services, the re-design of the ACBH website for LGBTQIA information services/program, emphasis on prevention, education, additional support for Trauma, expansion and replication of the CATT program, and a physical location where clients can find resources and link to the services they need.

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Figure 1: MHSA Community Input Website

https://acmhsa.org/community-input
CPPP & 30-Day Public Comment Outreach Period: April 1, 2024 – May 20, 2024

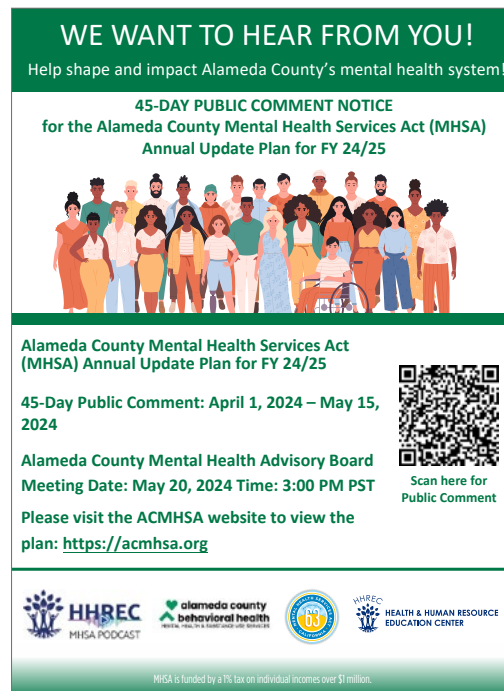## Figure 2: MHSA Community CPPP E-Flyers

(see Appendices B-2)

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Figure 2: MHSA Community CPPP E-Flyers (cont.)

(see Appendices B-2)

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Figure 3: Media Announcements

(see Appendices B-2)
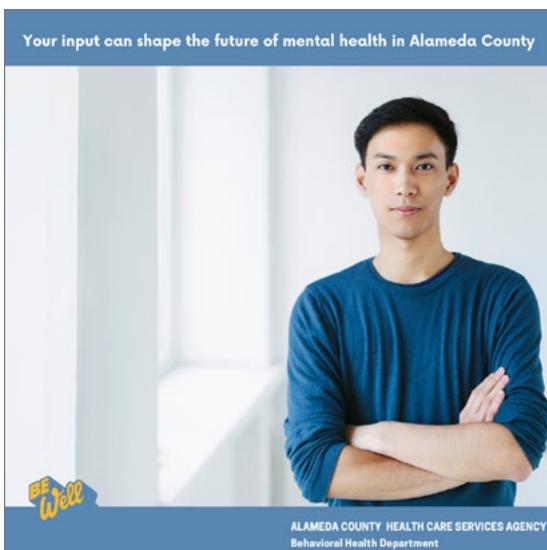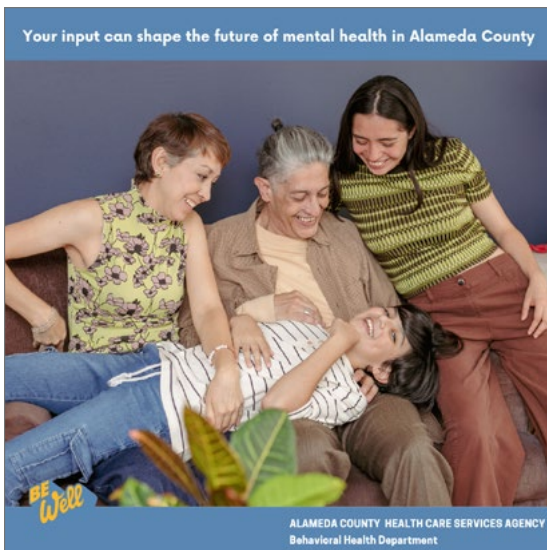
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The 18 question Community Input Survey is a tool that MHSA used to facilitate identifying key areas of interest and concerns about mental health in Alameda County. The Community Input Survey is a robust and important part of the Community Planning Process for the MHSA Update FY24/25. The survey was available on the www.acbhcs.org website and in paper format from October 28, 2023 – December 31, 2023. In previous years, participants have had an impact by contributing recommendations that have led to new MHSA funded programs, such as the CATT (Community Assessment Transport Team), the Supported Community Housing Land Trust, new programming for early childhood, new programming for the LGBTQI community, and capacity building grants for ACBH contracted CBOs, etc. The survey was available in English, Spanish, and Chinese. To create the survey questions the MHSA team partnered with ACBH stakeholders and community stakeholders. The survey questions focused on gathering community feedback on program effectiveness, cultural competence, consumer satisfaction and recommendations for service improvement. One section of the community input survey allowed participants to rank the 11 categorized community needs in order of importance and provide strategies and solutions. Below are the top ranked community needs and their most common identified strategies and solutions:

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Rank #1	**Strategies and Solutions**

Access, Coordination and Navigation to Services

The mental health system continues to face complex and multi-faceted challenges that often affect access, coordination, and navigation of services. Survey respondents identified potential strategies and solutions to improve our current system.

- Develop clear and transparent referral processes to ensure individuals are directed to the most appropriate services.
- Centralized care coordination teams: Establish dedicated teams to navigate patients through the system, coordinate appointments, and advocate for their needs.
- Continue to increase outreach and awareness of mental health services in the community.
- Increase the number of programs and resources available that accept insurances like Medi-Cal and Medicare and can offer mental health services.
- Address language barriers to ensure that services can be provided directly to non-English speaking residents.

Participants reflected these concerns in the free response portion of the survey and shared the following:

- "Access is important for individuals seeking help, especially to those historically marginalized communities who may need a nudge to trust services in the community. There should be constant outreach to let them know what's available and the power of accepting assistance with mental/ behavioral health needs."

- "People should prioritize the most vulnerable in our society who go through these things because they are also the least well-equipped to deal with a challenge like a mental health crisis. Getting the word out about conditions that can happen to people in their formative years is very important, so there are fewer sad situations out there."

- "Just having access and guidance to navigate the hurdles for services and programs can be overwhelming and providing clear and open access would help many seeking help."

- "Community health navigators are vastly important, along with health promoters that are representative of folks' backgrounds, to do outreach, educate about resources, and support with referrals into the system as otherwise many folks are unable to access the programs that do exist."

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Rank #2	**Strategies and Solutions**

Housing Continuum

Housing continues to be at the forefront of addressing the needs of residents overall, but especially those experiencing or at risk of mental health issues. Providers and residents, alike, can see the direct connection between meeting this basic need and the ability to access, receive and maintain mental health services in the county. Survey respondents identified potential strategies and solutions to improve access to housing.

- Provide more funding allotted to provide no-cost housing for the unhoused with mental health issues and expand housing subsidies to support very low-income individuals.
- Support programs to identify those with risk of becoming unhoused and providing mental health services prior to homelessness.
- Collaborate with city and other public entities to negotiate the use of vacant land for housing.
- Form safe housing communities with specific supports, resources and services to meet the need of unhoused residents with mental health issues.
- All housing efforts should include supportive service systems that keep people housed.

Participants reflected these concerns in the free response portion of the survey and shared the following:

- "By addressing housing first, other important needs can be addressed more quickly and effectively."

- "There is too much attention being paid to 'affordable housing'; people who are homeless are so far away from being able to afford affordable housing as they do not have nearly enough income."

- Providing dignified housing is healing and allows a person to think of other needs if their shelter, hygiene and food needs are met. When temporary housing leads to subsidized permanent housing with services [this] could end homelessness for that individual.

- "There needs to be 'housing villages' established with simple, safe living quarters, full support staff educated in severe mental illness challenges, structured activities on site, housekeeping, volunteer force that would accompany people on appts and help keep them organized, and in good health. Partner with institutions to intern social workers, even horticultural and architectural planning students for developing functioning social space. Structured environments with full blown calendar of work-based day programs. Provide "serenity rooms" and yoga, art therapy to help people feel stimulated and useful.

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Rank #3

Strategies and Solutions

Crisis Continuum

There is a need for immediate support for crisis intervention and an improvement in the delivery of crisis services. As the county becomes more familiar with the needs of residents that require crisis mental health services, there is a drive to increase crisis intervention services and to create a more intentional and comprehensive crisis continuum that responds to immediate needs but also addresses the long-term well-being of individuals experiencing a crisis. Survey respondents identified potential strategies and solutions to improve services to residents experiencing a mental health crisis.

- Prioritize community driven crisis mental health services that can reach residents faster and partner with law enforcement, only if necessary.

- Expand after-hour and weekend crisis mental health services, such as 24/7 hotlines or mobile programs with trained providers that can provide immediate assistance.

- Provide crisis stabilization beds for anyone who does not meet 5150 criteria but is still in crisis and requires immediate care.

- Crisis mental health workers need to be able to case manage and coordinate linkages to follow-up care.

Participants reflected these concerns in the free response portion of the survey. Selected quotes are below:

- "Addressing people in crisis is very important. Key to this is to have a non-police response. Keeping people out of jail and treating them in the community is very important."

- "[We need] volunteers to take on crisis hotlines to have people readily available for those in need of assistance. Also provide them with sufficient training to prepare for any arising issues."

- "[We need to] Invest in specialized mobile crisis teams composed of mental health professionals, peer support workers, and crisis counselors who can respond to crisis situations directly in the community.

- "Establishing Mobile Crisis Outreach Teams in every region, consisting of specially trained mental health specialists partnered with plain-clothes law enforcement and/or EMTs without lethal weapons. The goal is balancing compassionate care with safety by having the right responders available 24/7 to meet mental health crises where and when they arise."

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Rank #4	Strategies and Solutions

Behavioral Health Workforce

Addressing workforce challenges in mental health services continues to be of critical importance. While other areas of need were ranked higher, this area was tied and connected to all other areas of need presented to ensure the efforts to improve mental health delivery are successful and sustainable. Survey respondents identified potential strategies and solutions to create a stronger more stable behavioral health workforce.

- Increase overall pay scales for the mental health workforce to reflect the cost of living in their service area. Salaries should be competitive and sufficient to attract strong candidates and retain staff.

- Consider different types of providers beyond clinical degrees and equate value and compensation for lived experience held by staff.

- Explore alternative provision of services, such as telehealth, mobile visits, home visits, and more.

- Increase opportunities for community residents and youth to receive certifications in non-emergency/crisis response, community safety, care navigation and referral linkages.

- Collaborate with local schools to develop employment pipelines via volunteer opportunities, internships and other educational programs that can create a path to mental health careers.

- Develop more standardized, extensive, and continued training that is accessible to providers.

Participants reflected these concerns in the free response portion of the survey. Selected quotes are below:

- "Mental Health positions need to be plentiful and pay a sustainable wage. No one should be making under 80k to hold these jobs. If there is not adequate staffing, who are properly trained and well paid, it will make everything else fall through."

- "Better paying jobs and ongoing support for folks entering the workforce that may not have all the work/professional skills and may also have mental health challenges. Ongoing mentoring for folks at the workplace that may also involve on-site therapy or mentoring check-ins."

- "Support career pathways for wellness and health in schools from high school, college, post-graduate degrees. Give school incentives for people to enter these fields and give peer mentoring counseling experiences."

- "This is the most important area because without a competent and effective workforce of compassionate, culturally educated people, we cannot accomplish any behavioral health goals. I feel like training more older adults in this area and offering peers specialist training in residential/housing developments will expand the workforce exponentially and allow older adults to grow in this field, ultimately contributing to their own well-being and lessening the effects of elder abuse and dis-ease."

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Most survey respondents were made up of adults aged 26-59 (67%), older adults aged 60 and over (23%) and transitional age youth ages 16-25 (3%), while 71% identified as woman/female, 18% identified as man/male, and 4% identified as transgender, gender queer/gender fluid or non-binary. See Figure 1 & 2.

Figure 1: Participant's Age Groups (n=611)

Age 26-59 – 408; 60 and over – 142; 28; Age 16-25 – 21; Prefer not to answer – 9; Under 16 – 3
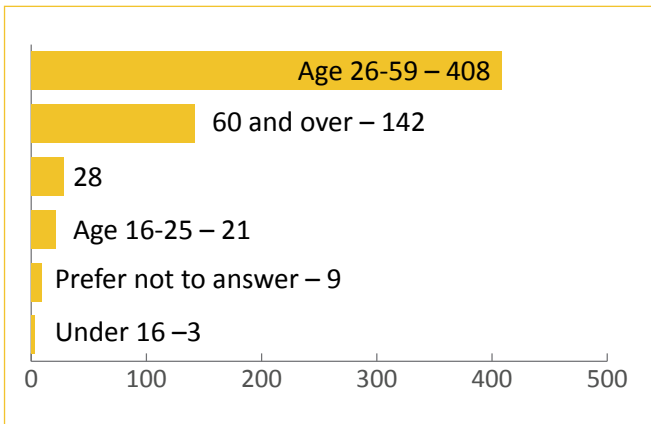
Figure 2: Participant's Gender Identity (n=611)

Woman/Female – 434; Man/Male – 111; (Blank) – 23; Prefer not to answer – 19; Non-binary – 9; Other Gender – 7; Other Genderqueer – 5; Transgender: Female – 1; Transgender: Male – 1; Two-Spirit – 1
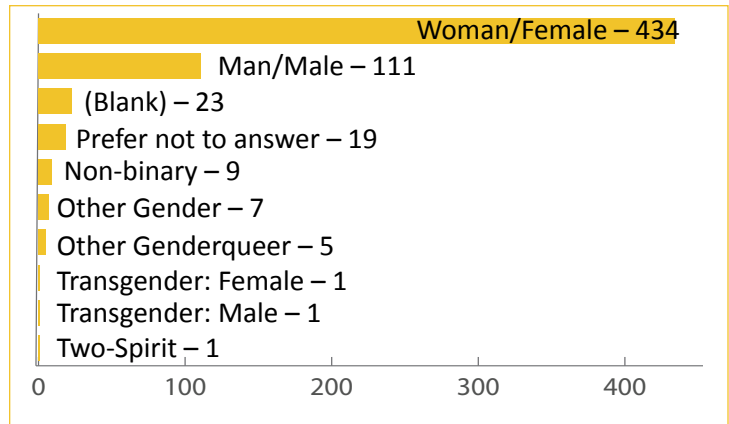
Survey participants were asked to optionally provide information about their sexual identity. Most survey respondents (69%) identified as straight/heterosexual, (16%) identified under one of the LGBTIQA+ identities and (14%) preferred not to answer or provided a blank answer to this question. See Figure 3.

Figure 3: Participant's Sexual Identity (n=611)

Straight/heterosexual 423; Prefer not to answer 54; (Blank) 34; Gay/Lesbian 32; Bisexual 29; Pansexual 22; Other 13; Asexual 2; Same gender loving 2
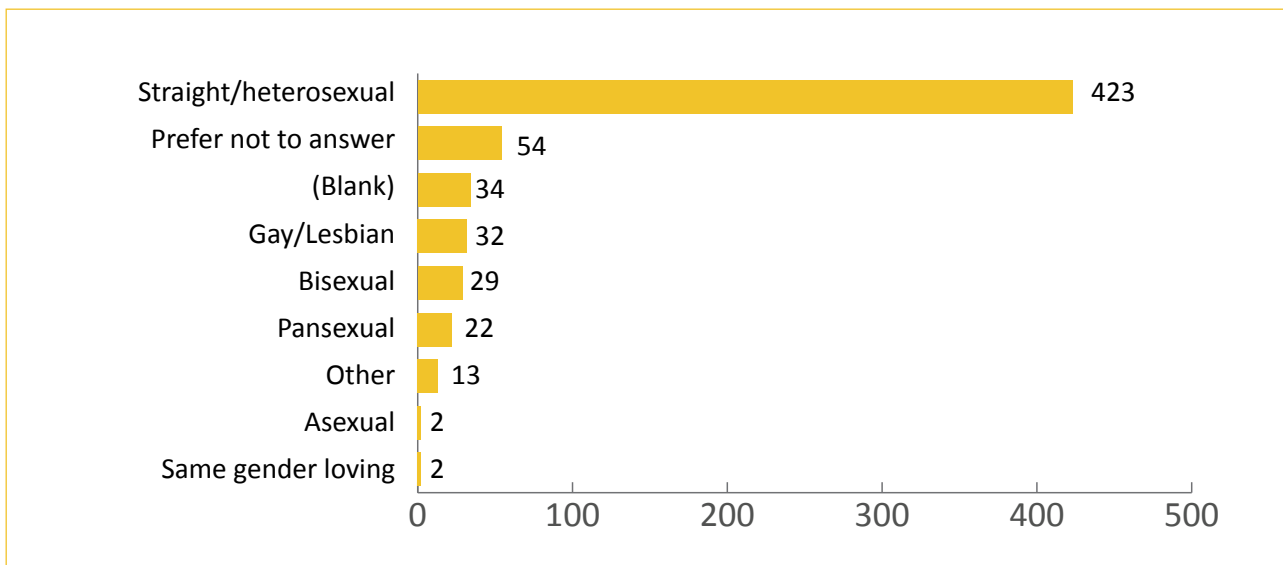
Outreach covered multiple cities within Alameda County. 38% of survey respondents reported Oakland as their city of resident residence, while 13% of respondents stated living outside of Alameda County. Other participant residence locations included Alameda (10%), San Leandro, Fremont, Hayward and Berkeley (each representing 6% of responses respectively). See Figure 4.

Figure 4: Participant's City of Residence (n=611)
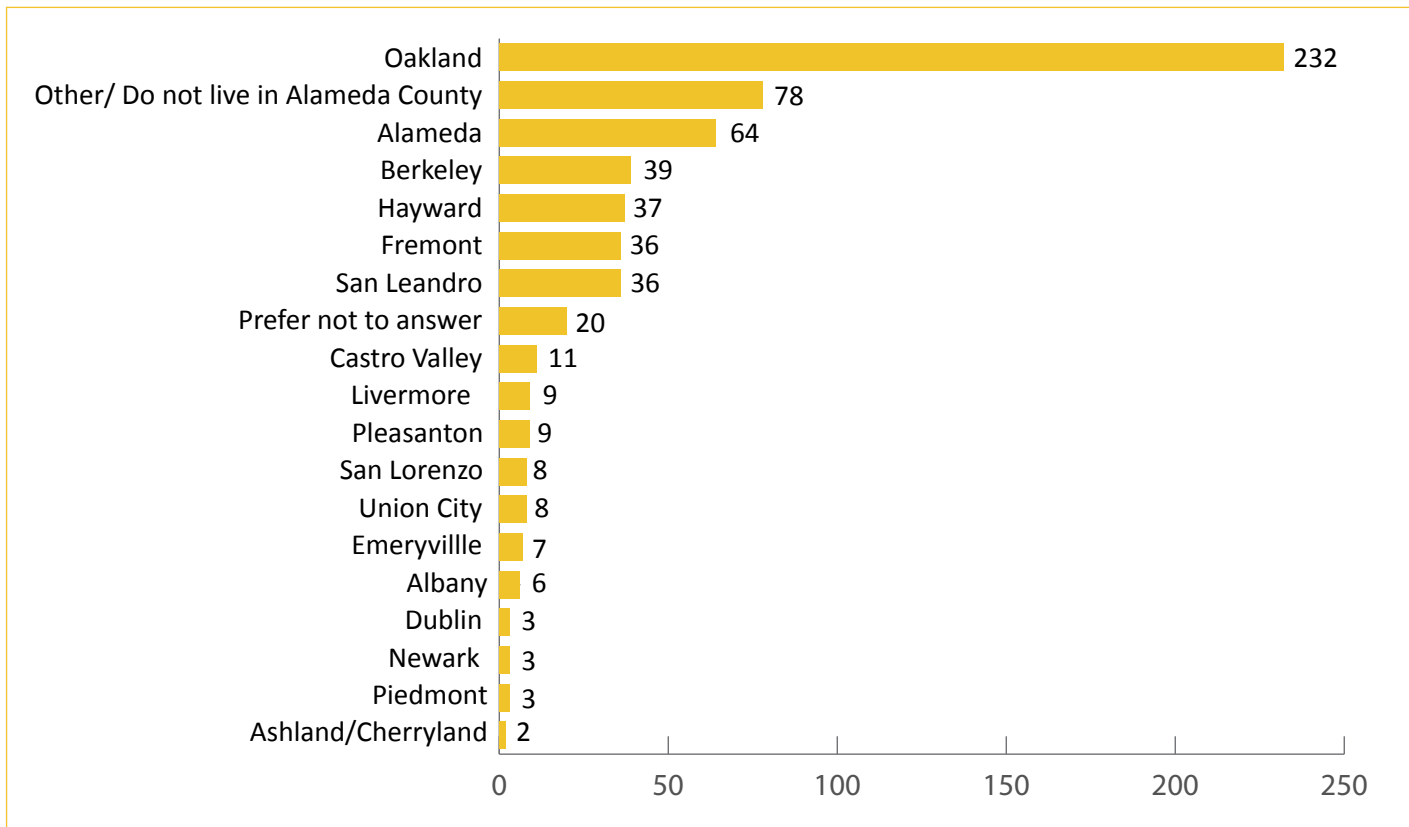
Survey respondents were asked to specify their race and the most frequently chosen racial identification was White/Caucasian (36%), followed by Asian/Pacific Islander or Native Hawaiian (18%), African American/Black (14%), and American Indian/Alaskan Native (6%). While 10% of respondents selected 'other race,' 23% of respondents opted not to answer this question. See Figure 5.

Figure 5: Race (n=611)

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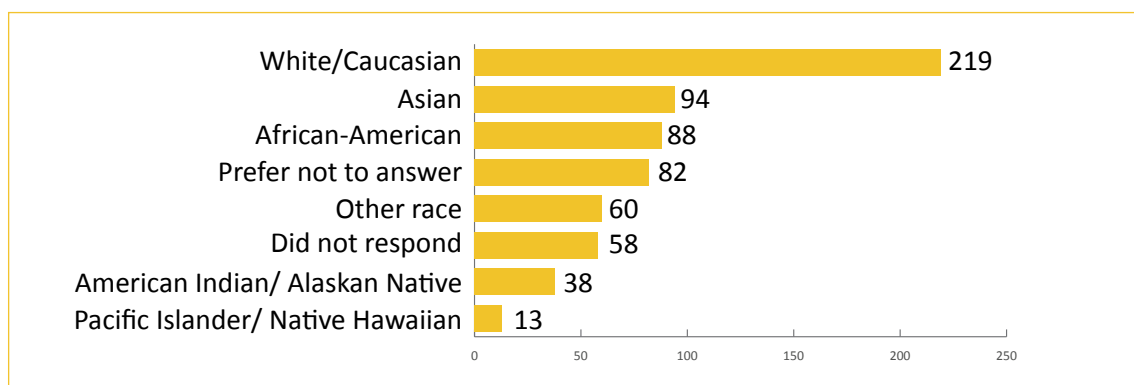
Regarding ethnicity, the survey found that 58% of respondents identified as Non-Hispanic/Latinx, while 27% identified as being Hispanic/Latinx. See Figure 6.

Figure 6: Ethnicity (n =611)
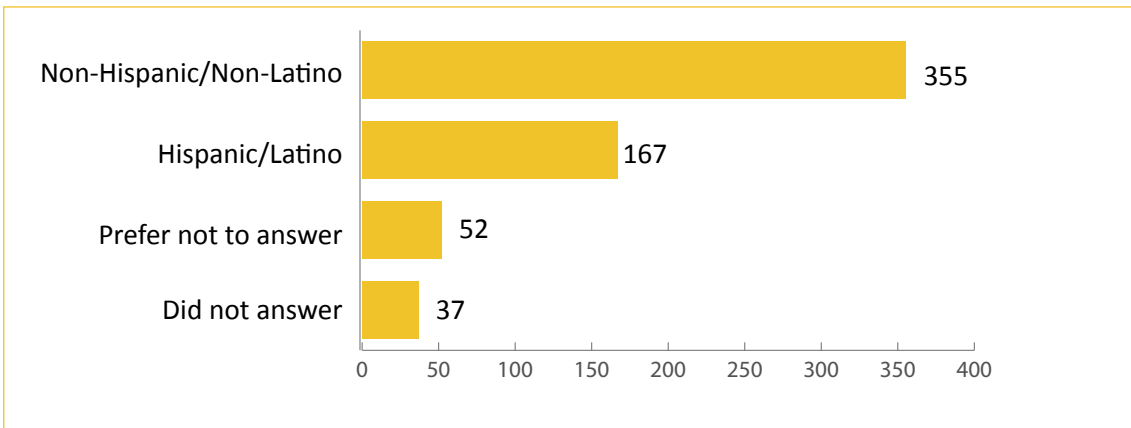
Out of the 103 participants who selected an Asian or Pacific Islander nationality or country of origin, the top specified groups included Chinese (43%), followed by Filipino/a (17%) and Taiwanese (7%). Refer to Figure 7.

Figure 7: Asian or Pacific Islander Participant's Nationality or Country of Origin (n=103)
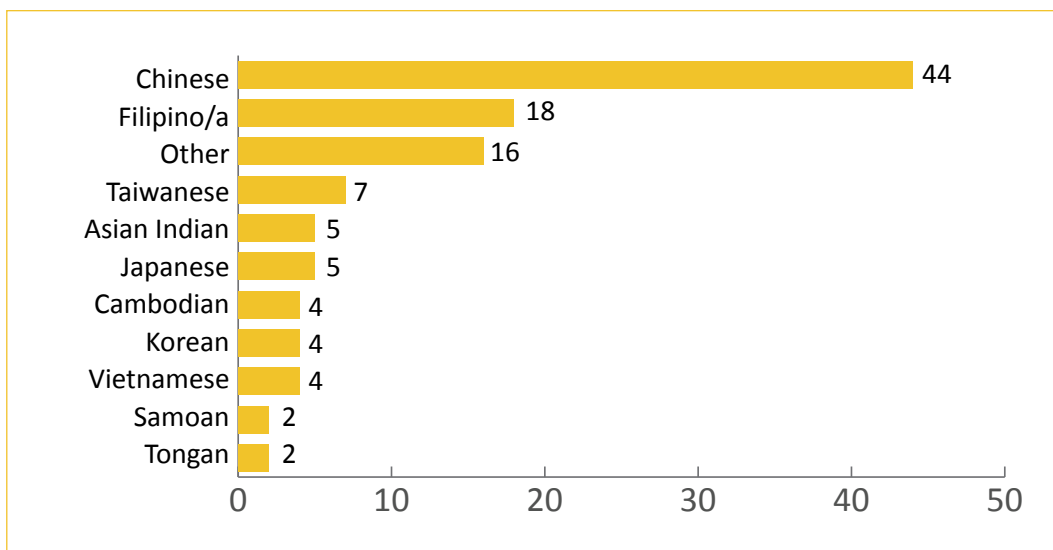
Participants were asked what stakeholder group they represented and most identified as a community member (36%), family member (31%), followed by provider of mental health or substance use disorder programming (27%). See Figure 8.

Figure 8: Participant's Stakeholder Group (n=611)

Stakeholder Group	Count
Community member	221
Family member	190
Provider of mental health or substance use	166
Consumer	129
Education	129
Other	45
Faith Community	42
Student	39
Prefer not to answer	36
Active military/Veteran	7
Law enforcement agency	6
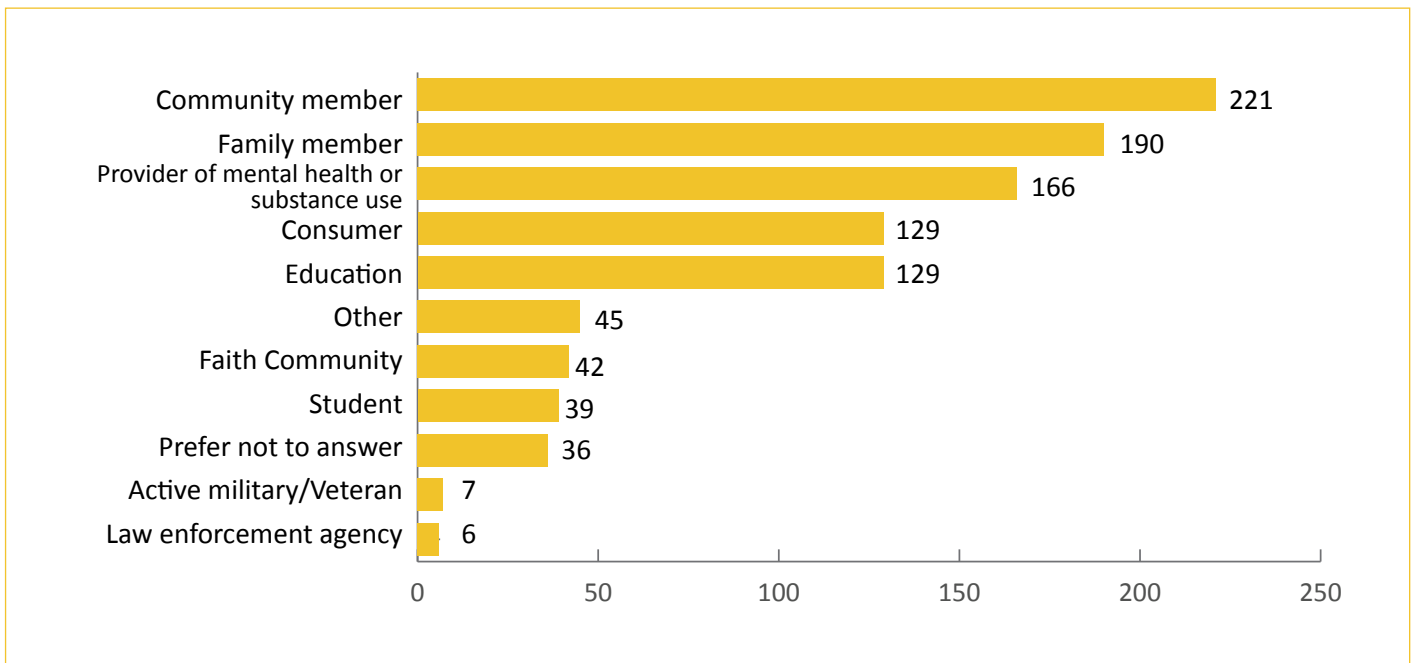
Figure 9: Areas of Need Ranking: Greatest to Least (n=611)

Area of Need	Rank
Access, coordination, and navigation to services	1
Housing Continuum	2
Crisis Continuum	3
Behavioral Health Workforce	4
Child/youth/young adult needs	5
Community violence and trauma	6
Substance use	7
Adult/older adult needs	8
Needs of family members	9
Needs of the re-entry community	10
Needs of Veterans	11

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Feedback Integration

Alameda County Behavioral Health Care Services Department (ACBH) and the MHSA team encourages feedback from people with lived experience, Alameda County residents, service providers, ACBH staff, and other community stakeholders. After obtaining feedback the MHSA team analyzes the community's needs and requests to determine how to direct available funding. We welcome the community participation and encourage community feedback!

The final opportunity for the public to comment on the MHSA FY24/25 Update is the public comment period. The county evaluates public comment presented during the 45-day Public Comment period from April 1, 2024 – May 15, 2024. The Mental Health Advisory Board (MHAB) public hearing review date is May 20,2024 at 3pm. The MHSA team reviews the public comment and makes recommendations to leadership. Then the ACBH Director makes final decisions on program partnerships and program funding allocation, as funding is available. The diagram below shows the process we use to integrate feedback into decisions.

DEFINE
- Gather data and insights from sources
- CPPP and Public Comment
- Input from MHSA SG
- Direct feedback from HCSA and ACBH leadership
- Alignment with MHSA vision
- Program structure and service delivery feedback

MEASURE
- Develop methods to gather feedback
- Feedback analysis - determine the amount, the relevance and usefulness

ANALYZE
- Generalize feedback into categories (11 categorized areas of community need)
- Identify trends and patterns by - examining feedback

IMPROVE
- Actionable insights from data
- Coordinate feedback and insights to modify and improve MHSA programs
- Create Recommendations based on feedback to improve program goals and services

MONITOR
- Incorporate feedback insights to improve MHSA programs
- Throughout the year follow a systematic monitoring system
- Program assessment - analyze the impact of the feedback on MHSA programs and make changes for improvement

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MENTAL HEALTH SERVICES ACT (MHSA)
STAKEHOLDER GROUP MEETING CALENDAR, 2023

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

DATE	TIME	LOCATION	MEETING THEMES
January 27, 2023	2:00-4:00pm	Go To Meeting	• Presentation: El Timpano • Three-Year Plan Update • Calendar Brainstorm
March 24, 2023	2:00-4:00pm	GoToMeeting	• Review MHSA-SG Applications • Presentation: African American hub • CPPP/INN recommendation
April 28, 2023	1:00-3:00pm	Go To Meeting	• Program Spotlights: Pilot API mental health program
June 23, 2023	1:00-3:00pm	Teams	• Presentation: Primary Care Integration Programs.
August 25, 2023	1:00-3:00pm	Zoom	• Presentation: SB 326 Modernization
October 27, 2023	1:00-3:00pm	Zoom	• Presentation: MHSA CPPP Planning Committee Update • MHSA Listening Sessions schedules & locations • New MHSA Senior Planner, Mr. Noah Gallo • Calendar/Next meeting: December 15th 1-3pm
December 15, 2023	1:00-3:00pm	Zoom	• MHSA CPPP Planning Committee Update • MHSA Listening Sessions schedules & locations • Survey Outreach

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alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Mental Health Services Act (MHSA)
Alameda County Behavioral Health

MENTAL HEALTH SERVICES ACT (MHSA)
CPPP PLANNING COMMITTEE MEETING CALENDAR, 2023

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

DATE	TIME	LOCATION	MEETING THEMES
September 20, 2023 (Wednesday)	2:00-3:15pm	Zoom	• MHSA CPPP Overview • CPPP Committee Members Tasks ○ Outreach Plan ○ Listening Session Discussion ○ Data Deep Dive
October 4, 2023 (Wednesday)	2:00-3:15pm	Zoom	• Review Draft of Areas of Needs List • Test the Listening Session Polls • Listening Sessions – In the Works (7) ○ AA Family Outreach Project ○ 2 Casa Ubuntu WC (In-Person – ○ English & Spanish) ○ Veteran Court Hybrid (In-Person & Virtual) ○ Scheduling for Asian Health Services. & Fremont Family Resource Center • Survey Development ○ Survey will mirror the Listening Session Questions ○ Survey Distribution Discussion ○ Distribution Assistance
October 19, 2023 (Thursday)	2:00-3:15pm	Zoom	• Completed Areas of Needs List • Listening Sessions – Updates and In the Works (12) ○ AA Family Outreach Project

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DATE	TIME	LOCATION	MEETING THEMES
			o 2 Casa Ubuntu WC (English & Spanish, both In-Person) o Veteran Court Hybrid (In-Person & Virtual) o MHSA Stakeholder Grp. (Virtual) o Swords to Plowshares (Virtual) o FERC (Virtual) o ACBH Cultural Responsiveness Committee (Virtual) o Planning for 2 with Asian Health Services (In-Person) o Planning with MHAAC Chinese Communities (In-Person) • Survey Development o Survey translations processing o Survey Flyer for Outreach almost complete o Advice on Survey Distribution o Survey Distribution Assistance • Summary of CPPP Demographic from last year • Bike Rack (data or other request for ACBH to complete) o Children's Data
November 1, 2023 (Wednesday)	2:00-3:15pm	Zoom	• Listening Sessions – Updates and In the Works (13) o AA Family Outreach Project completed o 2 Casa Ubuntu Wellness Center (English and Spanish) – completed o Veterans Court hybrid in person/virtual – completed o MHSA Stakeholder Group virtual 12/15/23 o Swords to Plowshares 11/2/23 (In-Person) o Family Educa on Resource Center (FERC) Fremont 11/3/23 (Virtual)

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DATE	TIME	LOCATION	MEETING THEMES
			o ACBH Cultural Responsiveness Committee 11/21/23 (Virtual) o Planning with Asian Health Services (In-Person) o Planning with MHA Chinese Communities (In-Person) o Key Informant Interviews, planning process o Multiple other sessions in process based on feedback • Listening Session with CPPP Planning Committee Members • Bike Rack (data or other request for ACBH to complete) o Children's Data

November 29, 2023 (Wednesday)	2:00-3:15pm	Zoom	• Listening Sessions
			  o Supportive Housing Community Land Alliance 11/29/23
			  o Asian Health Services TAY Group 11/29/23
			  o City of Alameda 11/30/23
			  o FERC-English 11/30/23
			  o City of Fremont 12/1/23
			  o POCS 12/1/23
			  o First 5 Alameda County 12/4/23
			  o Alameda County Fatherhood Support Group 12/4/2023
			  o ACBH Pride Coalition 12/6/23
			  o La Familia 12/5/23
			  o PEERS Tay Group 12/6/23
			  o Jay Mahler 12/7/23
			  o LGBTQ Center 12/7/23
			  o Bay Area Community Services 12/8/23

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DATE	TIME	LOCATION	MEETING THEMES
			o Trauma Recovery Partners 12/8/23

December 13, 2023 (Wednesday)	2:00-3:15pm	Zoom	• Discuss CPPP outreach strategies.
			   o Review of previous efforts
			   o Plan ahead
			   o Update Marketing plan
			   o Discuss event outreach
			• Review Listening Session Data
			• Listening Sessions
			   o MHSA Stakeholder Group 12/15/23
			   o FERC Spanish 12/18/23
			   o CARES Alameda 12/21/23
			   o Alameda/Contra Costa Medical Association 1/4/24
			   o PEI and UELP 1/10/24
			   o PEERS 1/16/24

January 17, 2024 (Wednesday)	2:00pm-3:15pm	Zoom	• Summary of our CPPP activities • Preliminary look at the data results.

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Outreach & Marketing Plan:

Alameda County MHSA Community Input & Public Comment

Alameda County MHSA Senior Planner Noah Gallo
Oakland Fruitvale Posada – 12/16/23

Empowering Communities, Improving Mental Health Together

Stakeholders   Providers   Community

Alameda County MHSA Annual Plan Update FY2024-2025

Brainstorm → Engage Stakeholders → Create Plan → Execute → Collect Data → Analyze Data → Draw Conclusions

	Target	Cohesive Internal & External Stakeholder Agreement on Outreach	Results
☑	10/28/23	MHSA CPPP Outreach & Marketing strategy including outreach, goals, strategies, metrics, & outcomes.	1. Stakeholder meetings 2. Listening Sessions 3. Key Informative Interviews 4. Community Input Survey 5. Demographics Survey 6. Marketing Material 7. Metrics to track outcomes
☑	1. 1/27/23-12/15/23 2. 9/20/23-1/17/24	Develop committees and meetings to encourage stakeholder collaboration.	1. Stakeholder Group Meetings (7 held) 2. Community Program Planning Process Meetings (8 held)
☑	10/2/23-1/16/24	The MHSA strategically engaged a variety of demographics throughout Alameda County to ensure that our community feedback was diverse and inclusive.	1. Target diverse communities to ensure inclusion. 2. Utilized flyers that appeal to different demographics. 3. Community Input Survey 4. Listening Sessions that represented all groups. 5. Accessible channels to provide feedback. 6. Multilingual MHSA Staff
☑	11/16/23-12/31/23	Create a multilingual Community Input Survey in English, Spanish, Chinese.	1. Survey created by MHSA team. 2. The survey was distributed in digital and paper formats to community groups,

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	Target		Results
			leaders, nonprofits, clinics, street outreach, and Alameda County staff.
			3. The survey was promoted on the ACMHSA website and on social media.
			4. Survey provides respondents to provide direct feedback to MHSA team.
☑	10/28/23-12/31/23	Community groups identified to participate in the Community Planning Process.	1. 340 organizations contacted. 2. Based on strategic geographic location in the county. 3. Based on the population they serve.
☑	11/27/23	ACMHSA.org website enhancement.	1. Community can access information & provide feedback about MHSA programs in Alameda County 2. ACMHSA Website hosts flyers, surveys, MHSA fact sheets, press/media tool kit & program information. 3. New Community Input page, INN idea form, and Pop-up message live 11/27/23

Brainstorm → Engage Stakeholders → Create Plan → **Execute** → Collect Data → Analyze Data → Draw Conculsions

	Target	Promote awareness to Alameda County Residents	Results
☑	10/28/23-12/31/23	Community groups engaged to participate in the Community Planning Process.	1. 340 organizations contacted. 2. Based on strategic geographic location in the county. 3. Based on the population they serve.

☑	10/28/23-12/31/23	Community outreach through various media channels:
		 1. Newspapers
		 2. E-Newsletters
		 3. Text Messages
		 4. Event outreach
			Community outreach through various media channels:
			 1. Newspapers
			   a. Bay Area News Group – 59,527 subscribers
			   b. East Bay Express – 15,000 subscribers
			 2. E-Newsletters
			   a. PEERS – 2,500 subscribers
			   b. Crisis Support Services – 7,000 subscribers.
			   c. Asian Health Services – 483 external subscribers, 584 intra email,
			   d. HHREC – 548 subscribers
			   e. ACMHSA – 2,541 subscribers
			   f. African American Family Outreach Project- 500 subscribers
			   g. OCCS Vets – 15 subscribers
			   h. Swords to Plow Shares – 63 subscribers
			   i. Alameda-Contra Costa Medical Assosciation – 5,500 subscribers
			   j. First 5 Alameda County – 1,000 subscribers

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			3. Text Messages
			    a. El Timpano – 1,761 subscribers
			4. Event outreach
			    a. Dewey Academy – 100 students
			    b. Life learning Academy – 42 students
			    c. HHREC Christmas events – 108 participants
			    d. Fruitvale Posada event – 60 surveys

☑	10/28/23-12/31/23	Social Media Engagement:
		1. HCSA
		2. Providers
		3. LinkedIn posts
			Social Media Engagement:
			1. Paid Advertisement
			    a. Facebook, Instagram –
			        i. 150,669 reach
			        ii. 615,038 impressions
			        iii. CPC $1.35
			2. HCSA
			    a. HCSA Facebook – 5,500 followers
			    b. HCSA Instagram – 1,145 followers
			    c. HCSA Twitter – 8,500 followers
			3. Providers
			    a. First 5 Alameda County – 1,600 followers
			    b. Family Education Resource Center – 3,400 followers
			4. LinkedIn posts
			    a. City of Oakland – 17,000 followers
			    b. East Bay Economic Development Alliance – 2,000 followers

☑	10/28/23-12/31/23	1. Alameda County Internal Efforts
		2. Library Participation
			1. Alameda County Staff
			    a. Board of Supervisors
			        i. Newsletter – 62,283
			        ii. Facebook - 65
			        iii. Instagram - 468
			        iv. Twitter - 116
			        v. WeChat - 500
			    b. HCSA Newsletter – 10,000 subscribers
			    c. ACBH System of Care Directors – 251 subscribers
			    d. Office of Equity – 78 subscribers
			    e. Prevention & Early Intervention – 140 subscribers
			    f. MHSA Stakeholders – 20 subscribers
			    g. Consumer Family Workgroup – 31 subscribers
			    h. Intranet – 693-2,000 subscribers
			2. Library Participation
			    a. Alameda County Library
			    b. City of Fremont Library Community
			    c. City of Dublin Library Community

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Brainstorm › Engage Stakeholders › Create Plan › Execute › **Collect Data** › **Analyze Data** › Draw Conclusions
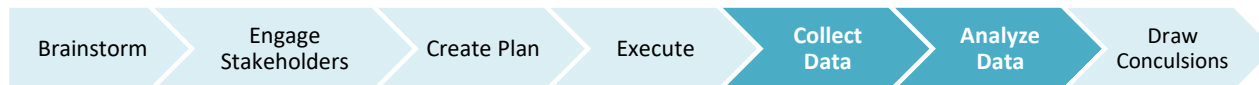
	Target	Outreach to encourage historically underserved and unserved communities to participate in MHSA funded activities	Results

☑	10/2/23-1/16/24	Conduct Listening Sessions & Key Informative Interviews in different regions in Alameda County. Develop materials, questionnaire, create list of 11 categorized areas of community need, craft culturally appropriate standardized dialogue. Educate providers on MHSA changes, programs, and updates. Encourage providers to facilitate information to their consumers and families.	1. 23 Listening Sessions
			  a. Community groups
			  b. Consumer groups
			  c. Senior groups
			  d. TAY groups
			  e. Multilingual groups
			2. 13 Key Informative Interviews
			  a. City leadership
			  b. Agency leadership
			  c. Provider leadership
			3. MHSA team analyzed and standardized community response into a reviewable framework.
			  a. Community Input Survey data
			  b. Listening Session and KII data

☑	10/2/23-1/16/24	The MHSA team conducted email marketing, social media marketing, event outreach; street outreach and provided printed flyers to encourage community input. Surveys were distributed to stakeholders in a paper format to ensure we were targeting communities that did not have access to the internet & digital devices.	1. Email marketing 2. Social Media marketing 3. Event outreach 4. Street outreach 5. Community Input Surveys 6. MHSA Flyers

Brainstorm › Engage Stakeholders › Create Plan › Execute › Collect Data › Analyze Data › **Draw Conclusions**
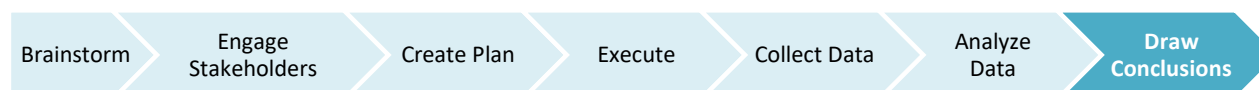
	Target	Educate community on the results of the CPPP MHSA Funded activities	Results
☑	1/16/24-2/1/24	MHSA team reviewed collected data and made recommendations on how to solve community needs.	1. MHSA team analyzed and standardized community response into a reviewable framework. 2. Shared with Agency Leadership. 3. Located in MHSA Plan Update.
☑	10/2/23-1/16/24	Update MHSA materials with new community input data.	1. Update MHSA Presentations 2. Update ACMHSA Website 3. Program fund distributions.

Outreach Plan for Public Comment
MHSA FY24/25 Annual Update Plan

Brainstorm › Create Plan › Engage Stakeholders › Execute › Collect Data › Analyze Comments › Draw Conclusions

	Target	Outreach to obtain Public Comment on the MHSA FY24/25 Annual Plan	Results
☑	3/1/24-3/29/24	Create Public Comment Outreach Materials.	1. Create Online Survey 2. Create Flyer 3. Create Video explaining plan – recorded 3/15/24
☑	4/1/24-5/15/24	Engage community and local partners to encourage feedback and critique of the MHSA FY24/25 Annual Plan.	1. Outreach to local providers/agencies 2. Outreach to MHSA SG 3. Post on ACMHSA website. 4. Community Presentations 5. Newspapers Ads 6. Email distribution campaigns. 7. HCSA Social Media postings.
☑	5/15/24	Incorporate Public Comment recommendations into MHSA FY24/25 Annual Plan.	1. Analysis of public recommendations. 2. Implementation of public recommendations.
☑	5/20/24	Public Hearing at Mental Health Advisory Board	1. Present MHSA FY24/25 Annual Plan to Mental Health Advisory Board.
☑	6/24	Board of Supervisor Meeting – Health Committee	1. Discussion 2. Approval of MHSA FY24/25 Annual Plan

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

Community Program Planning Process
for the Alameda County Mental Health Services Act FY 24/25 Annual Plan Update

HHREC · alameda county behavioral health · HEALTH & HUMAN RESOURCE EDUCATION CENTER

MHSA INVITES YOU TO TAKE THE COMMUNITY INPUT SURVEY

SURVEY IS AVAILABLE IN THREE LANGUAGES
English   Spanish   Chinese
Select the language of your choice on the right side of the beginning portion of the survey

CLICK HERE TO TAKE THE SURVEY   Or scan QR Code to take the survey

For more information go to www.ACMHSA.org

期待听到您的声音!
帮助打造和影响阿拉米达县的精神健康体系!

社区计划规划流程
阿拉米达县精神健康服务法案24/25财年年度计划更新

HHREC · alameda county behavioral health · HEALTH & HUMAN RESOURCE EDUCATION CENTER

MHSA诚邀您参与社区意见调查

调查问卷共提供三种语言

英文   西班牙文   中文
在调查问卷的右上角可选择语言

点击此处参与调查   或者扫描二维码 参与调查

更多信息,请访问 www.ACMHSA.org

¡QUEREMOS SABER TU OPINIÓN!
¡Ayuda a dar forma e impactar el sistema de salud mental del condado!

Proceso de Planificación Comunitaria
para la Actualización del Plan Anual FY24/25 de la Ley de Servicios de Salud Mental del Condado de Alameda

HHREC · alameda county behavioral health · HEALTH & HUMAN RESOURCE EDUCATION CENTER

MHSA TE INVITA A PARTICIPAR EN LA ENCUESTA DE APORTES COMUNITARIOS

LA ENCUESTA ESTÁ DISPONIBLE EN TRES IDIOMAS:
inglés   español   chino

Selecciona el idioma de tu preferencia en el lado derecho de la parte inicial de la encuesta.

HAZ CLIC AQUÍ PARA REALIZAR LA ENCUESTA   O escanea el código QR para participar en la encuesta

Para más información, visita www.ACMHSA.org

Your input can shape the future of mental health in Alameda County

BE Well

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
Behavioral Health Department

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

45-DAY PUBLIC COMMENT NOTICE
for the Alameda County Mental Health Services Act (MHSA)
Annual Update Plan for FY 24/25

Alameda County Mental Health Services Act (MHSA) Annual Update Plan for FY 24/25

45-Day Public Comment: April 1, 2024 – May 15, 2024

Alameda County Mental Health Advisory Board Meeting Date: May 20, 2024 Time: 3:00 PM PST

Please visit the ACMHSA website to view the plan: https://acmhsa.org

Scan here for Public Comment

HHREC · alameda county behavioral health · HEALTH & HUMAN RESOURCE EDUCATION CENTER

¡Queremos escuchar tus opiniones!
Ayuda a dar forma e impactar el sistema de salud mental del condado de Alameda.

Aviso de comentario público de 45 días para la ley de Servicios de Salud Mental del Condado de Alameda (MHSA) Plan del Programa para el año fiscal FY 24/25

Servicios de Salud Mental del Condado de Alameda (MHSA). Plan del Programa para el año fiscal FY 24/25.

Comentario público del: 1 Abril, 2024 – 15 Mayo, 2024

Fecha de la junta del Comité Asesor de Salud Mental del Condado de Alameda: 20 Mayo, 2024, tiempo: 3:00 PM PST

Visite el sitio web de ACMHSA para ver el plan: https://acmhsa.org

Escanee el código QR para obtener comentarios públicos

HHREC · alameda county behavioral health · HEALTH & HUMAN RESOURCE EDUCATION CENTER

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WE WANT TO HEAR FROM YOU!

Help shape and impact Alameda County's mental health system!

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Scan here for Public Comment

HHREC MHSA PODCAST

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

MENTAL HEALTH SERVICES ACT 63 CALIFORNIA

HHREC HEALTH & HUMAN RESOURCE EDUCATION CENTER

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期待听到您的想法！

协助打造和完善阿拉米达县心理健康系统！

为期45天的公众意见征集通知

阿拉米达县心理健康服务法案（MHSA）
2024/2025财年年度更新计划

阿拉米达县心理健康服务法案（MHSA）
2024/2025财年年度更新计划

为期45天的公众意见征集期：2024年4月1日——
2024年5月15日

阿拉米达县心理健康咨询委员会

会议日期：2024年5月20日；时间：下午3:00（PST）

欲查阅本计划，请访问ACMHSA网站：

https://acmhsa.org

请扫描二维码
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Mental Health Services Act Community Education & Input Meeting

MHSA Annual Update for FY 24/25

Presented by: Alameda County Behavioral Health – MHSA Division and Health & Human Resource & Education Center (HHREC)

MHSA Listening Session Agenda

Listening Session Purpose: Education and Information sharing about MHSA, Stakeholder Engagement and Information Gathering

Meeting Process for Today:

- Why we are here
- Looking at the many known behavioral health needs
- Wanting to identify/rank problems or areas of need and then focus on *solutions*
- Conducting a ranking process
- Talking about the top 3 areas
- Time for any other comments and feedback
- Demographic Survey
- Wrap Up

2

Community Agreements

- *Keep your mic on mute unless talking*
- *Use the chat box 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 participate*

Alameda County Behavioral Health Care Services

3

Mental Health Services Act (MHSA) Component Areas

- 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
- Here are the 5 Service Categories:

| Community Services & Supports (CSS) 76% of funding | Prevention & Early Intervention (PEI) 19% of funding | Innovation (INN) 5% of funding | Workforce Education & Training (WET) | Capital Facilities/ Technological Needs (CFTN) |

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MHSA Goals & Values

- Improve quality of life
- Effective services
- Outreach & Family involvement
- Increase access
- Reduce inequities

Transformation of the mental health system

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.

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Community Program Planning Process (CPPP)

The County shall provide for a CPPP (also known as Community Listening Sessions or Community Input) as the basis for developing the Three-Year Program and Expenditure Plans and Plan Updates*.

The CPPP shall, at a minimum, include:

- Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process.
- Participation of diverse stakeholders.
- Training/Education on MHSA.

Alameda's Community Listening sessions will conclude January 30, 2024

Title 9 CCR § 3300

7

MHSA Funding from Previous Community Input Sessions

Provider capacity building funds to address workforce crisis

Increased funding for programs that have a focus on race/ethnicity and/or culture.

New Early Childhood early intervention programming

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Listening Session

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Known Top Behavioral Health Needs in Alameda County

Access, Coordination and Navigation to Services - this category captures the **needs of diverse cultures and identities such as race/ethnicity, language, LGBTQIA+, veteran status and age** related to accessing/finding/navigating to mental health and substance use services, including community knowledge and education, language capacity and culturally responsive approaches to engaging communities. There is also a need for successful connection to services after an emergency.

Behavioral Health Workforce - this category captures the needs related to **recruiting, developing**, **supporting and maintaining a sufficient clinical and peer/family member workforce** to address the needs and the diversity of the community. This includes a workforce that looks like the community it serves and provides services in a communities languages so clients can be served in their native languages. This category also captures the **Provider Support** needs around training/core competencies burn out, high turnover and vicarious trauma.

Crisis Continuum - this category captures needs related to mental health and substance use crisis response and with an emphasis on non-law enforcement response, as well as appropriate community-based supports, early assessment of suicide risk, and stabilization during and after a crisis.

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Known Top Behavioral Health Needs in
Alameda County

Housing Continuum - this category captures the housing needs for individuals living with behavioral health challenges ranging from prevention of becoming unhoused, housing navigation, and supports needed to maintain housing. This is particularly needed for those living with disabilities and older adults, who may be facing becoming unhoused for the first time.

Substance Use - this category captures the increasing need for substance use services and supports that are *accessible, integrated and coordinated* with mental health services.

Community Violence and Trauma-this category captures gun violence, domestic violence, human trafficking, gang violence, immigration trauma, poverty, pervasive racism and homophobia, family conflict and stress, school safety and bullying, and post-traumatic stress disorder (PTSD).

Child/Youth/Young Adult Needs - this category captures mental health and substance use challenges for school to transition-age youth ages 6-25, it also includes specific needs of children 0-5 and their families, respite services, ongoing increased suicide rates, youth runaways, juvenile justice involvement, human trafficking, gang violence, lack of support on how to access services, needs of LGBTQ+, pervasive racism, needs of bi-cultural children, lack of training on the part of schools for students with MH challenges.

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Known Top Behavioral Health Needs in
Alameda County

Adult/Older Adult Needs - this category captures mental health and substance use challenges for adults and older adults including social isolation, depression, complex chronic health issues (including Alzheimer's and dementia), general poor mental health outcomes for those living with a severe mental illness, suicide rates, alternatives to incarceration, pervasive racism, LGBTQ+, immigration stress, gun violence, elder abuse, traumatic impact of social unrest-fear, in particular for Asian communities.

Needs of Family Members-this category captures the ongoing stress, frustration and isolation family members can feel in taking care of their loved ones in a healthcare system that is mainly a "fail first" system, especially for loved ones with severe mental illness and episodes of anosognosia. Numerous navigation issues, especially related to the criminal justice system. High need for 24/7 access to inpatient and outpatient psychiatry services. Suicide (and how this effects the family and entire communities) lack of understanding about Child protective Services (CPS), intergenerational trauma, and immigration trauma.

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Known Top Behavioral Health Needs in Alameda County

Needs of Veterans-this category captures the mental health and housing needs of Veterans: Oakland-Berkeley/Alameda County has the 4th highest number of homeless veterans, and second highest (78.8%) percentage of unsheltered homeless veterans in California. Veterans have a higher rate of poor mental health compared to nonveterans and women veterans have a poorer mental health compared to their male counterparts, in particular due to military sexual assault trauma. Additional needs include high suicide rates (16-18/day), stigma, lack of navigation support, lack of focused veteran groups for non-VA (veterans association) connected individuals and the aging veteran population who are older, sicker and more isolated. There is also a misunderstanding that *not all veterans are eligible for VA services.* In addition to these needs for American veterans, veterans of other countries also have significant needs around problem solving and healthy coping mechanisms.

Needs of the Re-entry Community for both Adults and Youth- this category captures the mental health, substance use, housing and employment needs of this community. Difficult to navigate uncoordinated and complicated systems to receive both behavioral and physical health services. Stigma, a high need for services to be provided by people who reflect this community and have lived experience with being justice involved. Additional needs in the areas of: focused treatment for sex offenders (housing, prosocial rehab services etc.). Lack of MH supported recovery residences, cooccurring treatment and focused job training. Needs of specific communities (LGBTQ+, immigrant, communities of color). Housing assistance and support services for those with disabilities to live independently.

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Time to Rank the Three(3) Community Need Areas you would like to talk about today

Access, Coordination and Navigation to Services

Behavioral Health Workforce

Crisis Continuum

Housing Continuum

Substance Use

Community Violence and Trauma

Child/Youth/Young Adult Needs

Adult/Older Adult Needs

Needs of Family Members

Needs of Veterans

Needs of the Re-entry Community for both Adults and Youth

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Documents used for the Assessment of Needs Areas

- MHSA Three Year Plans FY 20/23 and 23/26
- Community Program Planning Report FY 22/23
- Alameda County point in time Homeless data
- Alameda County Cultural Competency Plan
- ACBH Utilization data for Mental Health Services
- MH and SUD prevalence data FY 21/22, from the California Department of Health Care Services (DHCS)
- California Health Information Survey data
- Alameda County Health Status profile
- 2020 suicide data from the California Department of Public Health
- Healthy Alameda website
- Swords to Ploughshares Veterans data
- Various journal articles on housing, mental health, psychiatric needs

Links to all data and information used will be specified with links in the next MHSA report

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For more information email us at MHSA@acgov.org or visit us at www.ACMHSA.org

Alameda County Behavioral Health Care Services

thank you.

Please visit us at acmhsa.org

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FACILITATOR NAME/AGENCY: ACBH Pride Coalition Meeting
FOCUS GROUP DATE/TIME: 12/6/2023
# of Attendees: 13
County/MHSA: 6 – Amy Saucier, Janice Adam, Margaret Salmond, Sarina Hill, Noah Gallo,
(Abigail C. *had audio malfunction during the meeting*)

I. **Ranking of Community Needs:**

Community Need	Top Three (3) Ranking	Tally numbers
Access, Coordination and Navigation to Services	Ranking the Votes	2
Behavioral Health Workforce	3	3
Crisis Continuum	Ranking the Votes	1
Housing Continuum	Ranking the Votes	2
Substance Use	1	4
Community Violence and Trauma	Ranking the Votes	1
Child/Youth/Young Adult Needs	Ranking the Votes	1
Adult/Older Adult Needs	Ranking the Votes	
Needs of Family Members	Ranking the Votes	1
Needs of Veterans	Ranking the Votes	2
Needs of the Re-entry Community	2	4

II. **Ranking #1**: Substance Use
Record/Solutions/Strategies/Ideas to address this need:
- The Pride Coalition needs funding for education, prevention, and treatment to all school levels. (because there's no funding to get into middle schools where the majority of the kids should be receiving education and prevention).
- There's a great need to focus on all stages of education level with regards to SU education, prevention, and treatment.
  - Issues on vaping and cannabis in middle school of youth in general not just LGBTQIA. By the time they see those kids w/SU is in High School/9th grade where they've already had a history of SU since 13 years old or same as the national statics of SU within the US. Unfortunately, it's outside of their grant with county to do presentation of substance use education to middle school and elementary. Although the county has prioritized TAY and youth there's a still a big gap that's not being served.
  - There's a great need to focus on all stages of education level with regards to SU education, prevention, and treatment.
- Need to have higher priority to prevention in effective ways.

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- In reality, SU has been a manifestation of Trauma from the community, and adverse childhood experiences.
- Need Traumatic support and programs as catalyst in effective and variety of ways.
  - Issues of substance abuse and mental health illness due to lack of support to traumatic experiences of our young people among all other things.

Ranking #2: Access, Coordination and Navigation to Services (Topic Discussed)
Record/Solutions/Strategies/Ideas to address this need:
- We can strategize around coordination that's based with collaboration.
- Enhance linking clients to services/program that they need and follow through.
- How to collect useful feedback that clients' facing in accessible manner.
  - There's a constant/rapid change of information, policy, practice and human capacity of organization.
  - Instead, often times the evaluation/feedback collected was geared towards adults, thinking about literacy and comprehension. There's still a gap thinking about housing and other needs.
  - Someone being served may not always be able to come into the office and sit down or go out to the home for many different reasons, so just thinking about how to meet the client's need and be creative.
  - And many times, within the data a larger story was missing and may not be aligned with the numbers because there's really no space to really tell the fullness of what's happening and what folks are experiencing.
  - There's not much opportunity for collaboration that can begin to enhance linking clients/folks to services.
  - And some ways the system not just behavior health but the system within the county can do better at centering the needs of folks in ways that are transformative and not just in terms of reforms that we have a lot of crises that are happening that we need to hold our political bodies accountable.
- Need to be developed in-house particularly this dept. within the county to be LGBTQIA informative as other counties. Be more user friendly.
  - It's been over 10 years and our county's process has progressed very slowly and is being left behind by our neighboring counties. ACBH should reflect to other county around us comparably to Santa Clara County website and San Mateo in terms of providing information for LGBTQIA services.
- CATT and CSS need to have a different number without calling 911 (under Crisis Continuum)
  - In cases that CATT or CSS aren't available, when clients call 911, law enforcement tend to response instead which creates resistance.
  - Client doesn't want police involvement.
- Need more investment or budget for CATT and CSS staffing.
  - CATT and CSS are understaffed.
  - CSC dropped; CATT got overwhelmed.
- Need more service or program or replicate the following that's none police affiliated:

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- o MACRO link: [City of Oakland | The Mobile Assistance Community Responders of… (oaklandca.gov)](oaklandca.gov);
- o MH First Oakland has EMT entire staff link: [MH First Oakland — APTP (antipoliceterrorproject.org)](antipoliceterrorproject.org)
- o Being institutionalized and lack of autonomy has been barrier.
- Unincorporated areas of the county will have the Alameda County Sheriffs or CHP
- Need for preventive services, trauma education and teaching people how to navigate that will minimize/lesson people to falling back into cycle.
  - o dealing with trauma (prognosis is livid), education and the need for healing.

Ranking #3: Housing Continuum (Topic Discussed)
Record/Solutions/Strategies/Ideas to address this need:
- Great need for residential site program mainly for youth in general who have medical/do not have insurance. There's no service whether those youth can even have access to residential site outside our county.
  - o There's no housing for young people at all in our county.
  - o LGBTQIA transitional age youth in South County are having tremendous challenge accessing housing, mental health services, and gender reform services. As a provider, it has been typical for them to be the clearing house for service information for the county.

III. **What Else, What Did we Miss**: (other areas/topic discussed)
Record/List Answers
A. If possible, to include diversion w/re-entry or as its own category.
B. All inter-connected and inter-related are the Child/Youth/Young Adult Needs, Substance Abuse & Prevention, Incarceration and Reentry, and Community Violence & Trauma:
- Need to have higher priority to prevention including support at its best and effective ways in all these areas of needs and to be available to the whole community from youth, older adults, and to their parents that will help at least minimize or lessen all these areas of needs.
  - o The majority of these areas of needs are manifestation of trauma from the community, adverse childhood experiences, which has been the source of higher rate of Incarceration and the workforce shortage.
C. Crisis Continuum
- Need more emphasis on non-law enforcement crisis support access services.
  - o clients do not even want to reach out for help in times of crisis, having mostly the only option of law enforcement provided because the response team is limited.
  - o It's mostly been a deterrent for clients to call CATT through 911 to be able to access.

Overall Summary of the Listening Session

The ACBH Pride Coalition meeting was attended by ACBH Health Equity Division, Family Behavioral Health Care & Ethnic Services, and other CBOs like Quality Assurance Dept & Co-Chair Pride Grp.,

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Restorative Justice for Oakland Youth, Horizon Treatment Services, Intake & Quality Assurance, Pacific Center for Human Growth, and Pathways to Wellness Clinics. The ACBH Senior Planner was a guest on this meeting, co-facilitated and talked briefly about MHSA history. Then the ACBH Senior Planner shared his screen of the 11 Categorized Areas of Community Needs for the participants to rank their top 3 areas of needs. The ACBH Senior Planner explained that this listening session aimed to get strategies, solutions, and feedback that would help the MHSA Division gather data for the FY 24/25 Update Plan that goes to the BOS and then the State. Afterwards the ACBH Senior Planner elaborated on each Community Areas of Needs and requested participants to cast their vote in the chat, which got tallied and ranked the top 3 topics focused on. Participants suggested a great need to provide funds for Substance Use education, prevention, and treatment at all school levels. The tremendous need for youth housing services entirely. The need to re-design the ACBH website on LGBTQIA information services/program and to be more user-friendly. The vital need for effective ways and more emphasis on prevention, education, and support for Trauma as a whole and especially for children and young people. Need expansion and replication for MACRO, MH First Oakland and CATT without police affiliation or involvement. One-stop-shop linking clients to appropriate services needed. Lastly, the ACBH Senior Planner launched in the chat the Community Input Survey and encouraged everyone to take part and share it with others. Finally, the ACBH Senior Planner expressed appreciation for this very thoughtful feedback provided by the attendees and to connect with him for future invitation of conducting this listening session in their or other gathering or meeting.

MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

FACILITATOR NAME/AGENCY: Alameda Contra Costa Medical Association
FOCUS GROUP DATE/TIME: 1/4/2024
# of Participants: 13

  1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	3
Behavioral Health Workforce	2
Crisis Continuum	Choose an item.
Housing Continuum	Choose an item.
Substance Use	Choose an item.
Community Violence and Trauma	1
Child/Youth/Young Adult Needs	4
Adult/Older Adult Needs	Choose an item.
Needs of Family Members	Choose an item.
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	Choose an item.

2. **Ranking #1** Community Violence and Trauma

Record/Solutions/Strategies/Ideas to address this need:

There is a debate on how to deal with community violence and trauma in terms of strengthening police forces or allocating money to services. They would like to see more programs that address the mental health of victims of community violence. They would like to see non-law enforcement responses be available to different parts of the county in a timely manner.

3. **Ranking #2** Behavioral Health Workforce

Record/Solutions/Strategies/Ideas to address this need:

A local/municipal student loan repayment program to incentivize physicians/providers to practice in the community. This could be a good use of MHSA funds to incentivize strengthening behavioral health workforce. If we can increase the number of trained providers, then the level of care will increase. There is a need for more providers to have more linguistic and cultural capacities. They are looking for mental health and medical extenders to help serve non-English speaking populations. They are concerned about how long it takes for people to become medical professionals and not enough people going into the field. They would like to see more internship positions to create pathways for non-medical professionals to help serve non English-speaking clients.

4. **Ranking #3** Access, Coordination and Navigation to Services

Record/Solutions/Strategies/Ideas to address this need:

Providers are limited so the access to care is limited and wait times are longer. They would like to see more housing programs with wrap around services for clients. They are concerned with the number of programs that could be cut or changed with the new proposition 1. The need for bilingual navigators is continuing to rise and they would like to see more funding into creating a larger bilingual workforce.

Overall Summary of the Listening Session

The MHSA team met with the Alameda Contra Costa Medical Association to conduct a virtual listening session. The providers shared their top concerns for community needs as Community Violence and Trauma, Behavioral Health Workforce, and Access, Coordination and Navigation to Services. There was a theme in the discussion about strategies to ensure that the staffing for medical professionals is sufficient. The group discussed how non licensed staff can be utilized through internships and as navigators for multilingual and multicultural needs diverse clients. The group also discussed the need for wraparound services at housing sites to ensure that clients' needs are being met. Lastly, the group is concerned by the potential changes to programs from Proposition 1 and they would like to write a letter advocating for mental health programs.

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FACILITATOR NAME/AGENCY: African American Family Outreach Project
FOCUS GROUP DATE/TIME: 10/2/2023
# of Participants: 15

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	Choose an item.
Crisis Continuum	Choose an item.
Housing Continuum	2
Substance Use	Choose an item.
Community Violence and Trauma	Choose an item.
Child/Youth/Young Adult Needs	3
Adult/Older Adult Needs	Choose an item.
Needs of Family Members	Choose an item.
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	Choose an item.

2. **Ranking #1** Access, Coordination, and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
- Greater access to ACCESS
- Central place to get what you need - dial 1 number
- Create/distribute brochures that identify level of service
- Need for long term care and more room in those facilities
- Connections to right facilities to get loved ones into
- No one leaves JG without follow up treatment plan including pre-set appointment
- How do you get information?
- Make clear which crisis services involve police
- More consistency of services when dialing 911
- We don't have enough resources
- Information and resources for family members (not just patients)

3. **Ranking #2** Housing Continuum
Record/Solutions/Strategies/Ideas to address this need:
- License board and care in short supply and many are going out of business
- Emergency housing should last a minimum of 6 months, followed by long term supportive housing
- More supportive housing

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- Affordable housing connected with supporting housing
- Community land trust to permanently house folks affordably
- Housing safely and programming should be licensed and evaluated every year
- Monitoring of board and cares (they currently self report) locations; surprise visit monitoring
- Supportive housing locations have direct relationship with day treatment program
- More social activities in board and care to prevent isolation
- I have to go to San Mateo and Concord for social activities (I have MH issues)

4. **Ranking #3** Child/Youth/Young Adult Needs

Record/Solutions/Strategies/Ideas to address this need:
- Knowledge about social activities. Are wellness centers engaging? Engagement could be higher.
- Supporting work would be helpful.
- Parents don't understand youth issues; they need more connections; parents don't have skill set.
- Give parents tools they need for how not to overreach and be judgmental
- Give parents an overview of what's normal and abnormal with kids and teens. How to know when my child needs help. Provide information at PTA meetings.
- Peer to peer support; more comfortable talking to peers
- Substance abuse issues; strengthen MH programs with SUD and youth.
- More education about SUD for youth/teens.
- Respite care for youth (mail; showers).

5. **What Else, What Did we Miss**:

Record/List Answers
- Social engagement - mobile units for providers who do not provide this
- Stop reporters/police from immediately labeling mass shooters as mentally ill
- Community violence - talk more about this.
- Needs of family members - we can't help with medical or therapy; need someone to vent to (get a break, support services)
- Police brutality of black, brown, trans people
- Police violence is a way that many end up with substance abuse as a way to cope with stress.

Overall Summary of the Listening Session

MHSA cohosted a listening session with African American Family Outreach Program participants. Participants identified streamlining service access with a centralized system, consistent crisis response, and comprehensive aftercare plans. They also addressed urgent housing needs requiring longer emergency stays, increased supportive and affordable housing, and better oversight for program safety. Finally, the participants addressed family and youth support gaps through education, peer support, expanded mental health programs, and respite care. Additionally, emphasizing community engagement and changing mental health and violence narratives.

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MHSA Key Informant Interview (KII) Process
Summary Sheet

Interviewee: Name/Title/Agency: First 5 Fatherhood Summit
KII DATE/TIME: 12/4/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	2
Crisis Continuum	8
Housing Continuum	5
Substance Use	9
Community Violence and Trauma	6
Child/Youth/Young Adult Needs	3
Adult/Older Adult Needs	10
Needs of Family Members	7
Needs of Veterans	11
Needs of the Re-entry Community	4

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
The county needs to continue to be proactive in how we promote, coordinate and help clients navigate mental health resources. There needs to be a continued emphasis in how we provide access to free or low-cost mental health resources for fathers.

3. **Ranking #2** Behavioral Health Workforce
Record/Solutions/Strategies/Ideas to address this need:
They recognize the need for workforce diversity and cultural alignment to work with the different ethnicities of fathers they assist. They are also aware that it has become increasingly more difficult to hire qualified providers to work with clients.

4. **Ranking #3** Child/Youth/Young Adult Needs
Record/Solutions/Strategies/Ideas to address this need:
They are receiving feedback from the fathers they serve that there needs to be more attention to mental health support for children and young adults. They are seeing that the different age groups of children and young adults require different levels of mental health services.

5. **Ranking #4** Needs of the Re-entry Community
Record/Solutions/Strategies/Ideas to address this need:
This population requires need to address immediate mental health challenges for people coming in and out of the justice system. They are also seeing some fathers needing to find housing, jobs and overall community reintegration support.

This is for your own notes afterwards to summarize and synthesize the information

Overall Summary of the Listening Session
The MHSA team spoke with leaders of the Fatherhood Summit with First 5 Alameda County to address the needs of fathers in the mental health landscape. Discussed were challenges fathers encounter when accessing low-cost mental health services and the need for support and understanding in their mental health wellness. They advocate for more mental health resources and programs designed for fathers, that seek to engage both involved and disengaged fathers without judgement or bias. The conversation highlighted the importance of changing the discussion around mental health resources for fathers, specifically the black and brown communities, by extending available and culturally aligned services.

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LISTENING SESSION ANSWER SHEET

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FACILITATOR NAME/AGENCY: AHS TAY Group
FOCUS GROUP DATE/TIME: 11/29/2023
# of Participants: 4

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	3
Crisis Continuum	Choose an item.
Housing Continuum	1
Substance Use	Choose an item.
Community Violence and Trauma	4
Child/Youth/Young Adult Needs	Choose an item.
Adult/Older Adult Needs	Choose an item.
Needs of Family Members	Choose an item.
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	Choose an item.

2. **Ranking #1** Housing
Record/Solutions/Strategies/Ideas to address this need:

3. **Ranking #2** Access, Coordination and Navigation
Record/Solutions/Strategies/Ideas to address this need:
Stigma and knowledge. Doubt the effect of certain services, especially related to MH, so more ways to show that the services are helpful, youth-social media platforms, really depends on the community, for the Chinese community they use we chat (sp) how efforts are mobilized, in person community outreach, tabling outside grocery stories face to face is very important. Phone banking to follow up.

4. **Ranking #3** Workforce
Record/Solutions/Strategies/Ideas to address this need:
Provide exposure and inspiration for youth about different routes to MH careers and experiences. Scholarship programs, loan assumption.

5. **What Else, What Did we Miss**: Community violence and trauma: healthy relationship trainings especially in school healthy communication boundary setting Sharing information on the different heritage events each month, expose others to different cultures.

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Safety in college campus, lift rides, hosting a lot of events to showcase other race/ethnicities, security presence

Record/List Answers

<u>Overall Summary of the Listening Session</u>

MHSA cohosted a listening session with Asian Health Services for college-aged youth. The top mental health issues mentioned included Access, Coordination and Navigation to Services, Housing, Behavioral Health Workforce and Community Violence and Trauma. Participants identified solutions such as media projects to reduce stigma/discrimination regarding mental health services as well as stories and information on how effective or helpful mental health services can be. A variety of outreach strategies were mentioned including social media platforms such as Instagram and WeChat, event outreach, and phone banking. The group stressed linking outreach efforts to the various needs of specific communities. Other solutions included school-based training on boundary setting and healthy relationships-for the purpose of preventative approaches to domestic violence. Demographics included: Asian identified young adults ages 18-24.

MHSA Key Informant Interview (KII) Process
Summary Sheet

Interviewee: Name/Title/Agency: Jennifer Penny, Chief Behavioral Officer, Axis Community Health
KII DATE/TIME: 11/20/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4

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Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	6
Behavioral Health Workforce	2
Crisis Continuum	1
Housing Continuum	7
Substance Use	8
Community Violence and Trauma	3
Child/Youth/Young Adult Needs	4
Adult/Older Adult Needs	5
Needs of Family Members	9
Needs of Veterans	10
Needs of the Re-entry Community	11

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Crisis Continuum
Record/Solutions/Strategies/Ideas to address this need:
There is a need to expand services to additional cities (Livermore, Castro Valley). There are not a lot of mental health services available in the region, the county covers ¼ of the cost for their current mental health services. Axis developed an alternative mental health response program in Pleasanton with the Police department. A plain clothes police officer responds to calls and this approach has helped reduce 5150 rates by 60% from 2019 to 2023. Axis has partnered with a local county hospital to write their own 5150s.

3. **Ranking #2** Behavioral Health Workforce
Record/Solutions/Strategies/Ideas to address this need:
Recruiting difficulties have caused several positions to be vacant for an extensive period. There have been challenges in hiring counselors who reflect the diverse population and those that speak different languages. The trauma clients that staff are working with have influenced staff, but retention efforts have been effective. There has also been a scarcity of psychiatrists, and this has caused Axis to use costly outside providers.

4. **Ranking #3** Community Violence and Trauma
Record/Solutions/Strategies/Ideas to address this need:
There has been a rise in PTSD diagnosis and acute trauma and stress due to the pandemic. There has also been an increase in trauma related to immigration issues and global conflicts. This has impacted families, and the workload has impacted staff burnout.

5. **Ranking #4** Access, Coordination and Navigation to Services

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Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	5
Behavioral Health Workforce	1
Crisis Continuum	3
Housing Continuum	4
Substance Use	2
Community Violence and Trauma	7
Child/Youth/Young Adult Needs	8
Adult/Older Adult Needs	9
Needs of Family Members	10
Needs of Veterans	11
Needs of the Re-entry Community	6

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Behavioral Health Workforce
Record/Solutions/Strategies/Ideas to address this need:
They recognize there is a crisis, and they face challenges in recruitment, development, and retention of licensed professionals. There is high demand for professionals and not enough workers to fill the demand.

3. **Ranking #2** Substance Abuse
Record/Solutions/Strategies/Ideas to address this need:
There is a disconnect between behavioral health and substance abuse services which causes obstacles for individuals to access support. Mental health needs require a larger workforce with support and sustainable infrastructure.

4. **Ranking #3** Crisis Continuum
Record/Solutions/Strategies/Ideas to address this need:
There are differences in understanding the community resources that the clients need. This can lead to not effectively using the crisis stabilization units which causes a disconnect between services. The staff needs to continue to be trained to provide more accessible crisis intervention services.

5. **Ranking #4** Housing Continuum
Record/Solutions/Strategies/Ideas to address this need:
There needs to be more housing for and housing support that is affordable for clients. There needs to be more service enriched housing programs, this is a greater need than just shelter. These housing programs can address the mental health needs of clients they house.

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<u>Overall Summary of the Listening Session</u>

MHSA conducted a key informant interview with Jovan Yglecias Chief Program Officer and Katherine Lutz Associate Director of Programs, Bay Area Community Services. The top needs highlighted were addressing the crisis in the behavioral health workforce, creating integrated systems to address substance abuse, minimizing gaps in crisis intervention services, and creating service enriched housing programs. BACS emphasizes the need for culturally sensitive navigation services, support for the reentry community, difficulties faced by veterans and for Alameda County to continue to refine and seek community input on how resources are spent to enhance mental health services in the region.

MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

FACILITATOR NAME/AGENCY: Casa Ubuntu English Listening Session
FOCUS GROUP DATE/TIME: 10/24/2023
# of Participants: 5

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	Choose an item.
Crisis Continuum	Choose an item.
Housing Continuum	2
Substance Use	3
Community Violence and Trauma	4
Child/Youth/Young Adult Needs	Choose an item.
Adult/Older Adult Needs	Choose an item.
Needs of Family Members	Choose an item.
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	Choose an item.

2. **Ranking #1** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
- Coordination
- Navigation
   - Difficult finding the right services, need more non-profit support.
   - Language should be geared towards person in need.
   - PEER support helps because they have in-house or lived in experience.
   - Need more peer-support groups.

- o   Casa Ubuntu-need more places similar to the kind of services they offer.
- o   More outreach with shared information
- o   12 steps of recovery is one solution that supported navigating services.
- o   Places with dual diagnosis can provide resources and support.
- o   More booklets or pamphlets with resources support.
  - ▪   Libraries, Santa Rita, Wellness Centers, Dr's Office, WIC, Grocery stores

3.   **Ranking #2** Housing Continuum

Record/Solutions/Strategies/Ideas to address this need:
- Homelessness
  - o   Packets are way too thick.
  - o   Shortening processes would help.
  - o   Streamline approach in applications.
- Tiny Homes
  - o   Bonita House assists with housing; we should have programs throughout Alameda to get housing for all.
  - o   Affordable housing, affordable rates
- Supportive services
  - o   Driving support for those who are disabled or cannot drive themselves.
  - o   Moving items, like moving support in the event someone who can't package their own belongings get support with that.

4.   **Ranking #3** Community Violence & Trauma

Record/Solutions/Strategies/Ideas to address this need:
- Address youth support needs
  - o   Early intervention
  - o   Prevention services
- Housing
  - o   Troubles/Issues within the home
  - o   Rent cap for young people like Bonita House for TAY
  - o   More access to therapy service for unique diagnosis/speal-knowledge
  - o   Housing Academy (Former Program that Ubuntu had)
    - ▪   Rent subsidies
    - ▪   Housing training/support
    - ▪   BACS – other wellness center support

5.   **What Else, What Did we Miss**: Substance Abuse

Record/List Answers
- 12 Steps program is beneficial
- Need more 12 step programs that are non-spiritual
- More sponsors
- More road to recovery programs
- Under Access:
  - o   Being around others or more peer-support helps

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　　　o　　　Transportation support for access to services & buildings that offer program services

Overall Summary of the Listening Session

During the Casa Ubuntu English speaking listening Session, we presented information regarding the needs of the community that were based off collected data over prior years. These were the highlights for three key areas of concern: This group identified access to services with solutions that solves issues involving the challenge of finding appropriate services and the need for more non-profit support, peer support groups, and accessible resources. One of the main concerns was homelessness, with recommendations including simplifying housing applications, promoting tiny home programs, and ensuring affordability. Supportive services for those with disabilities are crucial. Another main concern was addressing community violence & trauma with the focus in this area which focuses on youth support, emphasizing early intervention, better housing conditions, and increased access to therapy services. Programs like the Housing Academy are suggested. In addition, addressing substance abuse is also a priority, with suggestions for non-spiritual 12-step programs, more sponsors, and improved access through peer support and transportation services.

MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

FACILITATOR NAME/AGENCY: Ubuntu Spanish Listening Session
FOCUS GROUP DATE/TIME: 10/24/2023
# of Participants: 14

    1.　Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	Choose an item.
Behavioral Health Workforce	Choose an item.
Crisis Continuum	Choose an item.
Housing Continuum	Choose an item.
Substance Use	Choose an item.
Community Violence and Trauma	1
Child/Youth/Young Adult Needs	Choose an item.
Adult/Older Adult Needs	2
Needs of Family Members	Choose an item.
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	3

2. **Ranking #1 Community Violence & Trauma**

Record/Solutions/Strategies/Ideas to address this need:

- Faster police responses
- Trauma when police don't come
- There are more shootings, need more patrols especially on the weekends its more prevalent
- Police don't come when called, need more support in response times
- The community would be safer with community workers or advocates
- Transportation incentives
- There's a lot of bullying in schools, families need support for parents from police and schools
  - More psychologists, mentors, advocates for youth in school
  - More suicide prevention in schools
  - Escorts for our elders who work later hours or early hours to feel safer when leaving their homes/work

3. **Ranking #2** Adult/Older Adult Needs

Record/Solutions/Strategies/Ideas to address this need:

- More social services
- More support for DACA/Undocumented
- Services for disabled/low-mobility
- More job fairs in the community
- Community group to help with fast response for emergencies
- Better information for elders
- Literacy programs
- Teach people to use transport
- Easily accessible housing

4. **Ranking #3** Needs of the Re-entry Community

Record/Solutions/Strategies/Ideas to address this need:

- Education during/after jail
- Online classes to make it easier
- Free computer programs for undocumented people
- Access to the internet and technology
- Teorary housing after jail/prison
- Programs to learn trade skills for re-entry citizens
- Benefits for undocumented people
- Shorter waiting times for housing lists for undocumented people
- Programs for immigration(getting your citizenship)

5. **What Else, What Did we Miss**: Substance Abuse

Record/List Answers

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- Help for emergencies
- Resources for employment
  - Mentioned "Bay Area Community Resources"
  - Mentioned "Bay Area Community Support"
- Help with domestic worker abuse problems

Overall Summary of the Listening Session

- From the Casa Ubuntu's Spanish Speaking group perspective, the most pressing community needs include addressing issues related to Community Violence & Trauma, where they emphasize the importance of faster police responses, increased patrols, better support for families and youth in schools, and safe transportation for both youth and elders. Additionally, they underscore Adult/Older Adult Needs, advocating for more social services, support for DACA/Undocumented individuals, job fairs, literacy programs, transportation assistance, and accessible housing. The group is also committed to addressing the needs of the Re-entry Community, focusing on education, online classes, access to technology, housing, and benefits for undocumented individuals. Lastly, though not a top-ranked concern, they seek help for substance abuse emergencies and employment resources while mentioning specific organizations like "Bay Area Community Resources" and "Bay Area Community Support."

MHSA Key Informant Interview (KII) Process
Summary Sheet

Interviewee: Name/Title/Agency: Shanna Bowie, Community Programs Director, Pacific Center
KII DATE/TIME: 11/20/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

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Transition to the Interview Questions

Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	4
Behavioral Health Workforce	4
Crisis Continuum	2
Housing Continuum	1
Substance Use	3
Community Violence and Trauma	Choose an item.
Child/Youth/Young Adult Needs	Choose an item.
Adult/Older Adult Needs	Choose an item.
Needs of Family Members	5
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	4

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Housing Continuum
Record/Solutions/Strategies/Ideas to address this need:
There are a limited number of housing options for severely mentally ill people to live independently. The complexities of the coordinated entry system have acted as a barrier for clients to access timely housing. There is not enough support to help mental health clients and clients with substance abuse.

3. **Ranking #2** Crisis Continuum
Record/Solutions/Strategies/Ideas to address this need:
They expressed the need for more crisis stabilization services and wrap around models. There are not enough supportive environments between inpatient and community settings which leads to client destabilization. There needs to be more support to help clients transition from crisis facilities to community.

4. **Ranking #3** Substance Use
Record/Solutions/Strategies/Ideas to address this need:

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The rise of addictive drugs has made the issue worse. There needs to be a continued need for attention and support for people struggling with substance abuse.

5.	**Ranking #4** Behavioral Health Workforce, Access, Coordination and Navigation to Services, Needs of the Re-entry Community

Record/Solutions/Strategies/Ideas to address this need:

They are seeing difficulty in hiring qualified behavioral health professionals. They are looking to hire people that are skilled and diverse and have experience. Higher salaries can increase the likelihood of hiring and retaining professionals. Integrating programming with housing, and combining housing specialists with medical, psychiatry, additional and mental health services. They have seen clients that are re-cycle in and out of the justice system and their treatment must start over again.

Overall Summary of the Listening Session

The MHSA team conducted a key informative interview with the City of Alameda Social Services team. The city of Alameda identified the Housing Continuum, Crisis Continuum and Substance Abuse as the top 3 needs of Alameda. The conversation highlighted the difficulties recruiting and retaining qualified professionals, with diverse backgrounds and clinical training. The public's access to mental health services is a critical concern, with the need to overhaul a complex system to expedite access to ensure individuals can navigate resources more effectively. Housing remains a top concern with the need to provide mental health services in a residential setting. Substance abuse has increased due to the availability of drugs and the potency of them. They are also seeing a need to support individuals transitioning from the justice system to the workforce and the reintegration to society.

MHSA Key Informant Interview (KII) Process
Summary Sheet

Interviewee: Name/Title/Agency: City of Fremont Human Services team
KII DATE/TIME: 11/8/2023
City of Fremont Staff: 4

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

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Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	2
Behavioral Health Workforce	1
Crisis Continuum	4
Housing Continuum	3
Substance Use	5
Community Violence and Trauma	Choose an item.
Child/Youth/Young Adult Needs	Choose an item.
Adult/Older Adult Needs	6
Needs of Family Members	Choose an item.
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	Choose an item.

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Behavioral Health Workforce
Record/Solutions/Strategies/Ideas to address this need:
The City of Fremont is experiencing a recruitment shortfall of qualified candidates with licensures. Some positions have taken an extended time to hire and remain vacant. Planning for new initiatives has been difficult when there is uncertainty around whether the staffing will be sufficient. One suggestion is to allow MSW students to gain more on-the-job training to fill the void in open positions, this would help clients get some sort of knowledgeable care.
 The increasing cost of living has decreased the number of people that want to go into the BH field. The amount of education time and tuition cost when compared with salaries are factors that could lead to the decreasing labor pool. Suggestions for Alameda County are to start a home purchasing program for BH providers that would encourage people to enter the field and be able to live where they work at.
 They believe that this has also led to a decrease in culturally aligned and bilingual service providers. For instance, 65% of the Fremont population is Asian and clients have indicated that they would like to be served by a provider that is culturally aligned or bilingual. There is a stigma around the AAPI community accessing MH services and a culturally aligned workforce could help reduce this stigma.
 There is a need to also expand the Peer Support program so there is more interaction with people with lived experiences.

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Examples of staffing deficiencies: new initiative of Wellness Centers at Schools and the lack of Clinicians available to staff the centers. Another example is the creation of a new program for a mobile evaluation team and only receiving 2 qualified job applicants.

3. **Ranking #2** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
 The county can increase prevention services to help limit cultural barriers for accessing mental health services. Fremont is working towards increasing community engagement to reduce the stigma of partaking mental health services.
Resources for youth have not been adequate and the reliance on schools for behavioral health needs has been inefficient. Accessing, coordinating, and helping clients navigate services has proven difficult in Fremont due to its geographical size of 90 square miles.

4. **Ranking #3** Housing Continuum
Record/Solutions/Strategies/Ideas to address this need:
Services targeted to the unhoused and the close to being unhoused. This population needs services so they can become self-sufficient and then maintain self-sufficiency. Several solutions are to make subsidies available and to find a way for developers to build even when the building subsidies are not available. The city views housing and substance abuse services as two areas that work together to provide a stable environment for the client. They would like there to be more residential treatment facilities available in or near the city of Fremont. There is also an ongoing need to keep the aging population housed.

5. **Ranking #4** Substance Use
Record/Solutions/Strategies/Ideas to address this need:
They would like substance use services closer to the city of Fremont. Fremont is 90 square miles and often the police do not have the capacity to drive people north of Hayward to various substance abuse facilities. The CATT program is helpful but sometimes the CATT services cannot reach Fremont fast enough. Fremont has no Residential treatment programs, and this is an ongoing need that blends the need for more housing and substance abuse services to provide clients with ongoing support. There are also no programs for youth with substance abuse issues.

This is for your own notes afterwards to summarize and synthesize the information

Overall Summary of the Listening Session
MHSA conducted a key informative interview with the city of Fremont Human Services division. The listening session featured 4 participants that worked in youth, young adult, adult, and older adult services for the city of Fremont. The cultural diversity of the city of Fremont and the neighboring cities requires a diverse BH workforce to reduce community stigma. There is a continued need for bilingual staff to communicate with clients. In recent years staffing has become more difficult due to stated concerns about the increase in the cost of living, student loans expenses and the ability to purchase a local home on a provider salary. The city of Fremont has asked the county for assistance in helping create programs to attract new talent. The geographical location and size of the city of Fremont has limited timely non law enforcement response for substance abuse services. There are few residential treatment program opportunities for clients in the Fremont area and this has created a recurring loop for clients in need of residential treatment. There is an ongoing need to continue to educate clients about the services available to them. Fremont's geographical location limits client's accessibility to nearby mental health services.

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MHSA Key Informant Interview (KII) Process
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Interviewee: Name/Title/Agency: Josh Thurman, Human Services Programs Manager
Housing and Human Services Division, Community Development Department, City of Livermore

KII DATE/TIME: 11/17/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	2
Crisis Continuum	2
Housing Continuum	4
Substance Use	3
Community Violence and Trauma	11
Child/Youth/Young Adult Needs	6
Adult/Older Adult Needs	7
Needs of Family Members	9
Needs of Veterans	5

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Needs of the Re-entry Community	8

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1**   Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:

More physical presence of services in the Tri Valley. When services are physically located here relationships develop, staff know the neighborhoods, easier to navigate and access services as compared to having to travel. Helpful to have more drop-in services and various, local locations need to be accessible for all behavioral health services. City of Livermore is willing to partner to bring services locally.

3. **Ranking #2** Behavioral Health and Crisis Continuum
Record/Solutions/Strategies/Ideas to address this need:

Local IHOT program. Too difficult to respond quickly to situations or coordinate housing navigation services for the unhoused.

4. **Ranking #3** Substance Use
Record/Solutions/Strategies/Ideas to address this need:
There's a need for detox and respite centers in Tri Valley in addition to more access to a wide-ranging level of care to treat SUD/co-occurring disorders (not just weekly group meetings/low-level outpatient treatment).
Also support for youth. Youth are under a great deal of academic pressure. Intensive services for the unsheltered.

Overall Summary of the Listening Session

MHSA conducted a key informative interview with Mr. Josh Thurman, Human Services Programs Manager Housing and Human Services Division, Community Development Department, City of Livermore. Central themes from the interview included the need for services and support to be *physically located in the Tri Valley Area*. Having services in the Tri Valley area allows for relationship development and knowledge of residents and neighborhoods, which helps increase access, coordination, and navigation of services. This theme of local services includes crisis, SUD detox, cooccurring services, not simply weekly group meetings/low-level outpatient treatment. Additionally, youth and youth services were mentioned in response to the heavy academic pressure that children and youth are facing.

MHSA Key Informant Interview (KII) Process
Summary Sheet

Interviewee: Name/Title/Agency: Executive Team, City Oakland Human Services Department
KII DATE/TIME: 11/13/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	2
Behavioral Health Workforce	8
Crisis Continuum	4
Housing Continuum	4
Substance Use	5
Community Violence and Trauma	1
Child/Youth/Young Adult Needs	3
Adult/Older Adult Needs	6
Needs of Family Members	4
Needs of Veterans	7
Needs of the Re-entry Community	4

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Community Violence and Trauma
    Record/Solutions/Strategies/Ideas to address this need:

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Continual attention is required to meet the demands related to community violence and trauma. An increase in domestic violence incidents has been observed, this has caused Oakland to look for new ways to prevent and support with the aftermath of families who experience domestic violence. There is ongoing effort and strategies to address community violence. Homeless encampments have become targets for violence and there needs to be more support for them. Efforts have been made to understand statistics and various prevention methods to help foster youth not become victims of violence.

3. **Ranking #2** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
Families require access to professional expertise at a higher frequency than is currently offered. They are looking to help clients find peer support and making that process a more seamless client experience. There is also ongoing evaluation of services providers with the goal that clients are obtaining valuable resources with decreasing obstacles.

4. **Ranking #3** Child/Youth/Young Adult Needs
Record/Solutions/Strategies/Ideas to address this need:
Children and youth needs is an ongoing discussion that they would like to have with the county. They have explored trauma response and trauma informed practices with community organizations. The foster care children and young adults have ongoing needs that require attention and support which they would like to have more county collaboration on.

5. **Ranking #4** Crisis Continuum, Housing Continuum, Needs of Family members, Needs of the Re-Entry Community
Record/Solutions/Strategies/Ideas to address this need:
These four needs received equal votes. These needs require different strategies to address the issues. The city of Oakland has developed programs to advocate for non-law enforcement engagement in mental health crises. There is an ongoing need to find housing for unhoused people and they are paying attention to the new Proposition 1 and potential funding streams in the future. Services for the reentry community is growing and this is an area where they are looking to expand and create new services.

This is for your own notes afterwards to summarize and synthesize the information

Overall Summary of the Listening Session
MHSA met with the City of Oakland Human Services team. The participants discussed needs and challenges focusing on the diverse demographic groups. Community Violence and Trauma are a top priority to address escalating domestic violence and homeless violence threats. New approaches and strategies are being created from statistics with the goal of protecting youth from violence. Access, Coordination, and Navigation to services is an issue that requires timeliness service, and the absence of expert professionals makes the service wait times longer. There is an increased effort to offer peer support services to fill this void, to provide residents have guidance. Child, Youth, and Young Adult needs discussions are ongoing with the hopes of addressing trauma informed practices for foster care youth. Non law enforcement strategies to approach mental health crises have been in the forefront of discussions and expansions to current programs are being reviewed. Oakland is making efforts to secure housing for the homeless and expand its reentry services. The meeting participants were knowledgeable about the needs of the Oakland residents and were willing to participate in feedback and potential ways to improve care.

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MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

FACILITATOR NAME/AGENCY: Community Planning & Processing Committee
FOCUS GROUP DATE/TIME: 10/27/2023
# of Participants: 12
Gina M Lewis
Abigail Chente – ACBH
Tracy Hazelton – ACBH
Gavin O' Neill – OCCS
Carole Wang – MHACC
Mona Shah –
Noah Gallo – ACBH
Bianca Anderson – FERC
Ingrid Chung –
Danielle Guerry – OCCS
Odessa Caton – FERC
Robert Williams - HHREC

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	3
Behavioral Health Workforce	8
Crisis Continuum	6
Housing Continuum	10
Substance Use	4
Community Violence and Trauma	5
Child/Youth/Young Adult Needs	2
Adult/Older Adult Needs	11
Needs of Family Members	7
Needs of Veterans	9
Needs of the Re-entry Community	1

2. **Ranking #1** Re-Entry
Record/Solutions/Strategies/Ideas to address this need:
- A lot more supports such as housing & training that are necessary before they begin to transition to civilian life, may need to be connected back to family.
- Navigation of the systems

- How to obtain case management, no neutral sign up, some sort of re-entry navigation services that isn't court ordered
- Re-entry programs/ organizations should work more collaboratively
- More coordination for mental health
- Incarcerated loved ones aren't receiving mental health support, if a loved one is going to re-join civilian life, receiving support for mental health will make that a much more holistic during incarceration
- We need more funds and focus toward setting up re-entry citizens for success
- Reintegration with family care, having in-home mental health services, not just the re-entry citizen but the family as a whole
- Parolees pairing with firefighters, volunteer opportunities, re-integrating re-entry citizens and pairing them with positive communities(firefighters) to have a better outlook toward the community
- Compassion of care when it comes to re-integrating re-entry citizens into society
- Family reunification, if there has been little contact between re-entry citizen and children, that could be something they may need
- Needing more education on financial planning

3. **Ranking #2**Child/Youth/Young Adults

Record/Solutions/Strategies/Ideas to address this need:
- Educating family members and parents, due to kids not understanding what is going on mentally

 and parents not accepting it, helping parents understanding what their kids are learning in

school
- Have constructive dialogue for parents/guardians to hear their kids out
- Integrating mental health/behavioral health in public schools
- More prevention/early intervention programs
- More assessments
- There is an equity gap, is there a means or something that is covered by the county
- Having more counselors in the schools
- Knowing where to get help and how to get help
- Mental Health Assessment: looking between K-3 a real intensive something, then elementary and middle school, transitioning to support services in high-school and college
- Having official mental health assessments
- More wellness centers in schools and more wellness center learning in these high schools
- Hearing each other's stories, so they feel less alone
- Education around child development for parents to be able to have appropriate expectations for their kids, it needs to be presented in a culturally respectful way while considering the appropriate way to have proper or some expectations of where their kids are at with mental health
- More peer counselors, especially those with lived experience, support peer to peer services

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- There's that piece of family culture and aspects of how "we" all were "raised" often, so it's not about judgement but learning new subjects and presenting it in a non-stigmatizing way
- A level care is missing between school, school counselors, and truancy, so more school counselor engagement is needed

4. **Ranking #3** Access, Coordination, & Navigation to Services

Record/Solutions/Strategies/Ideas to address this need:

- Have some type of online resource for linkage that can connect you to the proper supportive services
- To have a master program from Alameda County that is sent from Alameda County, and residents to manage the program, listing by ethnicity
- More collaborative support/conference type of needs where all programs come together to learn more about each other's programming
- If we had a county access system to where people can go in to make linkages, a feature where a provider can update their information
- Providers are isolated
- Residents/participants are isolated
- Having an expert in MHSA services that links clients to services they qualify for
- Linkage should be holistic
- Having navigators from specific communities, that look like them, talk like them, and understand lived in-experience
- Feeling seen and heard by their community
- More access for folks that are unhoused that are on-site with a huge array of resources
- Making sure clients have a way to get to these services

5. **What Else, What Did we Miss**:

Record/List Answers

- Need more money
- Having services in a more centralized online place

Overall Summary of the Listening Session

The Community Planning & Processing Committee had 12 participants identify community needs, and solutions are as follows: 1. For Re-Entry (Ranking #1), providing pre-transition support, simplifying system navigation, fostering collaboration among re-entry programs, improving mental health coordination, and ensuring incarcerated individuals receive mental health support. 2. For Child/Youth/Young Adults (Ranking #2), educating parents, integrating mental health into public schools, enhancing early intervention, and reducing stigma through peer counseling. 3. For Access, Coordination, & Navigation to Services (Ranking #3), establishing a comprehensive online resource, creating a county-wide linkage system, and employing navigators from diverse communities to enhance accessibility. Additional funding and a centralized online platform for services are also vital community priorities.

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Summary Sheet

Interviewee: Name/Title/Agency: Jessica Lobedan, Human Services Director, City of San Leandro
KII DATE/TIME: 11/16/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1.   Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	4
Behavioral Health Workforce	5
Crisis Continuum	1
Housing Continuum	2
Substance Use	3
Community Violence and Trauma	11
Child/Youth/Young Adult Needs	7
Adult/Older Adult Needs	6
Needs of Family Members	9
Needs of Veterans	8
Needs of the Re-entry Community	10

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2.   **Ranking #1** Crisis Continuum

Record/Solutions/Strategies/Ideas to address this need:
Efforts are being made to provide faster non-law enforcement solutions that can reach individuals faster. Recruiting mobile clinicians to work in the mobile crisis field has been a challenge. Family members have advocated for improved access to mobile services that can reach clients directly rather than relying on law enforcement. They think that more residential treatment facilities would be effective in serving clients.

3. **Ranking #2** Housing Continuum
Record/Solutions/Strategies/Ideas to address this need:
There is a need for supportive services and housing interventions. The housing being offered does not include wraparound services. They need additional funding for operational support to meet the needs of the community.

4. **Ranking #3** Substance Abuse
Record/Solutions/Strategies/Ideas to address this need:
They are seeing that there is a need for more resources and an integrative model that ties to crisis services. They think that there needs to be a location where people could go for crisis de-escalation services in the community.

Once this process is complete, ask them if there's anything we missed or anything else they would like to share with us.

5. **What Else, What Did we Miss**:
Record/List Answers: For the homeless they need more insight into services and how they can access them. They think that the county should speak with law enforcement during the planning process to gain better insight into their needs in supporting MH clients.

This is for your own notes afterwards to summarize and synthesize the information

Overall Summary of the Listening Session
The conversation was with Jessica Lobedan, Human Services Director. She indicated that the top needs are Crisis Continuum, Housing Continuum, Substance Use and Access, Coordination and Navigation to Services. Housing is a top need and the ability to help mental health clients at housing locations. The need for crisis intervention services is a recurring topic that they think will be needed in the future. They are looking for continued collaboration and assistance with accessing services for their residents. There has been an expressed interest in having a community center for de-escalation services.

MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

FACILITATOR NAME/AGENCY: Family Education and Resource Centers (FERC)
FOCUS GROUP DATE/TIME: . **11/03/2023**
# of Participants:
County: 4 [Tracy, Noah, Abigail, Brian]

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FERC Staff And Participants: 13

       1.   Ranking of Community Needs:

Community Need	Ranking	Tally numbers
Access, Coordination and Navigation to Services	Choose an item.	2
Behavioral Health Workforce	Choose an item.	2
Crisis Continuum	Choose an item.	1
Housing Continuum	Choose an item.	4
Substance Use	Choose an item.	1
Community Violence and Trauma	Choose an item.	6
Child/Youth/Young Adult Needs	Choose an item.	0
Adult/Older Adult Needs	Choose an item.	4
Needs of Family Members	Choose an item.	6
Needs of Veterans	Choose an item.	0
Needs of the Re-entry Community	Choose an item.	2

2.   **Ranking #1**: Community Violence and Trauma
Record/Solutions/Strategies/Ideas to address this need:
- Pattern/cycle of violence: how can we break it?
- East Oakland is bad. Lots of theft and gun violence
  - Feels like if you are not a life-threatening emergency it's not a police priority
  - We've normalized things that are not normal
- Can Alameda County pressure the City of Oakland
- Oakland looks distressing: clean it up, start with the aesthetics
- Need places where young folks can go to have something to do
  - Put these organizations in place
  - Need to be results oriented. Cut ties with ineffective agencies and programming
  - Certain illegal activities (like sideshows) is due to youth being bored with nothing to do
  - Cultivate youth engagement
  - Deal with agencies and non-profits fighting over funding
- Schools are lacking resources for recreational activities
  - Is there a way to leverage PEI to provide programming for TAY youth?
- Community one-stop shops so folks and youth can access services

3.   **Ranking #2**: **Needs of Family Members**
Record/Solutions/Strategies/Ideas to address this need:
- Encourage the us of peer-run programs to teach families healthy communication practices
  - Groups like   bayareahearingvoices.org
- Work with transit agencies to encourage safe usage so people feel safe accessing services

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- Increase safety advocacy
- Develop peer-led/family-led safe places for community interactions
  - It's hard to focus on mental health when the environment is unsafe

4. **Ranking #3**: **Housing**

Record/Solutions/Strategies/Ideas to address this need:
- Income-based accommodation for seniors like Strawberry Creek Lodge
  - Organizations like this are self-governed
  - Promotes good relationship with local management
  - Co-housing with divers demographic profiles
- Include seniors in branding and collateral advertising
- Housing navigation
  - Streamline housing access
  - Keep decisions and process transparent
- There is no housing/housing shortage
  - Most housing is owned or being bought by corporate entities
  - There are state bills to prevent evictions: support affirmative advocacy in this matter
    - This is county AND a state issue
  - Advocate for bills like SB4 to promote zoning flexibility
    - Would allow educational and religious institutions to develop housing
- More low barrier housing
  - Many co-occurring or SUD block eligibility for housing
  - This would help people stay off street
  - Promote outreach to help folks, especially unhoused folks, navigate housing access
    - Face-to-face contact, "Boots on the ground"
- Advocate for development of abandoned spaces such as Alameda Navy Base.

5. **What Else, What Did we Miss**:

Record/List Answers
- Trauma healing through culturally syntonic traditional healing practices that would be familiar, to community members provide safe healing spaces.
  - Would support mental health well being
  - Also support community building
- Re-examine the notion that there is something wrong with us
  - Stigma reduction is critical
  - Especially for children
- How do we get treatment for those with SMI that are unwilling to seek or access treatment?
- Promote the use of peer groups facilitated by those with lived experiences
  - Folks will be more receptive to engaging treatment if they have an understanding peer.
  - Extant groups providing these services should be helped with obtaining funding
- More access for harm reduction education
- Access to NARCAN and similar life saving products and training
- More access for peers and caregivers to develop professional careers

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Overall Summary of the Listening Session

        During a recent online gathering for the Fremont Education Resource Center, participants, totaling 13, discussed pressing community needs and offered insights. Participants voiced concerns about the cycle of violence, theft, and gun violence in East Oakland, highlighting the need for changes in police priorities, aesthetics improvement, and the creation of safe spaces for youth. Additionally, they stressed the importance of effective agency management. Suggestions for promoting healthy communication practices in families through peer-run programs and ensuring safe access to services were discussed. Participants emphasized the connection between a safe environment and mental health focus. Housing-related concerns included income-based accommodation for seniors, co-housing, and transparency in housing access. Advocacy for preventing evictions and developing low-barrier housing were key points. Lastly, participants advocated for culturally syntonic traditional healing practices, stigma reduction, and treatment for those unwilling to seek help. Peer-led groups, funding support for existing groups, harm reduction education, access to life-saving products, and career development for peers and caregivers were also recommended. These insights will inform future community initiatives.

MHSA Key Listening Session Answer Sheet

Interviewee: Name/Title/Agency: Family Education Resource Center Spanish Listening Session
KII DATE/TIME: 12/18/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

      1.   Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	2
Behavioral Health Workforce	6
Crisis Continuum	6
Housing Continuum	3
Substance Use	7
Community Violence and Trauma	4
Child/Youth/Young Adult Needs	1
Adult/Older Adult Needs	5
Needs of Family Members	3
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	4

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Child/Youth/Young Adult Needs
Record/Solutions/Strategies/Ideas to address this need:
The group talked about the need for early mental health support especially for awareness programs targeted to children, youths, and young adults in schools. They advocated for programs that promoted children to seek help as well as programs that can identify mental health issues among youth.

3. **Ranking #2** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
Accessing programs in Spanish has proved difficult for many of the group since they are monolingual. There is also a stigma concern with seeking mental health support which prevents them from accessing services. They also think the information is not accessible and comprehensive which is leading to difficulties in their navigation services.

4. **Ranking #3** Housing Continuum
Record/Solutions/Strategies/Ideas to address this need:
The instability of housing is affecting the mental health of clients. They believe housing is the first pillar of mental health that must be addressed and then unemployment and financial obstacles. The group had questions around Section 8 and the need to help register people they know.

Once this process is complete, ask them if there's anything we missed or anything else they would like to share with us.

This is for your own notes afterwards to summarize and synthesize the information

Overall Summary of the Listening Session
The MHSA team met with the Family Education & Resource Center (FERC) Spanish Group. The discussion focused on the mental health challenges and solutions to addressing the mental health needs of the

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Spanish speaking population. The group highlighted the barriers to language accessibility, the stigma around receiving mental health services, and the lack of accessible information. The group also spoke about how important housing is to mental health as well as culturally competent individual mental health professionals. The group discussed the need for preventative programs for youth and adults, trauma informed care, and family support services.

MHSA Key Informant Interview (KII) Process
Summary Sheet

Interviewee: Name/Title/Agency: Laura Otero, Administrator, First 5 Help Me Grow
KII DATE/TIME: 12/1/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	2
Crisis Continuum	Choose an item.
Housing Continuum	4
Substance Use	Choose an item.
Community Violence and Trauma	3
Child/Youth/Young Adult Needs	Choose an item.

Adult/Older Adult Needs	Choose an item.
Needs of Family Members	Choose an item.
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	Choose an item.

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
The need for more support for families looking for resources can continue to be streamlined when providing referral services. Providers need to continue to enhance behind the scenes collaboration to help guide families and clients.

3. **Ranking #2** Behavioral Health Workforce
Record/Solutions/Strategies/Ideas to address this need:
There needs to be continued recruiting and retaining talent strategies to ensure there are enough providers. It is helpful when providers are multilingual and cultural to help address and relate to the needs of the family. The waitlist for seeing a qualified provider has continued to grow.

4. **Ranking #3** Community Violence and Trauma
Record/Solutions/Strategies/Ideas to address this need:
The child population that they support requires them to assist with the aftermath of domestic violence and trauma. For youth that experience community violence and trauma they must address conflict and stress related problems.

5. **Ranking #4** Housing Continuum
Record/Solutions/Strategies/Ideas to address this need:
For families with housing insecurities, they make sure to have information related to finding shelters and temporary housing.

This is for your own notes afterwards to summarize and synthesize the information

Overall Summary of the Listening Session

MHSA conducted a key informative interview with Laura Otero Administrator with First 5 – Help Me Grow. The Help Me Grow team works with children ages 0-5 and their families. First 5 – Help Me Grow indicated that they are seeing clients' top needs as: Access, Coordination and Navigation to Services, Behavioral Health Workforce, Community Violence and Trauma and the Housing Continuum. There is a continued need to help families seamlessly access and locate services. Recruiting and retaining credentialed providers and ensuring staff are multilingual and cultural remains a top priority. They continue to have to aid in supporting the youth and family clients as they recover and cope with domestic violence and trauma related incidents. Housing has continued to be a main issue with families needing temporary housing and they see an increase organizing with shelters.

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MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

FACILITATOR NAME/AGENCY: **Jay Mahler Recovery Center**
FOCUS GROUP DATE/TIME: 12/07/2023
# of Participants: 10 Participants, 2 Facilitators (Noah/Brian)

1.   Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	5
Behavioral Health Workforce	5
Crisis Continuum	6
Housing Continuum	1
Substance Use	2
Community Violence and Trauma	6
Child/Youth/Young Adult Needs	4
Adult/Older Adult Needs	4
Needs of Family Members	7
Needs of Veterans	5
Needs of the Re-entry Community	3

2.   **Ranking #1**: Housing Continuum
   •   Need more housing for folks, especially the houseless
   •   Housing tailored towards folks with mental illness, since it is particularly hard for this group to obtain
   •   "Housing is a barrier."
   •   Women face sexual and domestic violence when trying to obtain
       o   Develop safer ways for houseless
   •   Lack of documents is a barrier to access
       o   make it easier to obtain if you don't have all of the paperwork.
       o   Harder to do if you have signs and symptoms of mental illness, or pre-existing medical and psychiatric conditions
   •   More subsidized housing, especially for assisted living.
       o   People with serious mental illness have one of the highest needs for permanent and/or supportive housing

3.   **Ranking #2:** Substance Use
   •   Need better *quality* of substance use disorder treatment providers, not just *quantity*

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    o   There are lots providers in Alameda County, but the treatment seems to repetitive or "cookie cutter" and does not promote real recovery like more expensive, intensive inpatient treatment programs

4.   **Ranking #3**: Needs of the Reentry Community
- Not enough services or help finding resources.
- A list or guide with *up-to-date* service and provider data would be helpful.
- More care navigators, especially those focused on the needs of those experiencing mental illness.
- Assistance with finding and maintaining employment
  - o   "The hardest part of reentry is finding a job."
- More companies or organizations that focus specifically on hiring reentry population
  - o   Urban Alchemy Services in San Francisco is an example of one such employer
  - o   CiviCorps in the East Bay is another
- Incentivization of both cities or governmental districts **and** employers to recruit from and hire reentry population would be helpful
  - o   Example: City of SF hired Urban Alchemy to clean up city for the 30th APEC summit in 2023

5.   **What Else, What Did we Miss**:
Record/List Answers: *Group did not offer any comments when Noah asked if we missed anything.*

Note: *This group went through all 11 areas of need in order. Rankings were derived by voting on whether or not a given area of need was a concern. Rankings were selected from he final tally for all 11 areas of need. Below are notes on the other 8 areas of need that were not in the top 3 most important ranking.*

Access, Coordination, and Navigation to Services:
- Medi-Cal services:
  - o   Improve Med-Cal service navigation to make process easier
  - o   Limited Medi-Cal service offerings; increase these, particularly with respect to mental and behavioral health.

Behavioral Health Workforce
- Quantity of providers is not an issue; it's the quality of service that they render
  - o   Improve treatment offerings
  - o   Work with providers to focus on the case history and holistic picture of patient
    - ▪   Many patients feel that the providers do not read charts or otherwise familiar themselves with patient history prior to meeting with them.
    - ▪   "Feels like we are an order in a fast food restaurant" due to mechanical and repetitive treatment approaches

Crisis Continuum
- Reach more and/or more isolated patients by offering mobile services, such as CATT or Oakland's MACRO
- Service like BACS are doing a good job of providing outreach and crisis service in cities like Fremont

o "Fremont has good services."

Community Violence and Trauma
- Increase the number of confidential "safe houses" for victims of domestic and sexual violence.
- Train staff in maintaining confidentiality to protect patient safety, especially in small, local communities such as Oakland
- Help create, promote, and maintain employment linkages for victims of domestic and sexual violence.

Children/Youth/Young Adult Needs
- Need more services for kids and young adults
  o Specifically, services geared towards depression and serious mental illnesses
- More reunification services
  o Adoption outspends family reunification, according to one participant
- In schools
  o Smaller class sizes for kids with behavioral and SMI challenges
  o Teacher and staff training that know how to deal with issues
  o More hands on instruction with special needs kids

Adult/Older Adult Needs
- More "good" services like Woodrow House for adults
- Assistance with finding housing and employment
- Programs for older folks (> 65 YO) that address elder abuse and prevent its occurrence
- More community involvement:
  o Wellness checks on isolated adults
  o Mobile services including medical and psychiatric care, as well as care navigators

Veterans
- More housing for veterans, especially those returning from deployment with serious mental and physical health issues.

Overall Summary of the Listening Session
The MHSA team held a listening session with 10 participants at Jay Mahler Recovery Center. The top needs of the group were the Housing Continuum, Substance Use, and the Needs of the Re-entry Community. The group expressed the need for more housing for the unhoused and detailed how housing is a barrier to mental health. They are looking for Alameda County to improve substance abuse services that are repetitive and provide more intensive inpatient treatment programs. They were concerned that the needs of the re-entry community are not being adequately addressed and there needs to be more care navigators available to help with accessing community services. Overall, the group was knowledgeable on the resources that Alameda County offers, however they would like Alameda County to provide more resources and guides to help consumers connect with services more efficiently.

MHSA Key Informant Interview (KII) Process

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Summary Sheet

Interviewee: Name/Title/Agency: Aaron Ortiz, CEO, La Familia
KII DATE/TIME: 12/6/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

      1.   Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	2
Crisis Continuum	8
Housing Continuum	5
Substance Use	9
Community Violence and Trauma	6
Child/Youth/Young Adult Needs	3
Adult/Older Adult Needs	10
Needs of Family Members	7
Needs of Veterans	11
Needs of the Re-entry Community	4

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

      2.   **Ranking #1** Access, Coordination and Navigation to Services

Record/Solutions/Strategies/Ideas to address this need:
Streamlining access to services can help those in need find services quicker and more efficiently. The county needs to continue to have a structured framework for easy navigation of services. There needs to be prioritization of client needs determining key access and entry points. There needs to be pre-assessment strategies to prevent crises and early intervention methods.

3. **Ranking #2** Behavioral Health Workforce
Record/Solutions/Strategies/Ideas to address this need:
He recognizes that there is an essential need for a skilled and adequate behavioral health workforce. There needs to be a proactive approach to addressing the right workforce to prevent it from becoming a barrier to effective program delivery. Continuous clinical leadership training and building programs.

4. **Ranking #3** Child/Youth/Young Adult Needs
Record/Solutions/Strategies/Ideas to address this need:
The services the county offers to children, youth and young adults need to be routinely identified and properly tailored to what the community needs and requests. There needs to be discussions on safe spaces and counseling for children and youth as preventive measures.

5. **Ranking #4** Needs of the Re-entry Community
Record/Solutions/Strategies/Ideas to address this need:
The continuous recognition of identifying the challenges faced by the re-entering population after incarceration. There is still a necessity to have more programs and refinement to support mental health, housing, and employment for the re-entry populations.

Once this process is complete, ask them if there's anything we missed or anything else they would like to share with us.

This is for your own notes afterwards to summarize and synthesize the information

Overall Summary of the Listening Session

MHSA conducted a key informant interview with Aaron Ortiz CEO of La Familia. The discussion reviewed the complexities of structuring mental health services in Alameda County. The discussion highlighted the essential need for increased access, efficient coordination, and successful navigation of the services available to mental health clients in Alameda County. The topics discussed varied from the significance of workforce development and crisis management strategies to the housing continuum and concentrated support for children, adults, and the reentry communities. There is a necessity for more tailored mental health services to address community members' needs across different demographic groups to make a greater impact on substance use, community violence, trauma, and family member support.

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MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

</div>

Interviewee: Name/Title/Agency: Executive Team, LGBTQ Center

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KII DATE/TIME: 12/7/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	4
Behavioral Health Workforce	3
Crisis Continuum	7
Housing Continuum	1
Substance Use	Choose an item.
Community Violence and Trauma	6
Child/Youth/Young Adult Needs	5
Adult/Older Adult Needs	2
Needs of Family Members	Choose an item.
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	Choose an item.

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Housing Continuum
Record/Solutions/Strategies/Ideas to address this need:
Their mental health clients are having difficulty finding housing that is affordable and would like to see a care navigator on-site to help them access services. The trans community that is

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unhoused is fearful of violence being done to them and faces constant threats at homeless encampments. They are seeing the elderly population become more socially isolated, especially in senior homes and the elderly population also faces housing displacement. The providers of housing are not making LGBTQ friendly accommodations, nor are there any housing complexes that are specifically for LGBTQ people. There is also a lack of gender accommodation for people of multiple genders in new housing complexes.

3. **Ranking #2** Adult/Older Adult Needs

Record/Solutions/Strategies/Ideas to address this need:

The seniors that they work with have become more distant and are becoming more socially isolated in their residences. The social isolation has led to mental health issues as well as socially anxiety for seniors that were once part of the LGBTQ community but do not feel comfortable being visible as they age. The elder LGBTQ population needs a care navigator specifically assigned to them that can visit elders in their residences and on-site at the LGBTQ center. There needs to be more programs to support the LGBTQ seniors like the Lavendar Seniors program.

4. **Ranking #3** Behavioral Health Workforce

Record/Solutions/Strategies/Ideas to address this need:

There needs to be more trainings on harassment and bullying towards the LGBTQ community. There also needs to be qualified staff that are from the LGBTQ community and have the background to speak with different age groups. There needs to be regular capacity building support groups for MH clients with other agencies and the county.

5. **Ranking #4** Access, Coordination, and Navigation to Services

Record/Solutions/Strategies/Ideas to address this need:

There needs to be more programs for LGBTQ people with HIV. There also needs to be more care navigators that can help LGBTQ Black and Latino people navigate the various services available to them. The LGBTQ Center would like a care navigator stationed at their center. Overall, the LGBTQ population wants to continue to be included in county programs.

Once this process is complete, ask them if there's anything we missed or anything else they would like to share with us.

This is for your own notes afterwards to summarize and synthesize the information

Overall Summary of the Listening Session

The MHSA team spoke with the Executive team at the LGBTQ Center in Oakland and learned more about the needs of its clients and the LGBTQ Community. They are seeing a need for more programs to address social isolation in the elderly population. The housing being developed is not created with LGBTQ concerns in mind and accommodations for the LGBTQ community are leading to displacement from new developments. Also, needs for LGBTQ people in homeless encampments need to be addressed due to rising threats and violence. HIV is an ongoing problem that is receiving less resources but still needs to be addressed. Overall, the LGBTQ Center is looking to bring on a care navigator and would like to continue to participate in county programs.

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MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

FACILITATOR NAME/AGENCY: Mental Health Association for Chinese Communities
FOCUS GROUP DATE/TIME: 1/4/2023
# of Participants: 12

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	2
Crisis Continuum	10
Housing Continuum	4
Substance Use	9
Community Violence and Trauma	4
Child/Youth/Young Adult Needs	3
Adult/Older Adult Needs	4
Needs of Family Members	4
Needs of Veterans	10
Needs of the Re-entry Community	4

2. **Ranking #1** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
It's difficult to find therapy services, most services don't accept Medi-Cal, one solution is a type of voucher program for Medi-Cal or Medi-Care recipients. Stigma of having a mental illness or mental health issue also needs to be addressed. For more access to therapeutic services there can be advocacy at the state level for California to join the Psychology Interjurisdictional Compact (PSYPACT®), which is an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology *across* state boundaries, https://psypact.org/
Another solution mentioned was the development and maintenance of a resource directory that includes geographic locations and language capacity. This would be very helpful as a tool to use for all of the warm line callers. MHACC runs a warmline in three languages: Mandarin, Cantonese and English. Kaiser has a new resource for its members (including Medi-Cal members) to find MH services and to connect their members to various resources.

3. **Ranking #2** Behavioral Health Workforce

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Record/Solutions/Strategies/Ideas to address this need:
Expand Loan forgiveness program, scholarships are also helpful tools.
In order to reduce possible stigma about entering this job field, you have to make it attractive to people, show how this profession is making a difference, be inspirational, e.g. you're going to be a hero and well respected. Retention bonus or a sign on bonus, plus the need for more peer/family support opportunities and more in person services.

4. **Ranking #3** Child/Youth/Young Adult Needs
Record/Solutions/Strategies/Ideas to address this need:
Meet kids and youth where they're at and what they're interested in. The act of physically doing an activity, like art is very helpful and therapeutic. MHACC is working on a booklet right now for youth.
These populations need more awareness programming to better understand MH issues and solutions.
Hosting a youth leadership summit. Hosting Townhall settings where students bring their families and different MH topics can be discussed, like bi-polar disorder, which will give space for the family to talk and open up about different issues. Engaging with youth to empower them and for them to know how special they are. "When people believe they're precious they will act precious".
Dedicated funding for the warm line, youth are calling the warm line or parents are calling about their youth. More events to incorporate youth and family together…"Healing the parents is important to heal the child".

5. **What Else, What Did we Miss**:
Housing is still a very difficult issue, especially for older adults. One gentleman stated it took over a year to find and secure housing for his mother. Lots of bureaucracy. Without his help she would've been homeless. Nonprofits who are supposed to be helpful with housing vacancies or housing navigation sometimes are not and there is little recourse for the family or individual, would like to know how to report these nonprofits to the state. Kaiser has a new housing resource for its members, with housing counselors that actually follow up and are *proactive* with support.

Other comments made at the listening session: When people truly feel worthless, invisible, insignificant, or powerless, they generally tend to self-destruct. Either quickly (suicide) or very slowly (drugs, alcohol, gambling, overwork, etc).

I think if you really want to improve mental health, try to convince people that they are not worthless, insignificant, invisible, or powerless. You can brainstorm as to how to convince people that they are worthy, significant, visible, and capable.

I think it's helpful to also address trauma. How much do family members and society at large abuse, neglect, abandon, bully, humiliate and belittle each other.

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Overall Summary of the Listening Session

MHSA co-facilitated a listening session with community members from the agency, Mental Health Association for Chinese Communities (MHAAC) 美國華裔精神健康聯盟 资深副執行長

The top mental health needs included access/coordination/navigation of services, workforce and children/youth/young adult needs. Frustration with housing services was also brought up. Participants identified many solutions including the need for a resource directory of all behavioral health services, expanded loan forgiveness programming, more activities/events for youth and families to do together for joint learning (one participant said… Healing the parents is important to heal the child). Other solutions included activities to reduce stigma, dedicated funding for their tri-lingual warm-line, youth leadership activities and advocacy at the state level for California to opt into Psychology Interjurisdictional Compact (PSYPACT®), an interstate compact designed to facilitate therapeutic services *across* state boundaries. A memorable quote from the session was, "I think if you really want to improve mental health, try to convince people that they are not worthless, insignificant, invisible, or powerless. You can brainstorm as to how to convince people that they are worthy, significant, visible, and capable". Demographics included 12 individuals who identified as Chinese.

MHSA Key Informant Interview (KII) Process
Summary Sheet

Interviewee: Name/Title/Agency: Shanna Bowie, Community Programs Director, Pacific Center
KII DATE/TIME: 11/20/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	2
Crisis Continuum	4
Housing Continuum	6
Substance Use	9
Community Violence and Trauma	7
Child/Youth/Young Adult Needs	3
Adult/Older Adult Needs	6
Needs of Family Members	5
Needs of Veterans	10
Needs of the Re-entry Community	11

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
This is an important aspect of their mission to assist their clients. Pacific Center engages various groups, offers training programs, and provides mental health services. They routinely facilitate interaction between different providers and individuals in need of direct services. The Pacific Center states the need to prioritize bilingual services to support multiple languages in their growing client base.

3. **Ranking #2** Behavioral Health Workforce
Record/Solutions/Strategies/Ideas to address this need:
They are focusing on recruiting diverse clinicians who can speak different languages. There is also a need to hire LGBTQ Clinicians. The challenges in clinical training are magnified by the expensive living costs in the Bay Area. They would like a program for trained clinicians where apprentice hours can help cover living expenses especially for supporting clinicians from underrepresented backgrounds.

4. **Ranking #3** Child/Youth/Young Adult Needs
Record/Solutions/Strategies/Ideas to address this need:
They are seeing a need to address the diverse needs of children, youth, and young adults from diverse and marginalized communities. There is a need for an active effort to bridge funding disparities and resource gaps that affect LGBTQ youth to provide comprehensive services. The Pacific Center aims to provide unique services for these individuals to promote inclusivity and understanding about their services.

5. **Ranking #4** Crisis Continuum
Record/Solutions/Strategies/Ideas to address this need:

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They apply a non-law enforcement crisis response method; they offer peer support groups and assist local peers as facilitators to help those in crisis. They strive to have language resources and crisis intervention services for the various LGBTQ communities.

This is for your own notes afterwards to summarize and synthesize the information

Overall Summary of the Listening Session

MHSA conducted a key informant interview with Shanna Bowie, Director of Programs at the Pacific Center. The Pacific Center offers wide ranging programs, including support groups and mental health services. The Pacific Center indicated that they are seeing clients' top needs as: Access, Coordination and Navigation to Services, Behavioral Health Workforce, Child/Youth/Young Adult Needs, and the Crisis Continuum. There is a need for a more diverse and culturally competent behavioral health workforce. They suggest more training of clinicians to better serve LGBTQ groups. They also recommend addressing gaps in services and including funding specifically around the needs of children, youth, and young adults. The Pacific Center has increased services and resources for the crisis continuum and is focusing on non-law enforcement intervention to support individuals experiencing a mental health crisis.

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MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

</div>

Interviewee: Name/Title/Agency: Peers Transitional Age Youth Group,
KII DATE/TIME: 12/6/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

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Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	Choose an item.
Crisis Continuum	Choose an item.
Housing Continuum	2
Substance Use	4
Community Violence and Trauma	5
Child/Youth/Young Adult Needs	3
Adult/Older Adult Needs	Choose an item.
Needs of Family Members	Choose an item.
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	Choose an item.

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
They are concerned with client's access to mental health and the rising costs, they think this is stopping more people from accessing mental health care. There also needs to be more promotion on the mental health stigma to inform people from different cultures it is acceptable to receive mental health care. There needs to be more focus groups to provide clients with a community voice and more in-person events so people can attend.

3. **Ranking #2** Housing Continuum
Record/Solutions/Strategies/Ideas to address this need:
Housing solutions and resources need to be advertised more. There needs to be more educational workshops for renters and first-time homebuyers. These workshops need to be done in multiple languages to serve all populations to help people remain housed and to become housed.

4. **Ranking #3** Child/Youth/Young Adult Needs
Record/Solutions/Strategies/Ideas to address this need:
There needs to be more PEI programs that focus on marginalized youth. The group stated that a lot of the youth are not being given an opportunity and the barriers to succeeding are becoming increasingly difficult. They think that staff should be trained to provide restorative justice to prevent and solve conflicts before they escalate. There also needs to be more mental health resources in school and in the classroom for youth to have their problems addressed urgently. Young adults should be provided with a stipend to incentivize them to reach out to mental health resources, an incentive can encourage them to break the mental health stigma.

5. **Ranking #4** Substance Use
Record/Solutions/Strategies/Ideas to address this need:

For youth and young adults more substance abuse training while in their younger years can prevent substance abuse later in life. They think that there needs to be more substance abuse trainings in the classrooms.

Once this process is complete, ask them if there's anything we missed or anything else they would like to share with us.

This is for your own notes afterwards to summarize and synthesize the information

Overall Summary of the Listening Session

MHSA team conducted a Listening Session with 7 community members from the PEERS TAY group. The group is comprised of youth and young adults who were vocal about sharing their concerns and recommendations for the MHSA services in Alameda County. The Peers TAY group highlighted their top concerns as: Access, Coordination and Navigation to Services, Housing Continuum, Child/Youth/Young Adult Needs and Substance Use. They addressed that there needs to be cultural destigmatization around mental health services and incentivization for youth to want to come forward to access mental health services. There are numerous members of the group who live in unsafe communities and believe their mental health issues stem from their environment. The group thinks there needs to be more mental health resources in schools to help youth address issues immediately, and not wait to access services after school or on the weekend. The group encourages MHSA to continue to conduct focus groups to listen to strategies and solutions to community members mental health needs.

MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

FACILITATOR NAME/AGENCY: Peers Org. Comm. Change (POCC) MHSA Planning Meeting
FOCUS GROUP DATE/TIME: 11/21/2023
# of Participants: 30
County: 4 [Mary Hogen, Tracy, Noah, Abigail]
Survey Participants: 26

I. **Ranking of Community Needs:**

Community Need	Top Three (3) Ranking	Tally numbers
1. Access, Coordination and Navigation to Services	1	11
2. Behavioral Health Workforce	2	9
3. Crisis Continuum	3	5
4. Housing Continuum	3	6
5. Substance Use	Ranking the Votes	3
6. Community Violence and Trauma	Ranking the Votes	2
7. Child/Youth/Young Adult Needs	Ranking the Votes	2
8. Adult/Older Adult Needs	Ranking the Votes	5
9. Needs of Family Members	Ranking the Votes	2

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10. Needs of Veterans	Ranking the Votes	1
11. Needs of the Re-entry Community	Ranking the Votes	5

II.**Ranking #1**: Access, Coordination and Navigation to Services
<u>Record/Solutions/Strategies/Ideas to address this need:</u>

- We need more Navigators out in the field, meeting people where they're that are in crisis to connect and support them.
  - o Many providers are at their desk instead of reaching the community in need.
  - o Planting a seed that there's help out there for them.
- Have other avenues to meet the people in need where they're at.
  - o Home visits, going to homeless camps or other ways.
  - o Have a community van, medvan (medical van) because there's a lot of people dying out there in substance abuse and in cold weather.
- Need for more funding in the shelter.
  - o Shelter hours are limited, especially in the winter times. There's a stipulation and they're only open when it's below 44 degrees and if it's 45 degrees they're close.
  - o It doesn't change the state of those people who are homeless that are in those weather that have health issues.
- Look at all the criteria, even those people who are housed and not just wait for people to become homeless because we didn't meet their needs when they needed it the most before they fell on the pit of homelessness.
- Issues to address implementation on when the rubber meets the road. Is the implementation effective or not.
- Are we in the spaces, places delivering services in a timely manner when our organizations are needed?
  - o At times there are processes that fall down.
- Having useful data that identifies the services, processes, as what was said "time is money" and who are imposing those services.
- Need to funnel those services that are efficient and figure out which ones gives the best results in reaching the community in need.
  - o Need to map thing out to get a clear view of the process that follow through (who's doing what services, the coordinated services, navigation, and special services and figuring out what it really looks like on how the community is being reached out in a timely manner).

Ranking #2: Behavioral Health Workforce
<u>Record/Solutions/Strategies/Ideas to address this need:</u>

- Workforce staff who dedicated themselves to their job aren't being paid well.
- Need for support in the workforce when staff also experience crisis.
  - o they shouldn't get fired but provided therapy or help
  - o Workforce experience backfire (saying that they have pre-existing MH issues, and it didn't happen because of this but because you are already like this)
- Evaluation on pay scale for Peer Support Specialist in current economy.
- Funding training to support the staff to be well equipped in the work they do.
- Need for after business hours and weekends to connect with staff, services, programs, and access to county portal.

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o Need to address the "Friday after three services" for people with serious MH challenges, housing need, the availability of portal company needs in ALCO employee services, since MH challenges doesn't have a day off or time off.

o Only available are John George, Highland hospital.

o Had experienced being told that it cannot be addressed until Mon or Tues. which is 48 hours wait window and the only option is to go to JG or Highland which is a trigger form and not a welcoming space for people w/MH challenges and to meet them where they are at and provide them services. And they end up being held in custody.

o In JG and Highland hospital all they can do was to pick up their medicine and be placed in a program.

- Provide safe and welcoming places and spaces for those people with MH challenges that provide them direct services and housing they need (stop creating more trauma).

o There's the CATT team services (instead of 911) but they have to start all over again and bring them to the bottom that bring about those triggers.

o When clients come to the County to seek services and admit to their substance use or need housing they're brought to a place where they're traumatized all over again instead of bringing them to the direct Access services they need.

- Need staffing or hire more peer support specialist w/lived in experience for well needed response.

o When people call phone numbers like Access, 211, they may be under staff because they don't get immediate response, or support.

- Need to hire more peer respite support and care.

- Need funding for more respite care services and to have a clear reduced timeline for those in critical condition.

o Three (3) clients passed because they're not provided with the housing services they need in a timely manner.

- We need to advocate for 2% for MHSA, 1% Tax isn't enough. Programs that are providing benefiting services get cut and it shouldn't happen.

Ranking #3: Crisis Continuum & Housing Continuum

    A. Crisis Continuum

Record/Solutions/Strategies/Ideas to address this need:

- Emphasis on support system put in place for the workforce.

- Having more trauma informed work e.g. CIT, so people can continue to be informed, continue to examine their biases, can provide cultural responsive services.

- Crisis are very broad. It could be MH, financial, housing etc.

o MH issues, there should be a clear process on where they can go or who they can talk to on a personal level that they can trust.

o Be mindful of the age group on how to address/meet people during their crisis.

o Living circumstance which is different approach to tackle.

- Peer respite care that is continuum and is a one-stop-shop peer run program.

o Assessment in 2 weeks, more support, then move to another program that they don't need to move to different location.

- Mobile Crisis Van at times cannot reach people in times of need because they're short staff.

o Need to hire a certified peer support specialist.

- There should be a mandatory training workshop for the community area.

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o e.g. First Aid Mental Health training given to workforce staff like peer support specialist, to doctor, family, neighbors, community.

o People experience crisis even their Dr. who cannot see them or cancelled an appt. because the Dr. is also in crisis and not well fit to perform.

- Need for service provider with lived in experience that can provide wellness care and empowerment and hold on to their own agencies.

o the highly educated clinician or doctors but doesn't have all the components in place and they may provide inaccurate care which led to waste in funding.

- Need to provide or create 24/7 services and programs available instead of turning people away.

o Temporary Triage

o Real life experience in accessing services and care which were not available. They called and there's no bed available and was told that they need to walk in and come in not until Monday to get service they need. So, they resort to calling an ambulance to get help. And when it resorts to the person committing a crime like shooting, beating or something because they're not given help and press broadcast it's a MH person but prior to the event the MH person was seeking help but wasn't provided services.

B. Housing Continuum

Record/Solutions/Strategies/Ideas to address this need:

- Systemic issues need to be addressed, historic data shows that housing and healthcare has been out of reach of people for a very long time.

o Service should reach people in need, on time and not when they have already passed away.

- Need to have accountability and have a check and balance in housing programs and services.

- Housing resource access

- Transparency in decision making in housing.

o What's the dominoes on how long it took or how much time for you to get housing to the homeless (time is money; when the funding on certain programs for housing doesn't get the job done, then that funding needed to be shift somewhere else where they can provide real results (peer support specialist or programs that are working)

III. **What Else, What Did we Miss**:

Record/List Answers

- Create a group home to undocumented people (latino community who are unserved)

- People in MH crisis, there's no time when their trigger happens, and they break down.

- Evening crisis, under medical, they don't provide any therapy support.

- In Casa Ubuntu Wellness center they serve people who are in need but cannot bill people that already have case manager in BACS, Telecare and other places.

o There's recognition there.

- Need to develop a comprehensive digital platform and master directory that has contact people, assessment, subcontractors and resources of all supportive mental health and services in ALCO that's updated with diff. resources like hospitalization, housing, treatment etc.

o There's no easy transmission of information in the Mental Health treatment system and access services.

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o When James worked in Berkeley, they had a bluebook which was a comprehensive directory, e.g. in highland hospital emergency where Sutter can provide all the person's emergency information in matter of seconds.

o Lack of utilization and access to information/resources which causes delay and lack of cohesiveness.

o People mostly only get access to services through word of mouth.

- Need to have a department or responsible part that's paid to update the master directory.

- Suggesting that there should be another page to HRMIS for providers contact information on who provides what service.

o Unfortunately, there's a culture in providers funding that they don't connect because they're fighting for funding. They don't share each other's resources and services instead of cross-training each other and get broader wide availability and exposures of shared resources in ALCO.

- Being able to disseminate information and have paper copy is very handy since not everyone has internet and electronic devices.

- Digital division need to be addressed.

Tracy expressed the impact of the community survey which turned into data that gets rolled back to the County and examined by the executive leadership team and the BOS. And when there's additional funding, then this data can be used. Just like in the previous community input sessions, the agency were able to fund programs that are coming like the LGBTQI and QS, new early childhood program, Innovation project for the reentry community, new awarded peer respite program, new wrap services for the reentry community, training, additional staffing to court system. Additionally, this data is useful also in the implementation of our services.

IV. Action Items:
- Mary will provide compensation (stipends) to the participants.
- Mary will send Tracy the invites of the POCC holiday event (Dec. 7th in Holiday Inn) that Gordon mentioned.
- Tracy/Abigail will provide swags and give it to Mary.
- Mary will bring all the swags to the Holiday Cultural event.

Overall Summary of the Listening Session

POCC Meeting was held via Zoom video conferencing that were attended by total of 30 attendees among them were 26 expected survey participants. It's hosted by Mary Hodgen and facilitated by Tracy Hazelton and Noah Gallo. A demographic survey was launched in the beginning. Then the areas of needs were presented and elaborated to the participants for the main goal of getting their feedback and insights. Afterward the participants cast their top three (3) votes of topic in the chat, then were tabulated and identified the most voted topic for discussion and input.

Participants have asserted that services and assistance need to meet people where they are at literally (going to homeless camp) and in other avenues of their current situations. They've pointed out that there's a great need for after-hours and weekend services, especially for people with MH challenges, that's a safe and welcoming space or place, including temporary triage. They are advocating hiring more peer support specialists to team with clinicians and doctors as a whole component in providing complete care services. To have an analysis of data that can show which has effective results in reaching the needs of the community. To have a one-stop-shop for respite care continuum. To have a check and balance in housing and transparency in its decision-making. In the end part of the forum, it was added to create a group home for undocumented Latino community experiencing MH crisis. And final suggestion to hire a position and develop a comprehensive master directory that gets updated with different resources like hospitalization, housing, treatment etc.

MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

Interviewee: Name/Title/Agency: Teslim Ikharo, Executive Director, Board of Directors, Supportive Housing Community Land Alliance (SHCLA)
KII DATE/TIME: 11/29/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	3
Behavioral Health Workforce	2
Crisis Continuum	2
Housing Continuum	1
Substance Use	Choose an item.
Community Violence and Trauma	5
Child/Youth/Young Adult Needs	5
Adult/Older Adult Needs	4
Needs of Family Members	Choose an item.
Needs of Veterans	5
Needs of the Re-entry Community	5

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Housing Continuum
Record/Solutions/Strategies/Ideas to address this need:
They recognize that housing is a major factor in the mental health of individuals. They also seek to provide services to clients that are housed to help teach clients how to live inside a residence. Often, they are witnessing clients live homeless inside of their room or apartment. There needs to be wraparound services onsite to help clients. They think that housing should be based on income and the amount the mental health client can afford. Older adults are being left out of housing solutions and there needs to be constant outreach to assist elderly people in finding housing.

3. **Ranking #2** Behavioral Health Workforce, Crisis Continuum
Record/Solutions/Strategies/Ideas to address this need:
They see that peer navigators with lived experiences are the most effective for helping mental health clients. The peer navigators need to be given more tools and training so they can help clients access resources.

4. **Ranking #3** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
They believe that peer navigators can make a difference for unhoused mental health clients. They want more services that are mobile and can meet clients where they are at. They also want to have more navigators located on-site at different housing complexes to assist mental health clients immediately. They are looking for more Latino outreach and engagement to serve the new immigrant population that is not forthcoming to access services.

5. **Ranking #4** Substance Use
Record/Solutions/Strategies/Ideas to address this need:
There needs to be substance abuse services that can go into the community to help the unhoused. They said that clients become housed then the substance abuse services need to be available in the residences so clients can access them quickly.

Once this process is complete, ask them if there's anything we missed or anything else they would like to share with us.

6. **What Else, What Did we Miss**:
Record/List Answers

This is for your own notes afterwards to summarize and synthesize the information

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7. The MHSA team presented at the Supportive Housing Community Land Trust board meeting to board members and community members. The top needs of the clients were the Housing Continuum, Behavioral Health Workforce, Crisis Continuum, Access, Coordination and Navigation to Services, and Substance Abuse. The group wanted to emphasize that more affordable housing needs to be made in different areas of the county. They also want there to be more wraparound services for mental health clients in residential buildings. The participants praised the Supportive Housing Community Land Trust model for providing them with the opportunity to be invested in their living situation as opposed to being homeless or a renter.

MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

FACILITATOR NAME/AGENCY: **Swords to Plowshares (STP)**
FOCUS GROUP DATE/TIME: Click or tap to enter a date. **11/02/2023**
# of Participants: 17 Veterans (including Robert Williams), 2 MHSA Staff (B.Godwin, N. Gallo),
STP Staff (E. Spiru), Razon (HHREC)

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	Choose an item. 3
Behavioral Health Workforce	Choose an item. 2
Crisis Continuum	Choose an item. 2
Housing Continuum	Choose an item. 1
Substance Use	Choose an item. 2
Community Violence and Trauma	Choose an item. 7
Child/Youth/Young Adult Needs	Choose an item. 2
Adult/Older Adult Needs	Choose an item. 5
Needs of Family Members	Choose an item. 2
Needs of Veterans	Choose an item. 8
Needs of the Re-entry Community	Choose an item. 3

2. **Ranking #1: Needs of Veterans**
Record/Solutions/Strategies/Ideas to address this need:
- Solution: Swords to Plowshares helps Veterans
  - Helps with community involvment
- Need more scenarios like Sword to Plowshares
  - Place to get access, coordiantion, navigation to services
  - This is a place that helps Vets with multiple services

- More "one stop shops"
- Keep access in safe and secure location
  - Violent areas are bad for calming mind
  - Need a place with internet/tech/computer access
- More community members trained to be mental health specialists
  - Psychologists, psychiatrists, social workers
  - Government decisions to close hopsitals and clinics hurts Veterans
    - If the government cared, solutions would be found.
    - These groups do no accurately capture the needs and concerns of Veterans
    - Need more action, not words. Don't go in circles; do something
- Keep hospitals and clinics open; don't close state hospitals
- Veterans/community also have responsibility to police and safeguard community
  - Minimize fraud
  - Strengthen audit systems, which are weak now
  - Mental health follow up is missing in civilian wolrd; we need someone to take responsibility for helping keep treatment going
- Advocate for self-empowerment: use the VA
- Public awarness to help Veterans. Need strong representation from public or well known figures.
  - "Respect the Veterans from the top." from state/Federal leadership
  - Need someone to push for support after service. This will help morale with Vets that are struggling.
- Take care of yourselvesto help **everybody.**
  - Need to be more connected and united
  - Need to stand up and say "Don't forget about us."
- Financial coountability from government-funded entities
  - More money going to people, not organizations

3. **Ranking #2**: **Community Violence And Trauma**
Record/Solutions/Strategies/Ideas to address this need:

- More crisis support teams on the streets
- More gun violence mitigation
- Reconciliation between warring or violent factions that live in the same community
  - Help folks broaden geographic awareness
- Recognize that Bay Area is no longer safe and suitable for healing
  - Help with relocation assistance
  - Speed up services during crisis periods
- Work programs for minor offenders
  - Monitor government funding
  - Create accountability so funds are not used for personal use
  - Organizations like "Helmets to Hardhats"
  - Reallocate funds to people served, not admin.
- Civics training and education: help citizens understand the law
- Lots of drug use and homelessness in local communities
  - Petty crimes and drug use make it unsafe to live in certain areas

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- o Things get better, than get worse again
- o "Everybody wants to feel safe."
- o Solutions that don't necessarily involve cooperation with law enforcement
- o Advocacy for STP to provide safety and services for Vets and senior community in impacted areas
- o "It hurts me inside because I know my hands are tied."
- o Living supplies for folks that need them (furniture, bedding, and so forth) to help these folks
- o The **whole area** is impacted right now by violence
  - ▪ "Have to be in by 6pm because I'm a target."
  - ▪ Strips away privacy and privilege when you live under threat of violence
  - ▪ Takes away our peace
- o People care about where they live; they want to be able to settle down
- o

4. **Ranking #3: Adult/Older Adult Needs [*Not done due to time constraints*]**
Record/Solutions/Strategies/Ideas to address this need:

5. **What Else, What Did we Miss**:
- • Are Veterans entitled to same rights as civilians for habitable conditions?
  - o Are there separate criteria for Veterans?
  - o Need habitable conditions for younger Veterans?

Overall Summary of the Listening Session

MHSA co hosted a listening session with 17 Swords to Plowshares veterans program participants. Participants identified Veterans' Need are more Advocacy centers like Swords to Plowshares, emphasize more mental health training, addressing impacts of hospital closures, and call for ongoing support. To prevent community violence and trauma, the participants talked about pushing for more prevention crisis teams, reconciliation efforts, relocation aid, and faster crisis services, while addressing societal issues impacting safety.

**MHSA Key Informant Interview (KII) Process
Summary Sheet**

Interviewee: Name/Title/Agency: Tizita Tekletsadik, African Communities Program Manager, Partnerships for Trauma Recovery
KII DATE/TIME: 12/8/2023

Introduction and Explanation:
Thank interviewee for their time today and explain that the Mental Health Services Act, also known as MHSA or Prop 63, is a state funding stream funded through a 1% tax on California residents that earn over $1 million dollars/year. It requires that each year community input is gathered from a diverse group of stakeholders like themselves, which is why we've contacted them for their perspective and expertise.

The MHSA Team, along with a community planning committee has identified 11 community behavioral health needs that we'd like your opinion on and solutions to the top ranked needs for your [insert name of city or department].

The information provided will be used for our planning purposes for FY 24/25 and will be included in our next MHSA Report that will be published in the spring of 2024.

Transition to the Interview Questions
Share your screen and review the 11 areas of need. Then ask the interviewer to identify the top 3 or 4 areas of need for their city or department.

Note: (Once you confirm a KII please send the interviewee the Areas of Need document so they can read it before hand if they'd like, so that they're prepared for the interview).

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	Choose an item.
Crisis Continuum	Choose an item.
Housing Continuum	Choose an item.
Substance Use	Choose an item.
Community Violence and Trauma	2
Child/Youth/Young Adult Needs	3
Adult/Older Adult Needs	4
Needs of Family Members	5
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	Choose an item.

Once the interviewee has identified the top 3 or 4 Areas of Need tell them you'd like to hear about their ideas and opinions on *solutions* to these top ranked needs.

2. **Ranking #1** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
They are seeing the need to provide navigation to housing, employment, and immigration support. The coordination of different service providers for women, girls, boys, and immigrant needs has led them to think about hiring more navigators. This issue is further complicated by having to support immigrants from 55 different countries who speak different languages. They can support 23 different languages. They offer services at their office, and community gatherings depending on the safety, privacy, and accessibility.

3. **Ranking #2** Community Violence and Trauma
Record/Solutions/Strategies/Ideas to address this need:

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They are seeing more clients that come to them with various forms of violence from their current home and from their previous country. They are offering trauma informed care and support to target clients' abilities to access resources and capabilities rather than regarding clients as victims. They are seeing more of a need to provide services requested from the community that are culturally sensitive and culturally appropriate.

4. **Ranking #3** Child/Youth/Young Adult Needs
Record/Solutions/Strategies/Ideas to address this need:
They are seeing more unaccompanied minors, so they have had to adapt services to assist immigrant youth. They have found that their clients want to access services where they are already at, so they have started offering more youth workshops in schools, churches and mosques. With the teenager and young adult population they have addressed mental health challenges around experiences of racism and navigation law enforcement.

5. **Ranking #4** Adult/Older Adult Needs
Record/Solutions/Strategies/Ideas to address this need:
Family members are taking care of elderly who are experiencing isolation and difficulty in completing responsibilities. They have received feedback from parents that they are facing anxiety from being in a new county and a new culturally different environment. They are looking to create programs to bridge the gap in communication between parents and youth so that each better understand each other and their new immigrant experiences.

Once this process is complete, ask them if there's anything we missed or anything else they would like to share with us.

This is for your own notes afterwards to summarize and synthesize the information

Overall Summary of the Listening Session
7. The MHSA team met with the African Program Manager at Partnerships for Trauma Recovery. The conversation highlighted their top needs as Access, Coordination and Navigation to Services, Community Violence and Trauma, Child/Youth/Young Adult Needs, and Adult/Older Adult Needs. The conversation discussed how many of their clients are new immigrants from 55 African countries speaking over 23 different languages. Their clients have experienced violence in their home country, violence on their immigration journeys to the United States and some have experienced violence here. They encourage the Alameda County services to be culturally sensitive, provide linguistic accessibility, and to be mobile in the community. They see the need to bring together the different age groups of the new African immigrants so they can better understand each other with the goal of African youth, adults and elders improving the family dynamics and alleviating the elders needs of social isolation and caretaking duties.

**MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET**

FACILITATOR NAME/AGENCY: Robert Williams/Veterans Collaborative Courts (Telecare)
FOCUS GROUP DATE/TIME: 10/24/2023   10/27/202
# of Participants: 6
- **Robert Williams (HHREC, Active National Guard Member)**
- **Brian Godwin (MHSA-Alameda County)**
- **Danielle Guerry- (Collaborative Courts c/o Telecare)**
- **Jorge Hernandez- (United States Armed Forces Veteran)**
- **Noah Gallo- (MHSA-Alameda County)**
- **Denise Cash- (United States Armed Forces Veteran)**
- **Gary Ransom (United States Armed Forces Veteran)**

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	3
Crisis Continuum	Choose an item.
Housing Continuum	2
Substance Use	Choose an item.
Community Violence and Trauma	Choose an item.
Child/Youth/Young Adult Needs	Choose an item.
Adult/Older Adult Needs	Choose an item.
Needs of Family Members	Choose an item.
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	Choose an item.

- Ideas/Solutions/ Strategies to Address The Needs Noted Above

    - **Ranking #1: Access, Coordination, and Navigation to Services**

- Denise:
    - More local facilities
    - Transportation to facilities

- Jorge:
    - --Many veterans are very stubborn but have severe injuries like PTSD
    - --Get benefit information to younger Vet population exiting the military
    - --Create a Veteran workforce that recently discharged Veterans can reach out to
    - --similar to resource centers on campus
    - --Make knowledge of services like Abode and Swords to Ploughshares. Motivate younger Vets to use.
    - --Many Veterans are lost in the initial stages of separation and reintegrate into society

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- o --Start a Veteran to Veteran group
- o --Need to focus on retaining support staff and members
- o --Utilize community/community centers like library to advertise and support community events
  - ▪ "More community events"
  - ▪ --"Veterans language is food!"
  - ▪ --Incentives also work to attract Veterans to events. Understand what is important to Veterans and tailor care packages to them.

- Robert
  - o Swords to Plowshares is helpful in preventing homelessness

  - o **Ranking #2: Housing Continuum**

  - o Jorge:
  - o Housing specific to Veterans, regardless of discharge status
  - o Housing vouchers are useful
  - o Housing costs can make great impacts on fixed income. Might not be qualified for food stamps even though rent impacts pension funds.
  - o Employment resources also helps to ease housing pressure Veterans feel.
    - ▪ Workforce to help navigate housing and employment resources, especially if workforce are also Veterans.
    - ▪ "Veterans love Veterans."

  - o Denise
  - o More housing vouchers like VASH (sp.?) voucher
  - o Like housing vouchers
  - o Having a stable housing environment helps with mental health issues

  - o Robert
  - o Rent cap so rent is affordable
  - o "Inhouse network that is for Veterans, by Veterans."

  - o Gary
  - o Give Veterans information and access to housing programs
    - ▪ Share this information with the folks in counseling programs.
  - o Use housing from decommissioned military bases to house homeless Veterans, like at Treasure Island and Alameda Naval Stations
  - o One-stop shops that can offer resources and access to benefits

- **Ranking #3: Behavioral Health Workforce**

- Jorge:
  - o Workforce in VA is not open to public
    - ▪ Have to have a connection like a case worker or Social Worker
  - o Use a model like BACS:
    - ▪ Get at-risk individuals into immediate shelter and food acquisition

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- Get into County system quickly
- Help with housing situation
- Should include outreach specific to Veterans accessing mental health
- More assistance and community involvement in accessing resources
  - Increase network with VA to help Veterans involved with local organizations
  - Workforce should assist Veterans with identifying healthy emotional coping mechanisms
    - Similar to the TriWest program, but more community friendly
    - Programs should be more "Community friendly" and not necessarily tied to the VA process
    - A lot of Veterans ae being left out due to discharge or active-versus-reserve status
  - For provider training, they should understand Veteran-specific issues and resources like the VA and Swords to Ploughshares.

- Denise
  - Have a workforce trained to address substance abuse disorders concurrently with other
  - Organizations like BACS would benefit from more information on how to help Veterans and address specific concerns

  - Robert
  - Enlist VA help in assisting well-run community organizations and non-profits
  - The VA should be involved in ground-level work being performed at the local level
    - Would help to minimize the perceived stigma around VA access
  - Produce a pamphlet that offers Veteran-specific pamphlets that describe various benefits and programs.
    - Included in this would be a provider or other human that can support the Veteran by explaining the information contained therein

- **What Else, What Did we Miss**:
- Denise:
  - Events or functions where Veterans can meet up with VA and other Veteran-specific resources
  - Live events that help ease loneliness and isolation

- Jorge:
  - Encourage to VA providers to interact more with the community

- Overall Summary of the Listening Session
  - In ranking #1, the primary focus is on enhancing access, coordination, and navigation to services for veterans. Suggestions include the need for more local facilities and improved transportation options to these facilities. Additionally, there's an emphasis on reaching out to younger veterans exiting the military, establishing a veteran workforce, and creating veteran-to-veteran support groups. There's also recognition of the value of organizations like Swords to Plowshares in preventing homelessness.

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- In ranking #2, the discussion centers on the housing continuum, with an emphasis on housing vouchers, affordable housing, and the use of decommissioned military bases for housing homeless veterans.

- In ranking #3, the focus shifts to the behavioral health workforce, with recommendations for better training and the development of more community-friendly programs. The suggestions aim to enhance support for veterans in accessing housing, services, and mental health resources while fostering a stronger sense of community among veterans. Additional ideas include organizing events to connect veterans with resources and encouraging VA providers to engage more with the community.

- "How do you feel about this listening session?"

- Jorge
  - Strategize on how to engage the Veteran population
  - This listening session is a good example of dialogue and word-of-mouth information sharing.
    - Would be improved by having some sort of resource like a website that canserve as a next step after these types of sessions or conversations occur

  - Denise
  - More folks at the ground level to share information and guide Veterans to resources and benefits. Leverage word of mouth

  - Gary
  - There are lots of Veterans on the streets that have not accessed resources yet, so make sure outreach is directed to them to offer services.
  - Service like Homeless Action Center, BACS, REACH, and so forth are good resources for all folks, Veterans and non-Veterans, to access resources.

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MENTAL HEALTH & SUBSTANCE USE SERVICES

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Carol F. Burton, MSW, Interim Director

MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET

FACILITATOR NAME/AGENCY: Families Advocating for the Seriously Mentally Ill (FASMI)
FOCUS GROUP DATE/TIME: 1/12/2024
# of Participants: 7

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	2
Behavioral Health Workforce	Choose an item.
Crisis Continuum	Choose an item.
Housing Continuum	Choose an item.
Substance Use	Choose an item.
Community Violence and Trauma	Choose an item.
Child/Youth/Young Adult Needs	3
Adult/Older Adult Needs	Choose an item.
Needs of Family Members	1
Needs of Veterans	Choose an item.
Needs of the Re-entry Community	Choose an item.

2. **Ranking #1** Needs of Family Members
Record/Solutions/Strategies/Ideas to address this need:
There was a discussion about early intervention (EI) programming here in Alameda County. There's a successful EI program in Yolo County that FASMI members would like ACBH to review. Members were curious how people get into the local EI program run by the Felton Institute, how many people served, concerns about the age limit and how is the program marketed. It was suggested that the MHSA SG request Felton to do a presentation on their programming. This will be scheduled for one of the upcoming meetings.

3. **Ranking #2** Access, Coordination and Navigation to Services
Record/Solutions/Strategies/Ideas to address this need:
Many participants voiced concern and frustration on the lack of coordination of care for their loved ones. There was also frustration around the ACCESS number in terms of community knowledge of this service and the wait time for assistance. A solution was a type of team that was called and engaged the moment a person was admitted to John George and could then follow that individual through different systems and services in order to support navigation and coordination of care.

MHSA Listening Session Q&A Workbook
Creation Date: October 10, 2023
Once COMPLETE, put the document here: LS Notes_Summaries in the MHSA Share Point Site

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Early intervention is hard to be voluntary, people need someone to reach out to and that person be a consistent presence. Participants suggested a program model that helps stabilize clients, provides continuity of care, and ongoing wellness support. A program like this is in Yolo County and has an alumni program within the MH court. This program has proactive alumni/volunteers who reach out and provide support to newer participants.

Other solutions include: having a team approach of people who can be present/available on a daily basis, not just once a month, until they don't need that degree of help anymore. Increased collaboration with therapists. Increased support for family members. Having a family voice in the discussions with ACBH.

4. **What Else, What Did we Miss**:
There was interest in reaching out to other family member groups in the county. Several family groups that ACBH is aware of include: the African American Family Outreach Project, Mental Health Association for Chinese Communities, Family Education Resource Center (FERC), NAMI groups. The ACBH Office of Health Equity may have more information.

There is also still a significant need for hospital beds. There was also a sentiment from the group for the county to embrace the new changes and coming legislation because there's a feeling that what's being done is not working at all. The group would like to see more action and less process.

Overall Summary of the Listening Session
The MHSA Team conducted a session with seven FASMI members. There was interest in understanding the ACBH funded Early Psychosis program as the group was not aware of the program, how to access it, the program guidelines etc. There was overall concern and frustration with the lack of coordination of care for those living with a serious mental illness. Solutions around this included: a program with daily/ongoing/proactive care and check-ins and the provision of overall wellness services and supports. There was also a sentiment from the group for the county to embrace the new changes and coming legislation because there's a feeling that what's being done is not working. There was also an interest in learning about other family member groups to learn from others, increase information sharing and to uplift the family voice.

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**MHSA COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSION ANSWER SHEET**

FACILITATOR NAME/AGENCY: Ashland Cherryland Food and Basic Needs Coordination Committee
FOCUS GROUP DATE/TIME: January 9/February 13, 2024
# of Participants: 45

1. Ranking of Community Needs:

Community Need	Ranking
Access, Coordination and Navigation to Services	1
Behavioral Health Workforce	6
Crisis Continuum	8
Housing Continuum	2
Substance Use	8
Community Violence and Trauma	5
Child/Youth/Young Adult Needs	3
Adult/Older Adult Needs	10
Needs of Family Members	6
Needs of Veterans	11
Needs of the Re-entry Community	4

2. **Ranking #1 Access, Coordination and Navigation to Services**
    Record/Solutions/Strategies/Ideas to address this need:
    There are high stress pts around accessing/navigating services including affordability and equity of services. A favored solution was to "double down" on the promotora model to be able to reach community members, which could be Medi-Cal reimbursable under the community health worker classification. This could be very helpful in peer to peer counseling. This is a successfully proven way to bring MH strategies to the community. 211 is not helpful, it's difficult to access computerized forms, community members need technology (computers/laptops/ipads/smart phones) and assistance to access the forms/information and services. More school-linked supports, more resources for community centers, opportunities for parents to connect and parent groups. There also needs to be an increase in language access and cultural representation so that communities can access care from people who look and speak like them.

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3. **Ranking #2 Housing Continuum**
Record/Solutions/Strategies/Ideas to address this need:
There are significant issues with evictions, no housing stock. Solutions include: Roving housing navigators to help with finding and keeping housing/navigators who'd have both MH and SUD experience, rental payment assistance, migrant shelter, more transitional housing, more section 8 vouchers. The only housing options right now are sharing a room and this is approximately $600/mo.

4. **Ranking #3 Child/Youth/Young Adult Needs**
Record/Solutions/Strategies/Ideas to address this need:
Similar to item #1 above there's a high need for navigation to MH services, which could be done through peer to peer work. It would be very helpful to bolster community grassroots efforts in various languages and through culturally congruent approaches. Parenting groups/trainings/workshops. Also substance use prevention for youth and more substance use information for parents. Coaching and training on how parents can talk to their kids. More group counseling in various languages and leaning in to open spaces, like yoga in the park, having fun while providing education/training etc. There are increasing levels of homelss youth and it's difficult for them to manage/navigate all of the paperwork and documents needed to apply for affordable housing-a solutions is to have roving housing navigators that can move between shelters and aren't connected to a program. This would help enormously. Meeting people where they're at.

Overall Summary of the Listening Session
The MHSA Team facilitated a session with members of the Ashland Cherryland Food and Basic Needs Coordination Committee. Participants identified Access/Coordination/Navigation, Housing and Child/Youth Needs as top areas of needs. Solutions included: Utilization of the promotora, peer to peer, model to bring MH to communities, more services/supports for parents,e.g. parent support groups/workshops, more school-linked services, increased language access and cultural representation, roving housing navigators, especially to help youth/young adults, a migrant shelter, and more transitional housing. Participants also suggested substance use education for youth and parents, particularly around cannabis, there's a good deal of self medicating post-covid, supporting the full family, screenings for abuse, providing fun and a sense of community in order to successfully engage with community members and overall meeting people where they're at.

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Priority Area	
Self - Individual	
Crisis	Client doesn't want to contact law enforcement
Crisis	Having more trauma informed work e.g. CIT, so people can continue to be informed, continue to examine their biases, can provide cultural responsive services.
Other	homeless they need more insight into services and how they can access them.
Other	Re-examine the notion that there is something wrong with us - Stigma reduction is critical Especially for children
Access	There also needs to be more promotion on the mental health stigma to inform people from different cultures it is acceptable to receive mental health care.
Substance Use	For youth and young adults more substance abuse training while in their younger years can prevent substance abuse later in life.
Access	There is also a stigma concern with seeking mental health support which prevents them from accessing services.
Workforce	In order to reduce possible stigma about entering this job field, you have to make it attractive to people, show how this profession is making a difference, be inspirational, e.g. you're going to be a hero and well respected.
Child/YA	Engaging with youth to empower them and for them to know how special they are. "When people believe they're precious they will act
Community Violence	They are seeing more of a need to provide services requested from the community that are culturally sensitive and culturally appropriate.
Interpersonal	
Crisis	there should be a clear process on where they can go or who they can talk to on a personal level that they can trust.
Crisis	Emphasis on support system put in place for the workforce.
Crisis	There should be a mandatory training workshop for the community area. First Aid Mental Health training given to workforce staff like peer support specialist, to doctor, family, neighbors, community. e.g. First Aid Mental Health training given to workforce staff like peer support specialist, to doctor, family, neighbors, community.
Access	Start a Veteran to Veteran group
Access	Utilize community/community centers like library to advertise and support community events
Other	Live events that help ease loneliness and isolation
Veterans	More community members trained to be mental health specialists

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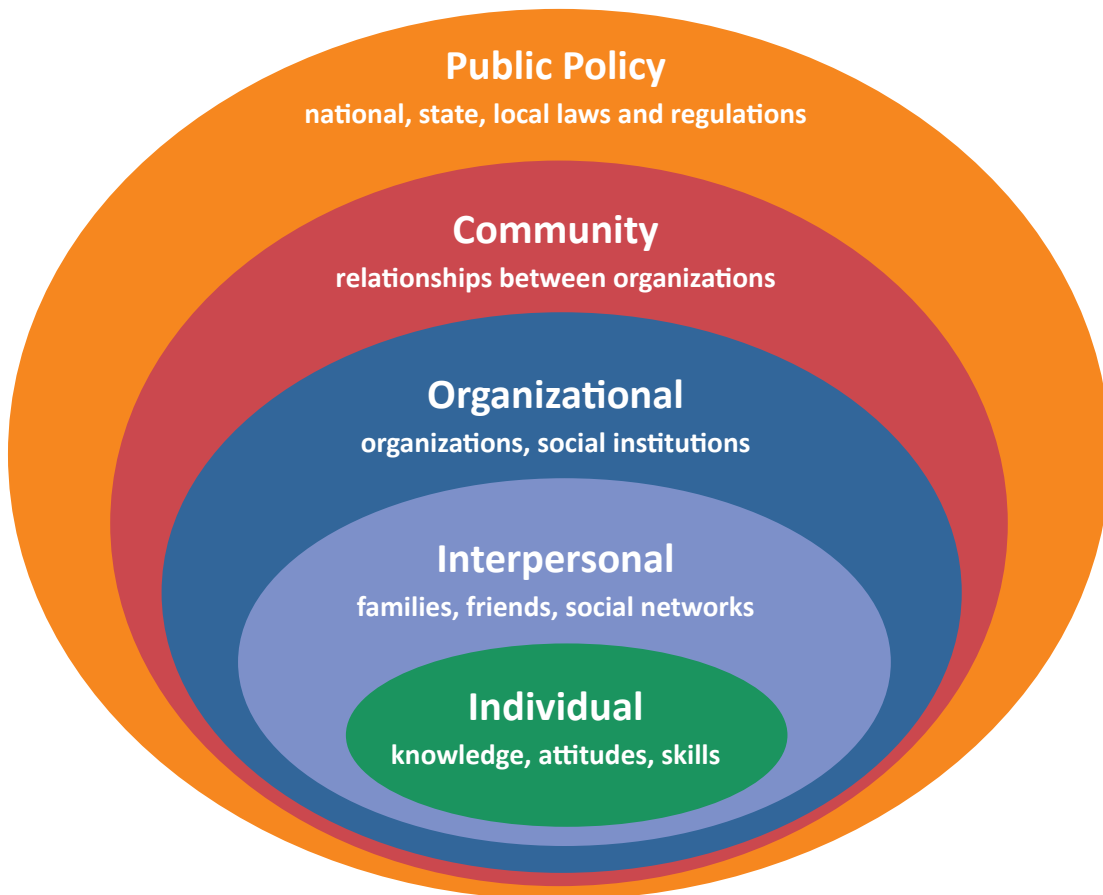|	
Comm. Violence	Civics training and education: help citizens understand the law
Other	More community involvement: Wellness checks on isolated adults
Comm. Violence	Need places where young folks can go to have something to do
Comm. Violence	Encourage the use of peer-run programs to teach families healthy communication practices
Access	Information and resources for family members (not just patients)
Child/YA	Parents don't understand youth issues; they need more connections; parents don't have skill set.
Housing	More social activities in board and care to prevent isolation
Adult/OA	Family members are taking care of elderly who are experiencing isolation and difficulty in completing responsibilities. They have received feedback from parents that they are facing anxiety from being in a new county and a new culturally different environment.
Adult/OA	They are looking to create programs to bridge the gap in communication between parents and youth so that each better understand each other and their new immigrant experiences.
Access	Families require access to professional expertise at a higher frequency than is currently offered. They are looking to help clients find peer support and making that process a more seamless client experience.
Access	There needs to be more focus groups to provide clients with a community voice and more in-person events so people can attend.
Other	Sharing information on the different heritage events each month, expose others to different cultures.
Other	healthy relationship trainings especially in school healthy communication boundary setting
Comm. Violence	The community would be safer with community workers or advocates
Comm. Violence	Escorts for our elders who work later hours or early hours to feel safer when leaving their homes/work
Comm. Violence	families need support for parents from police and schools - around bullying, suicide prevention
Re-entry	Reintegration with family care, having in-home mental health services, not just the re-entry citizen but the family as a whole
Re-entry	Family reunification, if there has been little contact between re-entry citizen and children, that could be something they may need
Child/YA	Educating family members and parents, due to kids not understanding what is going on mentally
Child/YA	More events to incorporate youth and family together…"Healing the parents is important to heal the child".
Organizations	
Crisis	provide faster non-law enforcement solutions that can reach individuals faster. improved access to mobile services that can reach clients directly rather than relying on law enforcement.
Housing	There is a need for supportive services and housing interventions. The housing being offered does not include wraparound services. They need additional funding for operational support to meet the needs of the community.

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Access	Have a community van, medvan (medical van) because there's a lot of people dying out there in substance abuse and in cold weather.
Workforce	Need for support in the workforce when staff also experience crisis.
Workforce	Funding training to support the staff to be well equipped in the work they do.
Workforce	Provide safe and welcoming places and spaces for those people with MH challenges that provide them direct services and housing they need (stop creating more trauma).
Workforce	Need staffing or hire more peer support specialist w/lived in experience for well needed response.
Crisis	Need to provide or create 24/7 services and programs available instead of turning people away.
Access	prioritize bilingual services to support multiple languages in their growing client base.
Workforce	would like a program for trained clinicians where apprentice hours can help cover living expenses especially for supporting clinicians from underrepresented backgrounds.
Other	there's a great need for after-hours and weekend services, especially for people with MH challenges, that's a safe and welcoming space or place, including temporary triage.
Veterans	Place to get access, coordiantion, navigation to services, a place that helps vets with multiple services; More "one stop shops"
Comm. Violence	More crisis support teams on the streets
Comm. Violence	Work programs for minor offenders
Housing	Housing tailored towards folks with mental illness, since it is particularly hard for this group to obtain
Substance Use	Need better quality of substance use disorder treatment providers, not just quantity - There are lots providers in Alameda County, but the treatment seems to repetitive or "cookie cutter" and does not promote real recovery like more expensive, intensive inpatient treatment
Crisis	Reach more and/or more isolated patients by offering mobile services, such as CATT or Oakland's MACRO
Other	Trauma healing through culturally syntonic traditional healing practices that would be familiar, to community members provide safe healing
Housing	There needs to be more educational workshops for renters and first-time homebuyers. These workshops need to be done in multiple languages to serve all populations to help people remain housed and to become housed.
Child/YA	They think that staff should be trained to provide restorative justice to prevent and solve conflicts before they escalate.
Child/YA	Young adults should be provided with a stipend to incentivize them to reach out to mental health resources, an incentive can encourage them to break the mental health stigma.
Child/YA	They advocated for programs that promoted children to seek help as well as programs that can identify mental health issues among youth.
Access	Accessing programs in Spanish has proved difficult for many of the group since they are monolingual.
Access	Helpful to have more drop-in services and various, local locations need to be accessible for all behavioral health services.

Access	When services are physically located here relationships develop, staff know the neighborhoods, easier to navigate and access services as compared to having to travel.
Child/YA	They have found that their clients want to access services where they are already at, so they have started offering more youth workshops in schools, churches and mosques.
Child/YA	They are seeing more unaccompanied minors, so they have had to adapt services to assist immigrant youth.
Comm. Violence	An increase in domestic violence incidents has been observed, this has caused Oakland to look for new ways to prevent and support with the aftermath of families who experience domestic violence.
Comm. Violence	There is ongoing effort and strategies to address community violence. Homeless encampments have become targets for violence and there needs to be more support for them.
Crisis	Axis developed an alternative mental health response program in Pleasanton with the Police department. A plain clothes police officer responds to calls and this approach has helped reduce 5150 rates by 60% from 2019 to 2023. Axis has partnered with a local county hospital to write their own 5150s.
Workforce	Workforce shortages such as recruiting counselors that reflect the client diversity and the scarcity of psychiatrists are trends that limit hiring.
Workforce	allow MSW students to gain more on-the-job training to fill the void in open positions, this would help clients get some sort of knowledgeable care.
Workforce	expand the Peer Support program so there is more interaction with people with lived experiences.
Housing	Rent cap for young people like Bonita House for TAY
Substance Use	Need more 12 step programs that are non-spiritual
Re-entry	Programs to learn trade skills for re-entry citizens
Re-entry	Education and housinf before/after jail
Child/YA	Mental Health Assessment: looking between K-3 a real intensive something, then elementary and middle school, transitioning to support
Access	Having navigators from specific communities, that look like them, talk like them, and understand lived in-experience
Access	Have some type of online resource for linkage that can connect you to the proper supportive services
Access	Hiring intake person to provide immediate attention to our clients who are in dire needs.
Workforce	Making sure staff are not burned out and have more self-care so they can serve the community well.
Child/YA	

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Child/YA	Assistance, programs, activities for immigrant children both younger and older
Access	more outreach around the shelter/program and let the ppl know abt. Those
Community Violence	more preventive (focus on youth)
Crisis	There needs to be more support to help clients transition from crisis facilities to community.
Workforce	Higher salaries can increase the likelihood of hiring and retaining professionals.
Access	The county needs to continue to be proactive in how we promote, coordinate and help clients navigate mental health resources. There needs to be a continued emphasis in how we provide access to free or low-cost mental health resources for fathers.
Access	The county needs to continue to have a structured framework for easy navigation of services. There needs to be prioritization of client needs
Re-Entry	There is still a necessity to have more programs and refinement to support mental health, housing and employment for the re-entry
Housing	The providers of housing are not making LGBTQ friendly accommodations, nor are there any housing complexes that are specifically for LGBTQ
Adult	The elder LGBTQ population needs a care navigator specifically assigned to them that can visit elders in their residences and on-site at the
Workforce	There also needs to be qualified staff that are from the LGBTQ community and have the background to speak with different age groups.
Access	There also needs to be more care navigators that can help LGBTQ Black and Latino people navigate the various services available to them.
Housing	There needs to be wraparound services onsite to help clients. They think that housing should be based on income and the amount the mental health client can afford.
Workforce	They see that peer navigators with lived experiences are the most effective for helping mental health clients. The peer navigators need to be given more tools and training so they can help clients access resources.
Access	meet clients where they are at. They also want to have more navigators located on-site at different housing complexes to assist mental health clients immediately.
Substance Use	There needs to be substance abuse services that can go into the community to help the unhoused. They said that clients become housed then the substance abuse services need to be available in the residences so clients can access them quickly
Comm. Violence	more programs that address the mental health of victims of community violence.
Workforce	more internship positions to create pathways for non-medical professionals to help serve non English-speaking clients.
Community	
Access	Need to map thing out to get a clear view of the process that follow through (who's doing what services, the coordinated services, navigation, and special services and figuring out what it really looks like on how the community is being reached out in a timely manner).
Housing	Need to have accountability and have a check and balance in housing programs and services.
Other	Need to develop a comprehensive digital platform and master directory that has contact people, assessment, subcontractors and resources of all supportive mental health and services in ALCO that's updated with diff. resources like hospitalization, housing, treatment etc.
Child/YA	There is a need for an active effort to bridge funding disparities and resource gaps that affect LGBTQ youth to provide comprehensive services.
Other	To have an analysis of data that can show which has effective results in reaching the needs of the community

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Workforce	Increase network with VA to help Veterans involved with local organization
Workforce	For provider training, they should understand Veteran-specific issues and resources like the VA and Swords to Ploughshares.
Workforce	The VA should be involved in ground-level work being performed at the local level. Would help to minimize the perceived stigma around VA access
Re-entry	Incentivization of both cities or governmental districts and employers to recruit from and hire reentry population would be helpful
Housing	They believe housing is the first pillar of mental health that must be addressed and then unemployment and financial obstacles.
Child/YA	The foster care children and young adults have ongoing needs that require attention and support which they would like to have more county collaboration on.
Workforce	Alameda County are to start a home purchasing program for BH providers that would encourage people to enter the field and be able to live where they work at.
Housing	make subsidies available and to find a way for developers to build even when the subsidies are not available.
Housing	more residential treatment facilities available in or near the city of Fremont. There is also an ongoing need to keep the aging population housed.
Substance Use	substance use services closer to the city of Fremont and programs for youth with substance abuse issues.
Workforce	for youth about different routes to MH careers and experiences. Scholarship programs, loan assumption.
Re-entry	Parolees pairing with firefighters, volunteer opportunities, re-integrating re-entry citizens and pairing them with positive communities(firefighters) to have a better outlook toward the community
Child/YA	More prevention/early intervention programs
Child/YA	More wellness centers in schools and more wellness center learning in these high schools
Housing	Workforce staffs are also part of the community that needs housing.
Housing	Importance to provide and increase boarding houses and they are point of entry to the community.
Access	Providers need to continue to enhance behind the scenes collaboration to help guide families and clients.
Access	development and maintenance of a resource directory that includes geographic locations and language capacity.
Workforce	A local/municipal student loan repayment program to incentivize physicians/providers to practice in the community.
Public Policy	
Access	Having useful data that identifies the services, processes, as what was said "time is money" and who are imposing those services.
Workforce	We need to advocate for 2% for MHSA, 1% Tax isn't enough. Programs that are providing benefiting services get cut and it shouldn't happen.
Workforce	Need funding for more respite care services and to have a clear reduced timeline for those in critical condition.
Housing	Transparency in decision making in housing.

Other	To have a check and balance in housing and transparency in its decision-making.
Housing	Use housing from decommissioned military bases to house homeless Veterans, like at Treasure Island and Alameda Naval Stations
Access	Improve Med-Cal service navigation to make process easier; Limited Medi-Cal service offerings; increase these, particularly with respect to mental and behavioral health.
Child/YA	Smaller class sizes for kids with behavioral and SMI challenges
Child/YA	Teacher and staff training that know how to deal with issues; More hands on instruction with special needs kids
Housing	Advocate for bills like SB4 to promote zoning flexibility
Housing	Emergency housing should last a minimum of 6 months, followed by long term supportive housing
Housing	Community land trust to permanently house folks affordably
Child/YA	There also needs to be more mental health resources in school and in the classroom for youth to have their problems addressed urgently.
Re-entry	We need more funds and focus toward setting up re-entry citizens for success
Housing	Using unused public lands for housing and services
Housing	paperwork streamline or less paperwork
Access	advocacy at the state level for California to join the Psychology Interjurisdictional Compact (PSYPACT®), which is an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries

Public Policy
national, state, local laws and regulations

Community
relationships between organizations

Organizational
organizations, social institutions

Interpersonal
families, friends, social networks

Individual
knowledge, attitudes, skills

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Name or Contact	Comments:	Date Submitted
1. N/A	I know to some extent this is unavoidable, however I feel it's important to say that an 800+ page plan with an hour long "how to read this plan" webinar is pretty inaccessible for most people. I'm not saying this should be a tiktok video, but it seems like there is room for some middle ground. ACBH/MHSA Response: Thank you for your public comment. Each county is required by the State of California to include certain program information, fiscal details and planning information in the Annual Plan Update. The MHSA team has taken steps this year to create an Annual Plan Update where the information is easy to find, easy to use, easy to understand. It's been designed to have hyperlinks, color coordination and succinct language that can help the reader decipher the information they want to read. We will also continue to work to improve this report and its length.	**4/10/24**
2. Santi Munoz	To extend services in the further east bay. First time I've hear of mental health services as a community endeavor. Send info out to Hayward Public Libraries ACBH/MHSA Response: Thank you for your public comment. Alameda County MHSA funds mental health programs with a fluctuating multi-million dollar annual budget. To learn more about the programs funded through Alameda County please read the MHSA Annual Plan Update FY24/25 located at https://acmhsa.org/reports-data/#mhsa-plans. We will also work to provide more outreach to the library system.	**4/22/24**
3. Jaime	We are happy to see that the Alameda County MHSA plan draft proposes a number of support services for the youth LGBTQIA+ population! As you know, LGBTQIA+ communities have had quite traumatic experiences associated with social discrimination and legal persecution, with same-sex sexual orientation at one time being categorized as a mental illness under the diagnostic and statistical manual of mental disorders (DSM) prior to 1973! The research shows that as a group, the LGBTQIA+ population consumes more alcohol, with lesbian and bisexual women at higher risk for alcohol use disorder and transgender men and women also being at higher risk. In particular, LGBTQIA+ youth are more likely to consume nicotine through cigarettes and vaping while struggling with a higher prevalence of mental health conditions this day and age. A large body of research also shows that early initiation of substance use is associated with higher levels of use later in life, increased risk of addiction and negative outcomes including violent and maladaptive behavior, poor physical health and mental health problems. It is so important then to engage our LGBTQIA+ population sooner, and to offer the support services that they need which may mitigate a number of risk factors. Alameda County's thoughtful approach of adding a youth and young adult LGBTQIA+ drop-in center is so important for our at-risk youth and we hope to see this service utilized by communities which they are intending to serve! These drop-in centers will serve as a safe space where many services will be provided such as a projected 75+ hours of therapy monthly, outreach and other support! In the face of impending payment reform which will likely impact ACBH and the system of care, it is important to keep these services for the underserved LGBTQIA+ population intact!	**4/22/24**

	ACBH/MHSA Response: Thank you for your comment. Alameda County will continue to fund programs that help LGBTQIA+ mental health.	
4. July	yes: Re the HEAT team- you able to hire and plan with existing homelessness outreach teams as part of the engagement strategy? Wood St Outreach Team, Food not Bombs, Community Kitchens... there are so many mutual aid and CBO groups that already to a large part of this work that just need to know what resources to connect people with. ACBH/MHSA Response: Thank you for your comment and recommendations. Two additional resources for you are the Alameda County Public Health Nutrition team (https://acphd.org/nutrition-services/) and the Alameda County Office of Homeless Care and Coordination (https://homelessness.acgov.org/index.page).	4/24/24
5. Mimi Michael	Due to the recent suicide rates in the Almeda County among the youth, we need prevention programs for the youth. We need early intervention programs for the youth. ACBH/MHSA Response: Thank you for your comment. MHSA funding does support suicide and crisis prevention work. For additional resources please go to Crisis Support Services of Alameda County. To learn more about the programs funded through Alameda County please read the MHSA Annual Plan Update FY24/25 located at https://acmhsa.org/reports-data/#mhsa-plans.	4/25/24
6. Anne Moe	Don't know what the annual plan is, but will try to read about it in the next few days. ACBH/MHSA Response: Thank you for your comment. To learn more about the programs funded through Alameda County please read the MHSA Annual Plan Update FY24/25 located at https://acmhsa.org/reports-data/#mhsa-plans.	4/26/24
7. Alma Esparza	Yo pienso que se necesita más fondos para la salud mental *I think that more funds are needed for mental health.* ACBH/MHSA Response: Gracias por su comentario público. Para obtener mas información sobre los programas financiados a través del Condado de Alameda, por favor lea la Actualización Anual del Plan MHSA FY24/25 ubicada en https://acmhsa.org/reports-data/#mhsa-plans. Thank you for your public comment. To learn more about the programs funded through Alameda County please read the MHSA Annual Plan Update FY24/25 located at https://acmhsa.org/reports-data/#mhsa-plans.	5/8/24
8. María Hilda Ramírez	Hola pues yo quiero pedir por favor empatía para personas que hemos pasado por traumas o situaciones de abuso sexual familiar los sicólogos o doctores que no refieren a especialista no toman en serio alas victimas nos dicen que nos vallan a llamar y nunca se comunican con nosotros más seriedad por favor *I want to ask for empathy for people who have gone through traumas or situations of family sexual abuse. Psychologists or doctors who do not refer us to specialists do not take victims seriously. They tell us they will call us back and never get in touch with us. Please more seriousness.* ACBH/MHSA Response:	5/8/24

	Gracias por su comentario público. El Programa ACCESS es el punto de contacto de todo el sistema para información, evaluación y referencias para servicios y tratamientos de salud mental y uso de sustancias para los residentes del Condado de Alameda. ACCESS es un servicio telefónico atendido de 8:30am a 5:00pm de lunes a viernes por clínicos de salud mental licenciados y apoyo administrativo para una variedad de servicios ambulatorios. Fuera de este horario, las llamadas son atendidas por los Servicios de Apoyo en Crisis del Condado de Alameda. Para hablar con alguien por teléfono, puede comunicarse con nuestro equipo de ACCESS 1-800-491-9099. La otra opción es el número de crisis: 988 Thank you for your public comment. The ACCESS Program is the system wide point of contact for information, screening and referrals for mental health and substance use services and treatment for Alameda County residents. ACCESS is a telephone service staffed from 8:30am-5:00pm Monday-Friday by licensed mental health clinicians and administrative support for both general behavioral questions and determining eligibility for a range of outpatient services. After hours are answered by Crisis Support Services of Alameda County. To speak with someone on the phone you can reach our ACCESS team: 1-800-491-9099. The other option is the crisis number: 988.	
9. Paula	Es muy importante , Para las personas tener acceso a la salud mental, para mejorar. La calidad de vida dela población *It is very important for people to have access to mental health services in order to improve the quality of life for the population.* ACBH/MHSA Response: Gracias por su comentario público. Para obtener mas información sobre los programas financiados a través del Condado de Alameda, por favor lea la Actualización Anual del Plan MHSA FY24/25 ubicada en https://acmhsa.org/reports-data/#mhsa-plans. Thank you for your public comment. To learn more about the programs funded through Alameda County please read the MHSA Annual Plan Update FY24/25 located at https://acmhsa.org/reports-data/#mhsa-plans.	**5/8/24**
10. Yolanda urioste	Aún no conozco este plan solo se que tomo medicamentos para depresión y salud mental severa no en un año no e podido encontrar un siquiatra o grupos de locos como yo *I still don't know about this plan, only that I take medication for depression and severe mental health. In a year, I haven't been able to find a psychiatrist, or groups of crazy people like me.* ACBH/MHSA Response: Gracias por su comentario público. El Programa ACCESS es el punto de contacto de todo el sistema para información, evaluación y referencias para servicios y tratamientos de salud mental y uso de sustancias para los residentes del Condado de Alameda. ACCESS es un servicio telefónico atendido de 8:30am a 5:00pm de lunes a viernes por clínicos de salud mental licenciados y apoyo administrativo para una variedad de servicios ambulatorios. Fuera de este horario, las llamadas son atendidas por los Servicios de Apoyo en Crisis del Condado de Alameda. Para hablar con alguien por teléfono, puede comunicarse con nuestro equipo de ACCESS 1-800-491-9099. La otra opción es el número de crisis: 988	**5/9/24**

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11. Jaleah Winn	The 24/25 annual plan is nicely organized. It is detailed yet succinct. Many kudos to the team who composed the report. I have some questions: How are MHSA program successes measured? What support is available to MHSA programs that do not meet program goals? How is MHSA funding determined for its programs? Thank you, very much. ACBH/MHSA Response: Thank you for your public comment. Alameda County enters into agreements with programs and sets forth attainable benchmarks in connection with the contracted provider. Programs agree on these community serving benchmarks per their contract. Alameda County conducts program monitoring and provides technical assistance in accordance with contractual agreements. Program funding is determined by the contractual agreement and approval by the Board of Supervisors.	**5/13/24**
12. Eleni Spiru	The common misconception that the VA provides care to all veterans has become a persistent barrier to adequate resources in Alameda County. Our political leaders and state and local agencies must understand that while the VA brings significant federal funds to California, the VA is not a replacement for state and local resources, and VA services do not provide for all veterans or all veteran needs. Like any other population group, as citizens of California veterans need and deserve state and local options for care. We are grateful for the Governors and the Legislature's efforts to update and improve the MHSA/BHSA reforms, including additional venues for substance use treatment and housing options for veterans with mental health needs. However, it appears that the overall plan provides no improvements in funding for veteran services, and therefore supportive service dollars will be even more difficult to secure. We are concerned that veterans continue to be extremely underfunded in county MHSA plans and will not be adequately addressed in the Alameda County mental health BHSA funding formula. As the stakeholder listening sessions identified, veterans are a vulnerable population and require specialized support. We recommend that a guaranteed percentage of BHSA funds be directed to veterans in Alameda County. 1. In implementing the FSP requirements, the FSP allocation should include a requirement for subcontracting funds to veteran organizations. Generally, community-based veteran serving agencies do not have the capacity to be FSPs, as they do not have the administrative capacity to deal with medical billing and serve a specific cohort of the county population in need. Subcontracting with FSPs will allow veteran organizations to be included in these coordinated services. 2. The Behavioral Health Services and Supports allocation could also include veteran services since veterans can experience behavioral health, substance use, and or co-occurring mental health, behavioral health, and substance use issues. 3. Further, Alameda County must report annually on the amount of funding provided to veteran-specific programs/organizations. Transparency and accountability are important; veterans need their fair share of county resources.	**5/13/24**

	ACBH/MHSA Response: Thank you for your public comment. The concerns regarding the capacity of veteran FSPs are noted and will be shared with ACBHD Leadership and discussed internally as we prepare for BHSA program planning later in the year.	
13. Reece Huff	The common misconception that the VA provides care to all veterans has become a persistent barrier to adequate resources in Alameda County. Our political leaders and state and local agencies must understand that while the VA brings significant federal funds to California, the VA is not a replacement for state and local resources, and VA services do not provide for all veterans or all veteran needs. Like any other population group, as citizens of California veterans need and deserve state and local options for care. We are grateful for the Governors and the Legislature's efforts to update and improve the MHSA/BHSA reforms, including additional venues for substance use treatment and housing options for veterans with mental health needs. However, it appears that the overall plan provides no improvements in funding for veteran services, and therefore supportive service dollars will be even more difficult to secure. We are concerned that veterans continue to be extremely underfunded in county MHSA plans and will not be adequately addressed in the Alameda County mental health BHSA funding formula. As the stakeholder listening sessions identified, veterans are a vulnerable population and require specialized support. We recommend that a guaranteed percentage of BHSA funds be directed to veterans in Alameda County. 1. In implementing the FSP requirements, the FSP allocation should include a requirement for subcontracting funds to veteran organizations. Generally, community-based veteran serving agencies do not have the capacity to be FSPs, as they do not have the administrative capacity to deal with medical billing and serve a specific cohort of the county population in need. Subcontracting with FSPs will allow veteran organizations to be included in these coordinated services. 2. The Behavioral Health Services and Supports allocation could also include veteran services since veterans can experience behavioral health, substance use, and or co-occurring mental health, behavioral health, and substance use issues. 3. Further, Alameda County must report annually on the amount of funding provided to veteran-specific programs/organizations. Transparency and accountability are important; veterans need their fair share of county resources. ACBH/MHSA Response: Thank you for your public comment. The concerns regarding the capacity of veteran FSPs are noted and will be shared with ACBHD Leadership and discussed internally as we prepare for BHSA program planning later in the year.	**5/14/24**
14. Elliot Ki	The common misconception that the VA provides care to all veterans has become a persistent barrier to adequate resources in Alameda County. Our political leaders and state and local agencies must understand that while the VA brings significant federal funds to California, the VA is not a replacement for state and local resources, and VA services do not provide for all veterans or all veteran needs. Like any other population group, as citizens of California veterans need and deserve state and local options for care. We are grateful for the Governors and the Legislature's efforts to update and improve the MHSA/BHSA reforms, including additional venues for substance use treatment and housing options for veterans with mental health needs. However, it appears that the overall plan provides no improvements in funding for veteran services, and therefore supportive service dollars will be even more difficult to secure. We are concerned that veterans continue to be extremely underfunded in county MHSA plans and will not be adequately addressed in the Alameda County mental health BHSA funding formula. As the stakeholder listening sessions identified, veterans are a vulnerable population and require specialized support. We	**5/14/24**

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15. Yvette Fee	What is this about? ACBH/MHSA Response: Thank you for your public comment. Alameda County MHSA funds mental health programs with a fluctuating multi-million annual budget. Funded mental health programs fall into several categories: Community Services & Supports, Full Service Partnerships, Prevention & Early Intervention, Innovation, Workforce Education and Training, Capital Facilities and Technology Needs. To learn more about the programs funded through Alameda County please read the MHSA Annual Plan Update FY24/25 located at https://acmhsa.org/reports-data/#mhsa-plans.	**5/14/24**
16. Alameda Health Consortium	May 15, 2024 Dr. Karyn L. Tribble, PsyD, LCSW, Director Alameda County Behavioral Health Mental Health Services Act Division 2000 Embarcadero Cove, Suite 400 RE: Mental Health Services Act; FY24-25 Annual Plan Update Dear Dr. Tribble, The Alameda Health Consortium (AHC) appreciates the opportunity to comment on Alameda County Behavioral Health Care Services (ACBH) Department's Fiscal Year (FY) 2024 - 2025 Mental Health Services Act (MHSA) Program and Expenditure Plan. AHC supports the FY 24-25 spending plan and encourages inclusion of our network of health centers in the County process to develop and improve BH services, including the spend plan under the new spending authorizations of the Behavioral Health Services Act. The Alameda Health Consortium is the regional association of eight community health centers that work together and support the involvement of our communities in achieving comprehensive, accessible health care and improved outcomes for everyone in Alameda County, California. Collectively, our health centers provide primary medical, behavioral health, dental care and supportive services to more than 286,000 patients at over 110 clinic sites and 21 mobile units throughout the East Bay.[i] Together, we advocate for high-quality healthcare for the underserved in the East Bay; share best practices to sustain, expand and diversify our community's safety-net healthcare workforce; and collaborate as thought partners with policymakers to inform, shape, and implement health policy changes. We appreciate ACBH's continued investments in the historic partnerships that we developed over many years. These investments have supported the integration of behavioral health services into our primary care health centers and our culturally tailored behavioral health programs, which are the backbone of the behavioral health work at our health centers. These programs include: -Integrated	**5/15/24**

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Behavioral Health Care Coordinator and Pediatric Care Coordinator (PCC) In FY 2022 – 2023, PCCs made 6,330 linkages to care to resources like WIC, Help Me Grow, regional centers, school-based services and supported 1300+ patients with positive Adverse Childhood Experiences screeners. A preliminary analysis showed that with every additional care coordinator touch, (on average) the total cost of care per patient decreases by $266. CC's have become the backbone of our health center's integrated BH programming. -Prevention and Early Intervention programs at Native American Health Center, Bay Area Community Health, Asian Health Services, La Clinica de la Raza, and Tiburcio Vasquez Health Center An example of a PEI program is Cultura y Bienestar (CyB), a partnership between two of our member health centers, La Clinica, Tiburcio Vasquez, and a partner CBO - La Familia. CyB annually serves an average of 720 individuals through outreach, 320 individuals through community events, 330 individuals through workshops and leadership training, and 2,800 individuals through prevention and early intervention. -ACCESS Language Line at Asian Health Services This crucial intake and referral phone line serves as a gateway to specialty mental health services through ACBH ACCESS in over 9 Asian Pacific Islander languages; providing 376 unduplicated intake clients with 1,476 service contacts in FY22-23. -Axis Bridge – Mental Health Urgent Care at Axis Community Health Axis Bridge, Axis Community Health's innovative mental health urgent care service, served 809 unduplicated patients in 2023 with 1,611 referrals into the program. This resulted in 2,522 total program therapy and psychiatry visits and 2,160 total program stabilization service visits. AHC supports ACBH's FY 24-25 MHSA Plan Update to strengthen access to behavioral health services in Alameda County to better serve our patients. Alameda County' s investment in these services offsets structural challenges of the federally qualified health center (FQHC) prospective payment system (PPS). These challenges include not recognizing care coordinators as billable providers and the State of California not allowing FQHCs to bill for mental health services on the same day as medical services. We appreciate ACBH's efforts to address the need for equitable and community focused behavioral health services. Alameda Health Consortium is concerned about Proposition 1's impact on programs historically funded through MHSA. We look forward to working with our county partners to plan for the sustainability of these crucial programs. AHC urges ACBH to take an intentional approach to proactively include federally qualified health centers (FQHCs) as the MHSA transforms into "Behavioral Health Services Act" (BHSA) with the passing of Proposition 1. Sincerely, Toni Panetta, Chief Impact Officer [i] While all 8 FQHCs have multiple sites in Alameda County, the following FQHCs also serve neighboring counties: Bay Area Community Health (Santa Clara County), La Clinica de la Raza (Contra Costa and Solano counties), Native American Health Center (San Francisco County), and LifeLong Medical Care (Contra Costa County). The types of clinic sites operated by health centers in Alameda County include: comprehensive primary preventive care (medical, dental, and mental/behavioral health services); supportive housing; Women's, Infant & Children (WIC) locations; health education and wellness centers; stand-alone behavioral health services; and school-based clinics. Additionally, health centers operate 21 mobile units; 3 FQHCs contract with Alameda County Health Care for the Homeless to provide Street Health teams to serve individuals experiencing homelessness in Oakland, Hayward, Castro Valley, and Fremont (https://www.achch.org/street-health.html); and our FQHCs are lead operating agencies for 28 of the County's 32 school-based clinics across 8 school districts through contracts with Alameda County Center for Healthy Schools and Communities (https://achealthyschools.org/wp-content/uploads/2020/04/125_School_Heath_Centers_Model-1.pdf).
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	ACBH/MHSA Response: Thank you for your public comment. Alameda County thanks the Alameda Health Consortium (AHC) and the 8 participating health centers in the multitude of health care and behavioral health services they provide to Alameda County residents. The concerns of your public comment are noted and will be shared with ACBHD Leadership and discussed internally as we prepare for BHSA program planning later in the year.	
17. Aaron Ortiz	I am pleased to announce a significant development in our ongoing efforts to address mental health disparities within the Latino community in Alameda County. As part of our commitment to inclusivity and community-driven initiatives, La Familia acknowledges the establishment of the Latinx Steering Committee in 2023. This committee represents a pivotal step forward in our collective mission to ensure that the mental health needs of the Latino community are effectively addressed and supported. The Latinx Steering Committee has undertaken the crucial task of compiling a Utilization Report, which aims to provide a comprehensive understanding of the challenges and opportunities within our community. Through extensive outreach efforts, hundreds of community members across the county have been surveyed to gather valuable insights into the specific needs and concerns regarding mental health services among Latinos. This initiative is particularly timely and relevant given the unique challenges facing the Latino community in Alameda County. According to recent data, Latinos continue to experience disparities in access to mental health services, with higher rates of unmet needs and lower utilization of available resources compared to other demographic groups. These disparities are often compounded by factors such as language barriers, cultural stigmatization, and limited access to culturally competent care. By harnessing the collective wisdom and lived experiences of our community members, we are better equipped to design and implement targeted interventions that address the root causes of mental health disparities. Through the Utilization Report, we aim to identify gaps in service delivery, advocate for equitable resource allocation, and foster partnerships with key stakeholders to promote culturally responsive care for Latinos in Alameda County. As CEO of La Familia, I am proud to support the efforts of the Latinx Steering Committee and reaffirm our organization's commitment to advancing health equity for all members of our community. Together, we will continue to work tirelessly to ensure that every individual receives the support and care they need to thrive. ACBH/MHSA Response: Thank you for your public comment. The concerns of your public comment are noted and will be shared with ACBHD Leadership and discussed internally as we prepare for BHSA program planning later in the year.	5/15/24
18. Juliet Leftwich	I am a member of the Alameda County Mental Health Advisory Board (MHAB) and we commented on the Annual Plan today at our May 20 monthly meeting. The MHAB will also be writing a letter to the Board of Supervisors with our comments. The comments I made today are that: 1) the County needs to conduct a quantitative, evidence-based needs assessment before it can determine how to best utilize MHSA funds (the MHAB made this recommendation to the Board of Supervisors in our letter dated June 21, 2023, regarding the Three-Year Plan and has made the recommendation repeatedly over the last several years); 2) the FY 24/25 Plan should contain more background information about the Safe Landing Project at Santa Rita Jail and describe how MHSA funds will be used to expand the Project; and 3) there is a typographical error on p. 19 of the Plan - the second sentence of the description of Overnight Mobile Crisis Services should say they hope to staff the second half of the week by the end of "January 2025," not "January 2024."	5/20/24

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	ACBH/MHSA Response: Thank you for your public comment. The MHSA team will make the identified corrections and edits to the Draft MHSA Plan Update FY 24/245. The additional request for the needs assessment process is noted and will be shared with ACBHD Leadership.	
19. Alice Feller	See attached document on early psychosis program. Thank you for your public comment.	**5/20/24**

Proposal for early intervention in psychosis

Alameda needs another early intervention in psychosis program (aka Coordinated Specialty Care) program. We understand that Felton Institute in the city of Alameda does provide such a service, but they are limited in several ways that preclude service to the entire county.

First, they are limited to clients who are either on Medi-Cal or Medi-Cal eligible, which leaves out the majority of young people suffering a first break. Second, while they are increasing their staff so as to be able to serve up to 100 clients, but as of 3/13/24 they have a census of 50. Meanwhile, the need for this service in the county is in the hundreds. Third, they are located in the city of Alameda, which is inaccessible to many residents outside that city. Accessibility is important, as this program requires frequent visits for both patient and family members. Finally, some individuals do not begin to show the first signs of illness before their early twenties, and Felton's age cutoff at 24 excludes some who could otherwise meet the criteria. We recommend that the age cutoff be 30, not 24. This will also allow the program to be funded through Adult Services as well as TAY.

As we envision it, the program would provide **four basic services to each patient throughout the two-years of their participation**:
    1) Long-term **psychotherapy** to provide emotional support, establish a therapeutic alliance and help the young person cope with this calamity and move ahead with their life.
    2) **Medication** management with a psychiatrist experienced in the treatment of serious mental illness, to meet regularly with the young person and together work to find the most effective medication with the least side effects at the lowest dose. The psychiatrist needs to be located with the rest of the team for essential collaboration.
    3) **Family involvement** from the beginning, to provide much-needed support and education, to collaborate on care and to form a working alliance with the family.
    4) **Vocational rehabilitation** to help the young person return to school or work at the earliest opportunity.

Staffing the program: we will need well-trained clinicians with relevant expertise to provide psychiatric care and long-term therapy. A person experienced with family work would be ideal to be the lead on family involvement, although families should meet with the clinicians treating their loved ones as well. A peer advocate might be a good fit for the vocational rehabilitation work.

A **receptionist** to greet patients and family members, answer phones and provide clerical services as needed. Receptionists can be wonderful, and good ones provide the welcoming presence essential to these clients.

Location: the service will need a dedicated clinic space, with a waiting room, small offices for individual meetings and a large room for group meetings and staff meetings. Because this approach to treatment relies heavily on **collaboration** between all the staff members including the receptionist, it is important that the program be housed in one location, with ample opportunity for all the staff to collaborate closely. Such collaboration is important to treatment outcome, formally in meetings as well as informally. (Studies show that medical care is

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significantly more effective in clinic settings where the team members have frequent face-to-face contact with one another. Frequent email contact has no beneficial effect.) (Mundt et al, 2015) Also collaboration among staff is crucial for maintaining morale in this work.

Financing: We believe that the new MHSA funds available for early intervention and prevention should be used to fund this program. Although we can't prevent schizophrenia we can significantly change its course with proper early intervention, and help the young person to resume his or her former life. Studies on early intervention in schizophrenia bear this out. (Dixon et al, 2018).

In order to use staff time wisely and to provide useful medical records, the EMR should be dedicated to patient care and EMR records should not be used for billing. It is important for this program to be funded directly, as with IHOT in Alameda County. Rather than fee for service, the program should be supported directly through funds available for early intervention and prevention, which is desperately needed in Alameda County. An additional funding stream could be provided on a per person per month basis, rather than fee for service, again to preserve medical records and free staff time for patient care.

Alice Feller, M.D.
alicefeller967@gmail.com
alicefellermd.com

References

Dixon, L, Goldman, H, Srihari, V. and Kane, J. 2018. "Transforming the Treatment of Schizophrenia in the United States: The RAISE Initiative" Annu Rev Clin Psychol. 2018 May 7; 14: 237–258. doi: 10.1146/annurev-clinpsy-050817-084934

Mundt, Marlon, Gilchrist, Valerie, Fleming, Michael, Zakletskaia, Larissa, Tuan, Wen-Jan and Beasley, John. 2015. "Effects of Primary Care Team Social Networks on Quality of Care and Costs for Patients With Cardiovascular Disease." *The Annals of Family Medicine* March 13 (2) 139-148.

Feller, A. *American Madness: Fighting to Help Patients in a Broken Mental Health System* (2024) Rowman & Littlefield.

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ALAMEDA COUNTY BEHAVIORAL HEALTH Mental Health Services Act (MHSA) Community Survey for FY 24/25 Annual Plan Update

Survey Instructions

The Alameda County Mental Health Services Act (MHSA) Division wants your input to help strengthen its mental health and wellness programs to better serve you and your community over the next year.

In preparing this survey, we reviewed various existing data sources of community Behavioral Health needs. We'd like your assistance in prioritizing these existing needs and offering us ideas/strategies/solutions to these needs.

There are 18 voluntary questions in the survey and it takes about 10-15 minutes to complete. All responses are anonymous and optional, you're welcome to leave questions blank. For questions, please contact the MHSA Division at MHSA@acgov.org.

Thank you for your help with this community effort!

1. Do you or a loved one access behavioral health care services (either mental health or substance use) in Alameda County?

◯ Yes
◯ No
◯ Unsure

2. If you answered "yes" to question 1, Has the quality of your life *improved* as a result of accessing behavior health care services?"

◯ Yes
◯ No
◯ Unsure

3. All of the behavioral health concerns identified in our review were categorized into the following eleven broad areas of need. Please rank them in order of importance from _your_ perspective? (*"1" is most important; "11" is least important*)

> **Access, Coordination and Navigation to Services** - this category captures the needs of diverse cultures and identities such as race/ethnicity, language, LGBTQIA+, veteran status and age related to accessing/finding/navigating to mental health and substance use services, including community knowledge and education, language capacity and culturally responsive approaches to engaging communities. There is also a need for successful connection to services after an emergency

Behavioral Health Workforce - this category captures the needs related to <u>recruiting, developing, supporting and maintaining a sufficient clinical and peer/family member workforce</u> to address the needs and the diversity of the community. This includes a workforce that looks like the community it serves and provides services in a communities languages so clients can be served in their native languages. This category also captures the <u>Provider Support needs</u> around training/core competencies burn out, high turnover and vicarious trauma.

Crisis Continuum - this category captures needs related to mental health and substance use crisis response and with an emphasis on non-law enforcement response, as well as appropriate community-based supports, early assessment of suicide risk, and stabilization during and after a crisis.

Housing Continuum - this category captures the housing needs for individuals living with behavioral health challenges ranging from prevention of becoming unhoused, housing navigation, and supports needed to maintain housing. This is particularly needed for those living with disabilities and older adults, who may be facing becoming unhoused for the first time.

Substance Use - this category captures the increasing need for substance use services and supports that are accessible, integrated and coordinated with mental health services.

Community Violence and Trauma -this category captures gun violence, domestic violence, human trafficking, gang violence, immigration trauma, poverty, pervasive racism and homophobia, family conflict and stress, school safety and bullying, and post-traumatic stress disorder (PTSD).

Child/Youth/Young Adult Needs - this category captures mental health and substance use challenges for school to transition-age youth ages 6-25, it also includes specific needs of children 0-5 and their families, respite services, ongoing increased suicide rates, youth runaways, juvenile justice involvement, human trafficking, gang violence, lack of support on how to access services, needs of LGBTQ+, pervasive racism, needs of bi-cultural children, lack of training on the part of schools for students with MH challenges.

Adult/Older Adult Needs - this category captures mental health and substance use challenges for adults and older adults including social isolation, depression, complex chronic health issues (including Alzheimer's and dementia), general poor mental health outcomes for those living with a severe mental illness, suicide rates, alternatives to incarceration, pervasive racism, LGBTQ+, immigration stress, gun violence, elder abuse, traumatic impact of social unrest-fear, in particular for Asian communities.

Needs of Family Members -this category captures the ongoing stress, frustration and isolation family members can feel in taking care of their loved ones in a healthcare system that is mainly a "fail first" system, especially for loved ones with severe mental illness and episodes of anosognosia. Numerous navigation issues, especially related to the criminal justice system. High need for 24/7 access to inpatient and outpatient psychiatry services. Suicide (and how this effects the family and entire communities) lack of understanding about Child Protective Services (CPS), intergenerational trauma, and immigration trauma.

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Needs of Veterans –this category captures the mental health and housing needs of Veterans: Oakland-Berkeley/Alameda County has the 4th highest number of homeless veterans, and second highest (78.8%) percentage of unsheltered homeless veterans in California. Veterans have a higher rate of poor mental health compared to nonveterans and women veterans have a poorer mental health compared to their male counterparts, in particular due to military sexual assault trauma. Additional needs include high suicide rates (16-18/day), stigma, lack of navigation support, lack of focused veteran groups for non-VA (veterans association) connected individuals and the aging veteran population who are older, sicker and more isolated. There is also a misunderstanding that not all veterans are eligible for VA services. In addition to these needs for American veterans, veterans of other countries also have significant needs around problem solving and healthy coping mechanisms.

Needs of the Re-entry Community for both Adults and Youth – this category captures the mental health, substance use, housing and employment needs of this community. Difficult to navigate uncoordinated and complicated systems to receive both behavioral and physical health services. Stigma, a high need for services to be provided by people who reflect this community and have lived experience with being justice involved. Additional needs in the areas of: focused treatment for sex offenders (housing, prosocial rehab services etc.). Lack of MH supported recovery residences, cooccurring treatment and focused job training. Needs of specific communities (LGBTQ+, immigrant, communities of color). Housing assistance and support services for those with disabilities to live independently.

4. For the Area of Need that you **ranked as #1, most important**, please share any ideas/strategies/solutions to help us improve this area for communities in Alameda County.

5. For the Area of Need that you **ranked as #2, as second most important**, please share any ideas/strategies/solutions to help us improve this area for communities in Alameda County.

6. For the Area of Need that you **ranked as #3, third most important**, please share any ideas/strategies/solutions to help us improve this area for communities in Alameda County.

7. **What did We Miss?** Please share other concerns or solutions that you have that haven't been mentioned.

[ ]

8. **NEW Innovation Project Idea:** For someone living with a serious mental illness, Psychiatric Advance Directives (PADs) give them an opportunity to provide direction for their course of treatment when they are incapable to make those decisions specifically during acute episodes of psychiatric illness.

Alameda County is seeking input on whether to join the multi-county MHSA Innovation PADs collaborative project to assist in developing a user-friendly and secure online tool for people to learn about, complete, and store PADs which will empower individuals the ability and opportunity to plan their own care.

Do you think Alameda County should join the multi-county MHSA Innovation PADs collaborative to *implement a program locally?*

- ◯ Yes
- ◯ No
- ◯ Unsure would like more information
- ◯ prefer not to answer

9. My **AGE RANGE** is:

- ◯ Under 16
- ◯ 16-25
- ◯ 26-59
- ◯ 60 and over
- ◯ Prefer not to answer

10. In which part of Alameda County do you **LIVE?**

[ ]

Other (please specify)

[ ]

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11. What is your current **GENDER IDENTITY**?

○ Woman/Female

○ Man/Male

○ Genderqueer or Gender Fluid

○ Transgender: Male to Female

○ Transgender: Female to Male

○ Non-binary (neither male nor female)

○ Two-Spirit (a term used by some Native American/Indigenous individuals)

○ Prefer not to answer

Other Gender Identity (please specify)

[   ]

12. Which of the following **BEST REPRESENTS** how you think of yourself?

○ Straight/heterosexual (not lesbian or gay)   ○ Asexual

○ Gay/Lesbian   ○ Pansexual

○ Bisexual   ○ Prefer not to answer

○ Same gender loving

○ Other (please specify)

[   ]

13. What is your **ETHNICITY**?

○ Hispanic/Latino

○ Non-Hispanic/Non-Latino

○ Prefer not to answer

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):

[   ]

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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

Other (please specify):

☐

[   ]

16. Which of the following STAKEHOLDER GROUP(s) do you primarily represent (Please select all that apply).

- ☐ Active Military/Veteran
- ☐ Consumer
- ☐ Education
- ☐ Faith Community
- ☐ Family member
- ☐ Law enforcement agency
- ☐ Provider of mental health or substance use disorder programming
- ☐ Student
- ☐ Prefer not to answer

Other (please specify)

[   ]

17. Please provide your contact information if you'd like to be entered into our raffle.

Full Name [   ]

Agency/Org [   ]

Email Address [   ]

Phone Number [   ]

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18.

Thank you again for taking the time to provide your input on the County of Alameda's MHSA Community Survey. We appreciate you! To learn about more ways to get involved, please visit our website at https://acmhsa.org/

This area is to rate the ease of completing this survey with 5 stars being the easiest and 1 star being difficult.

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Categorized Areas of Community Need in Alameda County

1. Access, Coordination and Navigation to Services - this category captures the needs of diverse cultures and identities such as race/ethnicity, language, LGBTQIA+, veteran status and age related to accessing/finding/navigating to mental health and substance use services, including community knowledge and education, language capacity and culturally responsive approaches to engaging communities. There is also a need for successful connection to services after an emergency

2. Behavioral Health Workforce - this category captures the needs related to recruiting, developing, supporting and maintaining a sufficient clinical and peer/family member workforce to address the needs and the diversity of the community. This includes a workforce that looks like the community it serves and provides services in a communities languages so clients can be served in their native languages. This category also captures the Provider Support needs around training/core competencies burn out, high turnover and vicarious trauma.

3. Crisis Continuum - this category captures needs related to mental health and substance use crisis response and with an emphasis on non-law enforcement response, as well as appropriate community-based supports, early assessment of suicide risk, and stabilization during and after a crisis.

4. Housing Continuum - this category captures the housing needs for individuals living with behavioral health challenges ranging from prevention of becoming unhoused, housing navigation, and supports needed to maintain housing. This is particularly needed for those living with disabilities and older adults, who may be facing becoming unhoused for the first time.

5. Substance Use - this category captures the increasing need for substance use services and supports that are accessible, integrated and coordinated with mental health services.

6. Community Violence and Trauma-this category captures gun violence, domestic violence, human trafficking, gang violence, immigration trauma, poverty, pervasive racism and homophobia, family conflict and stress, school safety and bullying, and post-traumatic stress disorder (PTSD).

7. Child/Youth/Young Adult Needs - this category captures mental health and substance use challenges for school to transition-age youth ages 6-25, it also includes specific needs of children 0-5 and their families, respite services, ongoing increased suicide rates, youth runaways, juvenile justice involvement, human trafficking, gang violence, lack of support on how to access services, needs of LGBTQ+, pervasive racism, needs of bi-cultural children, lack of training on the part of schools for students with MH challenges.

8. Adult/Older Adult Needs - this category captures mental health and substance use challenges for adults and older adults including social isolation, depression, complex chronic health issues (including Alzheimer's and dementia), general poor mental health outcomes for those living with a severe mental illness, suicide rates, alternatives to incarceration, pervasive racism, LGBTQ+, immigration stress, gun violence, elder abuse, traumatic impact of social unrest-fear, in particular for Asian communities.

9. Needs of Family Members-this category captures the ongoing stress, frustration and isolation family members can feel in taking care of their loved ones in a healthcare system that is mainly a "fail first" system, especially for loved ones with severe mental illness and episodes of anosognosia. Numerous navigation issues, especially related to the criminal justice system. High need for 24/7 access to inpatient and outpatient psychiatry services. Suicide (and how this effects the family and entire communities) lack of understanding about Child Protective Services (CPS), intergenerational trauma, and immigration trauma.

10. Needs of Veterans-this category captures the mental health and housing needs of Veterans:

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OaklandBerkeley/Alameda County has the 4th highest number of homeless veterans, and second highest (78.8%)

percentage of unsheltered homeless veterans in California. Veterans have a higher rate of poor mental health compared to nonveterans and women veterans have a poorer mental health compared to their male counterparts, in particular due to military sexual assault trauma. Additional needs include high suicide rates (16-18/day), stigma, lack of navigation support, lack of focused veteran groups for non-VA (veterans association) connected individuals and the aging veteran population who are older, sicker and more isolated. There is also a misunderstanding that not all veterans are eligible for VA services. In addition to these needs for American veterans, veterans of other countries also have significant needs around problem solving and healthy coping mechanisms.

11. Needs of the Re-entry Community for both Adults and Youth- this category captures the mental health, substance use, housing and employment needs of this community. Difficult to navigate uncoordinated and complicated systems to receive both behavioral and physical health services. Stigma, a high need for services to be provided by people who reflect this community and have lived experience with being justice involved. Additional needs in the areas of: focused treatment for sex offenders (housing, prosocial rehab services etc.). Lack of MH supported recovery residences, cooccurring treatment and focused job training. Needs of specific communities (LGBTQ+, immigrant, communities of color). Housing assistance and support services for those with disabilities to live independently.

Summary of Areas:

Access, Coordination and Navigation to Services

Behavioral Health Workforce

Crisis Continuum

Housing Continuum

Substance Use

Community Violence and Trauma

Child/Youth/Young Adult Needs

Adult/Older Adult Needs

Needs of Family Members

Needs of Veterans

Needs of the Re-entry Community for both Adults and Youth

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Sources of Data to Create 11 Categorized Areas of Community Need

The following local plans, assessments, evaluation reports, and data were reviewed to identify prominent mental health and substance use needs reported across service sectors and the community. Reviewing relevant and existing behavioral health data as compared to starting from a blank slate allowed the community stakeholders to focus on solutions and strategies for improvement and have an overall asset mindset as compared to being deficit focused. The MHSA and CPPP Planning team prioritized reviewing local data needs and information, but also discussed larger data trends in their assessment.

Alameda County MHSA FY 20-21-22/23 Three-Year Plan

https://acmhsa.org/wp-content/uploads/2021/03/MHSA2020Plan_FINAL_WEB_update_02.pdf

Alameda County MHSA FY 23/24-25/26 Three-Year Plan

California Health Interview Survey (CHIS), University California Los Angeles

https://healthpolicy.ucla.edu/our-work/health-profiles/adult-health-profiles

https://healthpolicy.ucla.edu/our-work/health-profiles/raceethnicity-health-profiles

https://ask.chis.ucla.edu/ask/SitePages/AskChisLogin.aspx?ReturnUrl=%2fAskCHIS%2ftools%2f_layouts%2fAuthenticate.aspx%3fSource%3d%252FAskCHIS%252Ftools%252F%255Flayouts%252FAskChisTool%252Fhome%252Easpx&Source=%2FAskCHIS%2Ftools%2F%5Flayouts%2FAskChisTool%2Fhome%2Easpx

2021 and 2022 Point in Time Homeless Data Count

https://everyonehome.org/main/continuum-of-care/everyone-counts-2022/#:~:text=9%2C747%20people%20in%20Alameda%20County,(1%2C725%20people)%20since%202019

Alameda County Behavioral Health (ACBH) Cultural Competency Plan

Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness: June 2023

https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Report_62023.pdf?utm_id=102035&sfmc_id=1894793

MH and SUD prevalence data FY 21/22, from the California Department of Health Care Services (DHCS), see appendix xx for data

ACBH Penetration data FY 21/22 and 22/23

Alameda County Perinatal and Infant Health Indicators

https://acphd-web-media.s3-us-west-2.amazonaws.com/media/data-reports/mpca/docs/acphd-mpcah-indicators-slides-feb-2023.pdf

Opioid data, Alameda County

https://acphd.org/opioid-story.html

County Health Status Profiles 2023 https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP2023_Final_Draft_v10.pdf

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