

## MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, February 28, 2025 (1:00-3:00pm)

ZOOM MEETING TELECONFERENCE: [Join Zoom meeting](#)

United States (Toll Free): 877-336-1831; Access Code: 3pvMmT

MISSION	VALUE STATEMENT	FUNCTIONS
<p><i>The MHSA Stakeholder Group advances the principles of the Mental Health Services Act and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.</i></p>	<p><i>We maintain a focus on the people served, while working together with openness and mutual respect.</i></p>	<p>The MHSA Stakeholder Group:</p> <ul style="list-style-type: none"> <li>• <i>Reviews</i> the effectiveness of MHSA strategies.</li> <li>• <i>Recommends</i> current and future funding priorities.</li> <li>• <i>Consults</i> with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care.</li> <li>• <i>Communicates</i> with ACBH and relevant mental health constituencies.</li> </ul>

**1:00 Meeting Starts**

**1:05 Icebreaker:** “What one thing you are grateful for?”

**1:15 Health Equity Division** – Division Director, Stephanie Montgomery

- Presentation, Questions & Answers

**2:00 BHS Community Input Survey** – Sr. Planner, Noah Gallo

- Presentation, Questions & Answers

**2:40 Open forum/Group Updates/Announcements**

**3:00 Meeting adjourns**

### Documents Attached:

1. Meeting Agenda
2. BHS Community Input Survey Flyer 2025
3. BHS Community Input Survey

# YOUR VOICE MATTERS!

Make a Difference and Influence Change in Alameda County's  
Mental Health and Substance Use Services!



## Community Input Survey

Alameda County Behavioral Health Services Act FY26-29 Integrated Plan

**ALAMEDA COUNTY INVITES YOU TO TAKE THE COMMUNITY INPUT SURVEY**  
**SURVEY IS AVAILABLE IN THRESHOLD LANGUAGES**

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



**Behavioral Health  
Department**  
Alameda County Health



**HEALTH & HUMAN RESOURCE  
EDUCATION CENTER**

For more information go to [www.ACMHSA.org](http://www.ACMHSA.org)



ALAMEDA COUNTY BEHAVIORAL HEALTH  
Behavioral Health Services Act (BHSA)  
Community Input Survey for FY 26-29 Integrated Plan

English

Alameda County needs your input and feedback! Alameda County is seeking community feedback as part of the community program planning process for the Behavioral Health Services Act (BHSA). BHSA replaces the Mental Health Services Act (MHSA) of 2004. BHSA is funded by a one percent income tax on personal income in excess of \$1 million per year.

BHSA reforms behavioral health care funding to prioritize services for people with the most significant mental health needs while adding the treatment of substance use disorders (SUD), expanding housing interventions, and addressing the behavioral health workforce priorities. It also enhances oversight, transparency, and accountability at the state and local levels.

We need your assistance to prioritize needs and to offer ideas/strategies/solutions. There are 31 voluntary questions in the survey, and it takes about 10 minutes to complete. Your responses are anonymous and optional. You're welcome to leave questions blank. Please contact the BHSA Division at [bhsa@acgov.org](mailto:bhsa@acgov.org) with your questions.

Thank you for your help with this community effort!

## 1. Are you a resident of Alameda County?

Yes

No

## 2. Please select the one that best applies to you:

- I have family/loved ones that reside in Alameda County
- I work in Alameda County
- I am part of the behavioral health workforce in Alameda County: substance use disorder services or wellness workforce
- None of the above

## 3. How much do you agree/disagree with the following statement: Mental Health services are accessible in Alameda County.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
In the language I speak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From someone with my cultural identity/background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 4. How much do you agree/disagree with the following statement: Substance Use Disorder services are accessible in Alameda County.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
In the language I speak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From someone with my cultural identity/background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please rank the following systems needs in order of importance from your perspective. ("1" is most important; "6" is least important). For definitions of the Categorized Needs click [here](#).

<input type="checkbox"/>	Access, Coordination, and Navigation to Mental Health or Substance Use Services
<input type="checkbox"/>	Behavioral Health Workforce (Recruitment, Development, Training, and Retention Incentives, Loan Repayment, Licensing Fees, Continuing Education, Internship and Apprenticeship Programs, Increasing Diversity)
<input type="checkbox"/>	Crisis Services
<input type="checkbox"/>	Housing Interventions
<input type="checkbox"/>	Substance Use Disorder Prevention and Treatment Services
<input type="checkbox"/>	Community Violence and Trauma

6. 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.

7. Please rank the following population needs from your perspective. ("1" is most important; "6" is least important). For definitions of the Categorized Needs click [here](#).

<input type="checkbox"/>	Needs of Children (ages 0-5), Youth (ages 6-15), Transitional Age Youth (ages 16-25)
<input type="checkbox"/>	Needs of Adults (ages 25-59), Older Adults (ages 60 and over)
<input type="checkbox"/>	Needs of Family Members
<input type="checkbox"/>	Needs of (the) Disability Community
<input type="checkbox"/>	Needs of Veterans
<input type="checkbox"/>	Needs of the Re-entry Community

**8. 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.**

**9. What is your Zip Code?**

**10. My Age Range is:**

- Under 15
- 16-25
- 26-59
- 60 and over
- Prefer not to answer

## 11. Do you speak any other language(s) at home besides English?

- Yes
- No

## 12. What is your current Gender Identity?

- Genderqueer or Gender Fluid
- Man/Male
- Non-binary
- Two-Spirit (a term used by some Native American/Indigenous communities)
- Woman/Female
- Prefer not to answer
- Other (please specify)

## 13. Do you identify as Transgender?

- Yes
- No
- Prefer not to answer

## 14. Which of the following Best Represents how you think of yourself?

- Asexual
- Bisexual
- Gay/Lesbian
- Pansexual

- Same gender loving
- Straight/heterosexual (not lesbian or gay)
- Prefer not to answer
- Other (please specify)

**15. Which of the following STAKEHOLDER GROUP(s), do you primarily represent? (Please select all that apply)**

- Active Military/Reserve/National Guard
- Veteran
- Caregiver
- Community Member
- Current or Former involvement with Foster Care System
- Educator/works in the Education System
- Faith Community Member
- Family Member of person living with Mental Health and/or Substance Use Disorder
- Formerly Incarcerated/Re-entry
- Healthcare Workers
- Individual who is current or former recipient of Mental Health and/or Substance Use Services
- Law Enforcement Agency/Court Staff
- Peer Advocate
- Provider of Mental Health or Substance Use Disorder programming
- Student
- Prefer not to answer
- Other (please specify)



**16. Asian: Which category/categories describe you? Mark all that apply AND add details. You may report more than one group.**

Asian Indian

Bangladeshi

Chinese

Filipino

Hmong

Indonesian

Japanese

Korean

Pakistani

Sri Lankan

Taiwanese

Thai

Vietnamese

Specify:

(For example: Afghani, Burmese, Cambodian, Kyrgyz, etc.)

**17. Black or African American: Which category/categories describe you? Mark all that apply AND add details. You may report more than one group**

African American

Ethiopian

Haitian

Jamaican

Nigerian

Somali

Specify:

(For example: Ghanaian, South African, Barbadian, Congolese, etc.)

**18. Latino/Latina/Latinx, Hispanic: Which category/categories describe you? Mark all that apply AND add details. You may report more than one group.**

Cuban

Dominican

Guatemalan

Mexican or Mexican American

Puerto Rican

Salvadoran

Venezuelan

Specify:

(For example: Colombian, Ecuadorian, Argentinian, etc.)

**19. Middle Eastern or North African: Which category/categories describe you? Mark all that apply AND add details. You may report more than one group.**

Algerian

Egyptian

Iranian

Lebanese

Moroccan

Syrian

Specify:

(For example: Israeli, Iraqi, Tunisian, etc.)

**20. Native American, American Indian, or Alaska Native: Which category/categories describe you? Mark all that apply AND add details. You may report more than one group.**

American Indian

Alaska Native

Central or South American Indian

Mam

Specify:

(For example: Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Inupiat, Nome Eskimo Community, etc.)

**21. Native Hawaiian or Other Pacific Islander: Which category/categories describe you? Mark all that apply AND add details. You may report more than one group.**

Chamorro

Fijian

Guamanian

Marshallese

Native Hawaiian

Samoan

Tongan

Specify:

(For example: Palauan, Tahitian, Chuukese, etc.)

**22. White: Which category/categories describe you? Mark all that apply AND add details. You may report more than one group.**

English

German

Irish

Italian

Polish

Spanish/Spaniard

Specify:

(For example: Scottish, Norwegian, Dutch, French, etc.)

**23. What kind of insurance (if any) do you have?**

Medi-Cal

Private health insurance

Medicare

Medi-Medi (both Medi-Cal and Medicare)

Decline to answer

I do not have any health insurance. Why?

**24. Do you agree with this statement: My Insurance covers Mental Health/Substance Use Disorder services?**

- Yes
- No
- I do not have health insurance
- Unsure

**25. In the past two months, have you been consistently living in stable housing that you own, rent, or stay in as part of a household?**

- Yes
- No
- Other (please specify)

**26. What types of support services would someone with behavioral health challenges need in order to maintain stable housing?**

- Case Management
- Child Care Services
- Employment Support
- Financial Assistance
- Food Assistance

- Health and Medical Support
- Help Paying Utilities
- Legal Support and Advocacy
- Mental Health Counseling
- Peer Support
- Pet/Animal Support
- Post Release from Incarceration/Re-entry Support
- Substance Use Counseling
- Supportive Housing Options
- Other (please specify)

**27. Please indicate your level of awareness to changes coming to mental health services in Alameda County as a result of voters passing Proposition 1 - Behavioral Health Services Act (BHSA).**

	Fully aware	Aware	Neither aware or not aware	Not aware	Fully not aware
Please indicate your level of awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**28. Under BHSA there will be three funding categories: 1) Housing Interventions, 2) Full Service Partnerships and 3) Behavioral Health Services and Supports. The state allows counties to move a percentage of BHSA funds (up to 7% per category) from one category to another.**

**Do you recommend moving a small portion of funding from one category to another?**

- Yes
- No

**29. If you answered Yes to the previous question, where would you move funds FROM?**

- Housing Interventions** - targets housing individuals who are undergoing homelessness due to serious mental illness, serious emotional disturbance, and/or substance abuse disorder.
- Full Service Partnerships** - programs are designed for individuals with serious emotional disturbance (SED) or a severe mental illness (SMI) who would benefit from an intensive service program. The foundation of Full Service Partnerships is doing “whatever it takes” to help individuals on their path to recovery and wellness.
- Behavioral Health Services & Supports** - includes crisis, outpatient treatment, early intervention, outreach and engagement, peer support, family support, workforce education and training, capital facilities, technological needs, and innovative pilots and projects.

**30. Which category would you move funding TO?**

- Housing Interventions** - targets housing individuals who are undergoing homelessness due to serious mental illness, serious emotional disturbance, and/or substance abuse disorder.
- Full Service Partnerships** - programs are designed for individuals with serious emotional disturbance (SED) or a severe mental illness (SMI) who would benefit from an intensive service program. The foundation of Full Service Partnerships is doing “whatever it takes” to help individuals on their path to recovery and wellness.

- **Behavioral Health Services & Supports** - includes crisis, outpatient treatment, early intervention, outreach and engagement, peer support, family support, workforce education and training, capital facilities, technological needs, and innovative pilots and projects.

**31. What did We Miss? Please share other concerns or solutions to mental health and substance use services that have not been mentioned.**

**32. Thank you again for taking the time to provide your input on the County of Alameda's BHSA Community Input Survey. We appreciate you taking the time! To learn more about ways to get involved, please visit our website: <https://acmhsa.org/>. To see the data and results from this survey, please visit: <https://acmhsa.org/reports-data/>**

**Optional: Please provide your contact information if you'd like to be entered into our raffle. Five winners will receive a \$25 gift card. The winner's first and last initial will be published on our website at <https://acmhsa.org/>.**

Full Name	<input type="text"/>
Agency/Company	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>



**33. This area is to rate the ease of completing this survey with 5 stars being the easiest and 1 star being difficult.**



SUBMIT

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