

BHSA STAKEHOLDER GROUP (BHSA-SG)

Friday, March 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"> • <i>Reviews</i> the effectiveness of MHSA strategies. • <i>Recommends</i> current and future funding priorities. • <i>Consults</i> with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care. • <i>Communicates</i> with ACBH and relevant mental health constituencies.

1:00 Meeting Starts

1:05 Icebreaker: “What’s your favorite hobby?”

1:15 AC Public Health Dept., Quality Improvement Division – Carolina Guzman (QI Mgr.) and Andrea Wise (Prog. Sp.)

- Presentation, Questions & Answers

2:00 BHSA CPPP Listening Session – BHSA Sr. Planner, Noah Gallo

2:30 Open forum/Group Updates/Announcements

3:00 Meeting adjourns

Documents Attached:

1. Meeting Agenda
2. ACPHD presentation
3. BHSA CPPP Listening Session
4. Categorized Needs
5. Listening Session Demographic Survey: <https://www.surveymonkey.com/r/MMT2CGL>

Community Health Needs Assessment (CHNA) & Community Health Improvement Plan (CHIP)

Mental Health Stakeholders Group

Carolina Guzman, Quality Improvement Manager, Alameda County Public Health

Andrea Wise, Program Specialist, Alameda County Public Health

March 28, 2025



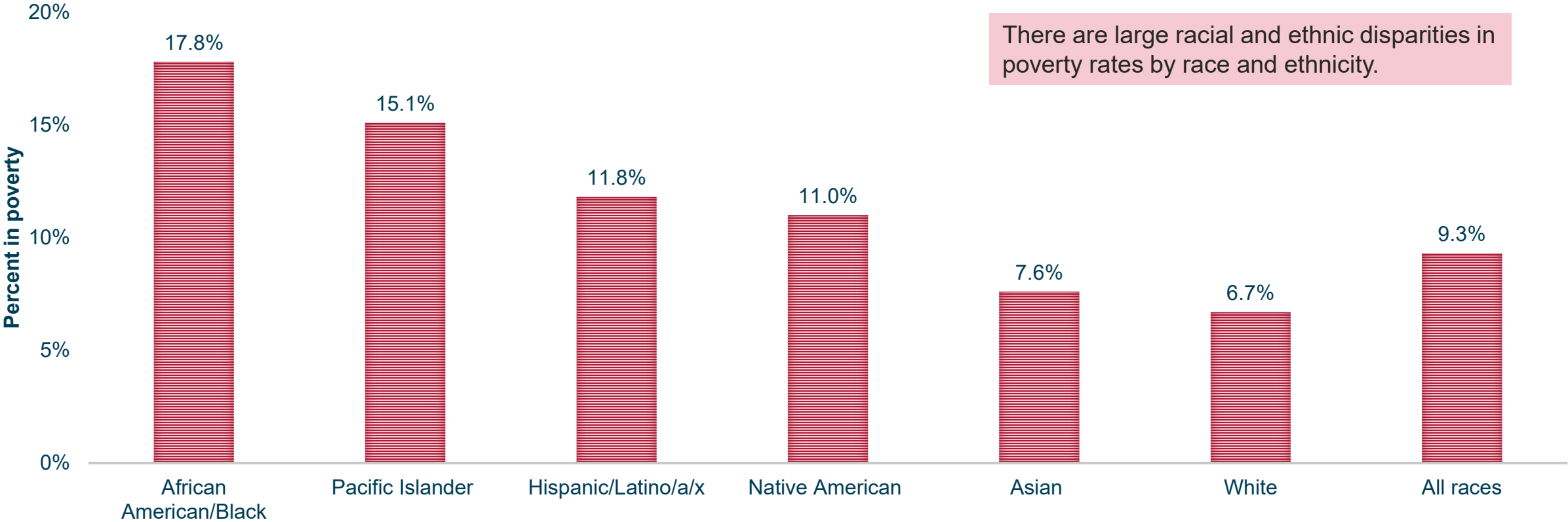
Agenda Overview

- Welcome & Introductions
- Alameda County Disparities Data
- Community Health Needs Assessment (CHNA)
- Community Health Improvement Plan (CHIP)
- Reflections, Questions, Next Steps



Racial and ethnic inequities in poverty

2021 ALAMEDA COUNTY POVERTY RATE BY RACE AND ETHNICITY

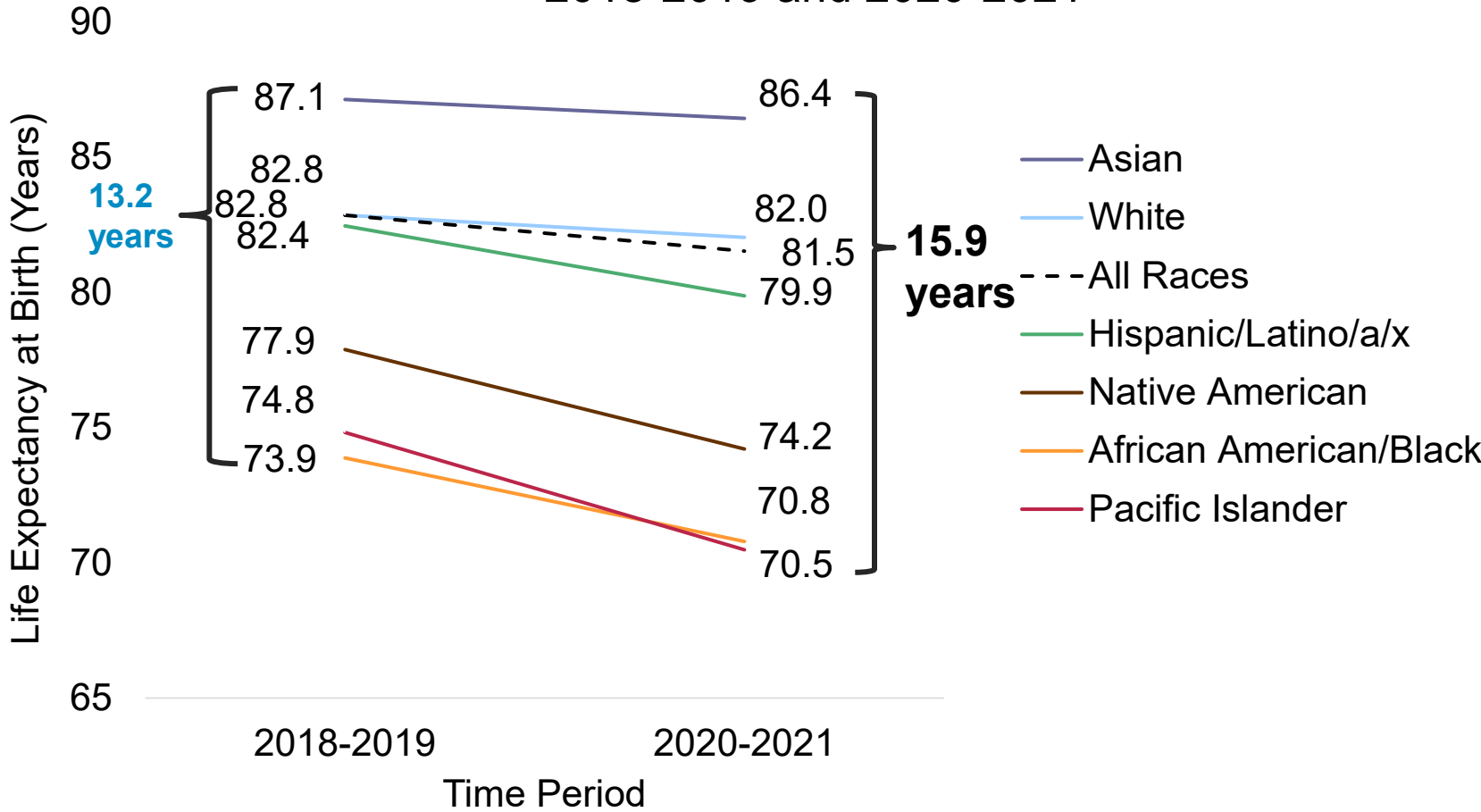


Source: American Community Survey (ACS)

Notes: The ACS does not break out the races mutually exclusive of Hispanic/Latino/a/x except for White.

Already large racial and ethnic disparities in life expectancy in Alameda County grew worse in 2020-2021

Alameda County life expectancy by race and ethnicity, 2018-2019 and 2020-2021



The already-large gap in life expectancy by race and ethnicity grew from 13.2 years in 2018-2019 to 15.9 years in 2020-2021

Community Health Needs Assessment (CHNA) & Community Health Improvement Plan (CHIP)

2024-2027

Public Health Accreditation Foundational Plans





ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

Community Health Needs Assessment

2022-2025



The CHNA takes a comprehensive look at the health of Alameda County residents by studying a combination of the social determinants of health and specific health outcomes of individuals, neighborhoods, and populations.

Ongoing CHNA & CHIP Partners 2024-2027



Stanford
HEALTH CARE



CHNA & CHIP Partners 2024-2027



YMCA OF THE EAST BAY



HELPING HANDS EAST BAY 東灣手牽手

LIVE LIFE WELL



2022-2024 CHNA RESULTS



What is a Community Health Improvement Plan?

“An action-oriented plan for addressing the most significant health issues identified by community partners based on quantitative and qualitative data for a given community*.”



The CHIP builds upon the Community Health Needs Assessment (CHNA) by addressing Countywide prioritized health needs.



*[Healthy Marin Partnership: A Community Health Improvement Plan. Accessed April 21, 2023](#)

WOMEN INFANT AND CHILDREN (WIC)

Results Addressed:
Access to care
Food security
Economic Security
Peaceful families
Premature child death

IMMUNIZATION

Results Addressed:
Early Access to Care
Prevention services
Screening
Economic security
Premature death

EMBRACEHER

Results Addressed:
Access to early care
Mental health
Economic security
Peaceful families

CHIP SIGNATURE PROGRAMS 2024

SEXUAL AND REPRODUCTIVE HEALTH

Results Addressed:
Access to care
Economic security
Premature death

FRONT DOOR

Results addressed:
Access to care
Economic security
Peaceful families and communities

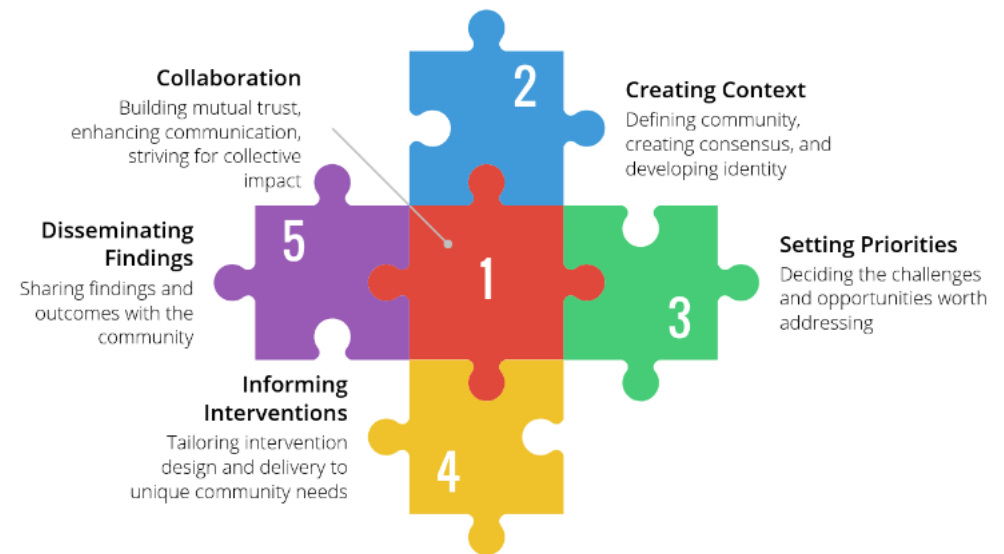
OFFICE OF VIOLENCE PREVENTION

Results addressed:
Economic security
Peaceful families and communities

CHIP Community Advisory Board

- The community/resident-led advisory board will inform, provide context, and validate the CHIP strategies
- Unaffiliated residents are prioritized participants
- Advisory Board recruitment begins Fall 2024 with anticipated launch in early 2025

Community Advisory Board Responsibilities



CHNA & CHIP Timeline for 2024-2027 Cycle



Signature Program Efforts - Samples

ACHPD Immunization Program

- **Conducts School Vaccine Clinics, including providing COVID and flu vaccinations to students and staff.**
- **Offers free vaccination services to people experiencing access challenges: uninsured, underinsured, homebound, unhoused, and folks in long term care facilities.**
- **Provides wellness screenings for Blood Pressure and Diabetes.**

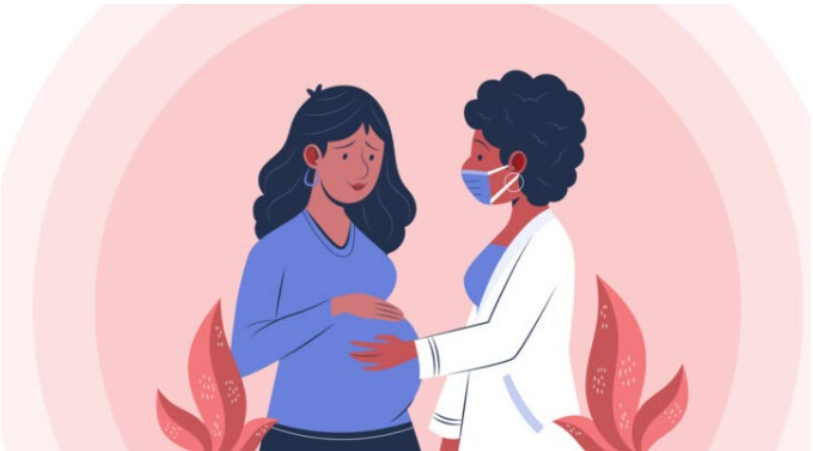


Sexual and Reproductive Health Program:

- Working to provide STD/STI screening services to inmates at Santa Rita Jail and any CA prisons. STD/STI screenings are not mandated for inmates.



2 in 5 (40%) people who had a baby with syphilis did not get prenatal care.



Congenital Syphilis CS is a Crisis in the US: Providing timely testing and treatment during pregnancy might have prevented almost **9 in 10** (88%) cases in 2022.

Over 10 times as many babies were born with syphilis in 2022 than in 2012.



The Front Door Program

- Residents are often unaware of County programs and services
- Front Door supports Residents' needs for basic resources and access to services

Key Actions:

- Universal Intake
- Internal and External Referral Management
- Marketing
- Building Workflows in the client database
- Piloting the referral process between the Adult Asthma Program and the Alameda Alliance for Health
- The more we learn about the existence of programs that serve Adults and Older Adults will prevent delays in access to care



Women, Infants & Children (WIC)



In 2022-2023,

- WIC issued \$75,000 worth of Farmers' Market vouchers for seasonal fresh fruits and vegetables
- Purchased 9,950 books for distribution to children ages 0-5 years on WIC
- Collaborated with the Office of Dental Health to offer dental screenings at four WIC locations

WIC Breastfeeding Peer Counseling Program (BFPC)



- ✓ Provides breastfeeding support to new parents
- ✓ Orders and issues breast pumps to moms in need
- ✓ Conducts lactation consults and provides peer counseling with WIC parents

EmbraceHER: Better Health Behaviors

Given alarming disparities in Black Maternal health, this program works to equip providers and community with educational information and evidence-based practices to contribute to healthy birth and maternal outcomes

95.6% of babies born into program have a medical home and regular place for checkups

98.6% of participants initiated breastfeeding with their newborns

95.6% of participants received postpartum care within 4-6 weeks after giving birth



Office of Violence Prevention

Working with community partners across Alameda County to engage best practices in violence prevention

GUN VIOLENCE IN ALAMEDA COUNTY



Gun violence is a leading cause of death among young people ages 15-34 in Alameda County. Each week, an average of two Alameda residents die by gun homicide, and eight are shot and injured, causing enormous pain to those directly impacted and their loved ones. Gun violence has cascading effects on the health and wellbeing of our communities. It inflicts trauma on those who witness a shooting or hear gunshots, it causes residents to feel unsafe, and it can limit how we interact in public.

Gun violence has rippling effects across communities.

CHIP Timeline



Launch Pilot Programs
Fall 2023

Identify TA Needs
Winter 2023-24

Convene External
Partnership
May 2024

Ongoing Implementation
Fall 2024- Spring 2025

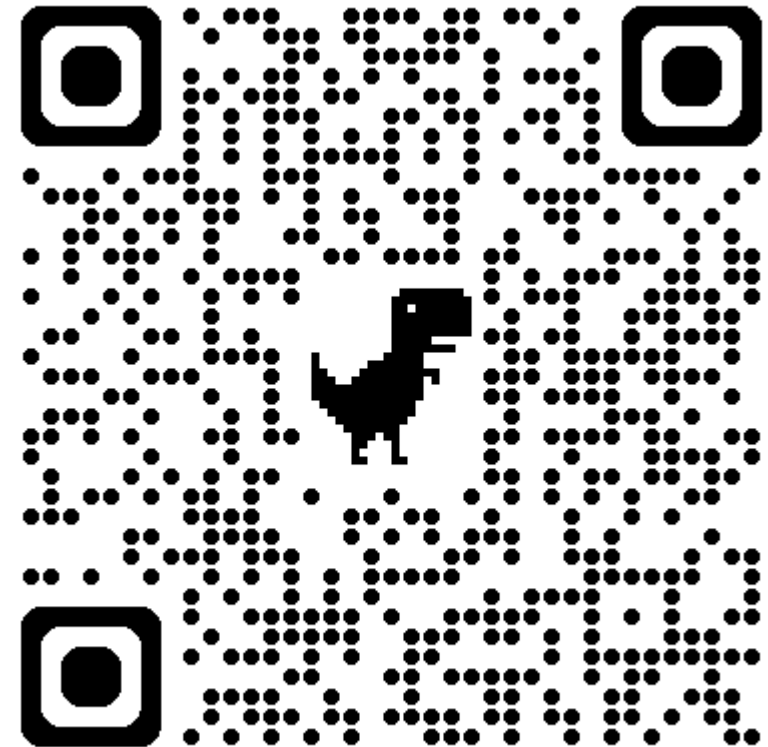
Getting Connected

Community-Led Health Improvement in Action

CHIP Workgroup Participation

- Sign up for one or more CHIP Workgroup:
 - 1) Access to Care
 - 2) Economic Security
 - 3) Peaceful Communities and Families

<https://app.smartsheet.com/b/form/990207deb74d4f7086791a0eb8f9357e>



Participate in...

- Community/resident advisory committee
- CHNA Community Forums
- Pacific Islander focus groups

Questions

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Behavioral Health Services Act Community Education & Input Meeting

BHSA Integrated Plan FY 26-29

Presented by:

Alameda County Behavioral Health – BHSA Division



BHSA 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

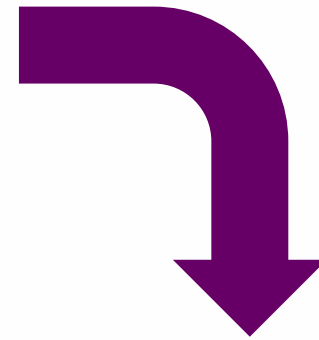
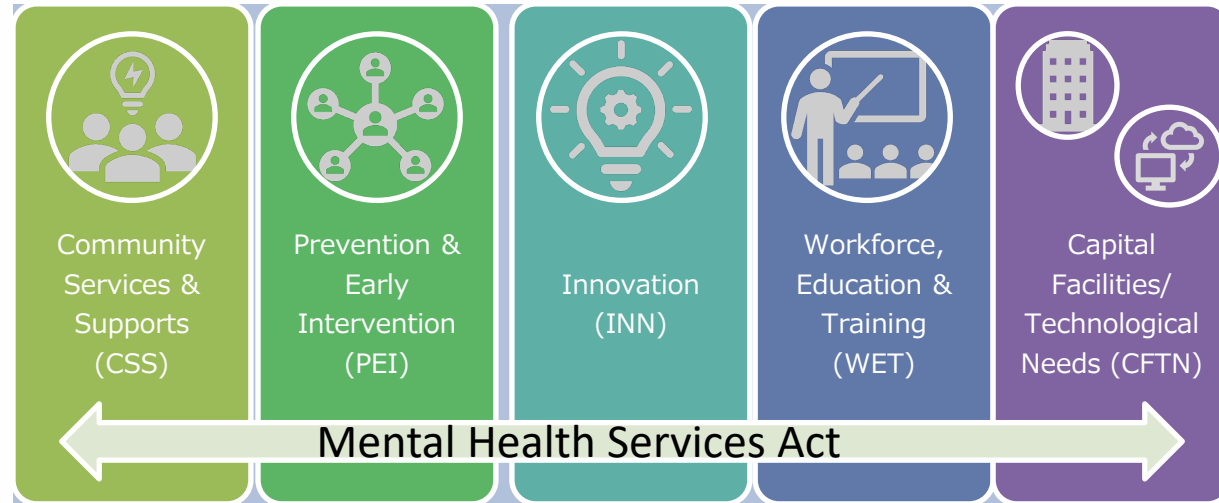
Meeting and Presentation Agreements

- 1. BE PRESENT**
- 2. SPEAK FROM YOUR OWN EXPERIENCE**
- 3. ONE VOICE AT A TIME**
- 4. STEP UP, STEP BACK**
- 5. SEEK TO UNDERSTAND AND THEN BE UNDERSTOOD**
- 6. HOLD QUESTIONS TO THE END OF THE PRESENTATION**

BHSA: Who Does It Serve?

- Philosophical shift from prevention, intervention, and treatment across the mental health spectrum to focus on the **most severely mentally ill individuals**.
- Inclusion of eligible programming for those with substance use conditions.
- Significant focus on housing and homelessness.
- Statewide focus on increased accountability and transparency
- This change builds upon current and ongoing efforts to support vulnerable populations living with the **most significant** mental health conditions and substance use disorders.

BHSA Funding Categories



BHSA Funding Category Descriptions

30% Housing:

- Interventions to include rental subsidies, operating subsidies, shared housing, family housing for eligible children and youth, and the non-federal share of certain transitional rent.
 - Half of this amount (50%) is prioritized for housing interventions for the chronically homeless.
 - Up to 25% may be used for capital development.

35% Full-Service Partnerships:

- Comprehensive and intensive care for people at any age with the most complex needs (also known as the “whatever it takes” model).

35% Behavioral Health Services and Supports (BHSS):

- Includes early intervention; outreach and engagement; workforce; education and training; capital facilities and technological needs; and innovative pilots and projects.
 - A majority (51%) of this amount must be used for intervention in the early signs of mental illness or SUDs.
 - A majority (51%) of early intervention services and supports must be for people 25 years of age and younger.

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 BHSA.

Alameda's Community Listening sessions will conclude May 30, 2025

Community Engagement and Timeline Process

- The yearly Community Program Planning Process (CPPP).
- Stakeholder Engagement.
- Involvement of Clients, Providers, Peers and Family Members



January 2025 – February 2025

- Review regional strategies, evaluations, and reports
- Utilize BHSA Stakeholder Group and CPPP Planning Committee to plan and implement community input process

February 2025 – May 2025

- Listening Sessions
- Key Informant Interviews
- Community Input Surveys

September 2025 – December 2025

- Plan Development
- 45-day Public Comment
- Public Hearing at Behavioral Health Advisory Board
- BOS Health Committee & full BOS approval
- ACBHD implementation

BHSA Required Stakeholder Engagement List

All age groups	Individuals with lived experience	Families	Providers, including racial/ethnic pop.	Public Safety
Education	Early childhood	Local Health Jurisdictions	Social Services	Labor Organizations
HealthCare/Hospitals	Veterans	Managed Care Plans	Disability Groups	Tribal and Indian Health
5 largest Cities	Area Agencies on Aging	Regional Centers	Emergency Medical Services	Homeless Community

Stakeholder Engagement Methods



Counties must demonstrate a partnership with constituents and stakeholders as part of their community planning processes. Examples of meaningful partnership with stakeholders may include the following types of stakeholder engagement:

- Public comment
- Public hearings
- Stakeholder workgroups and committees
- Listening Sessions
- Surveys
- Key informant interviews or engaging with subject matter experts
- Training, education, and outreach related to community planning

MHSA Community Input from *FY25/26*

**MENTAL HEALTH SERVICES ACT
ALAMEDA COUNTY
FY 2025-2026**
ANNUAL PLAN UPDATE (DRAFT)



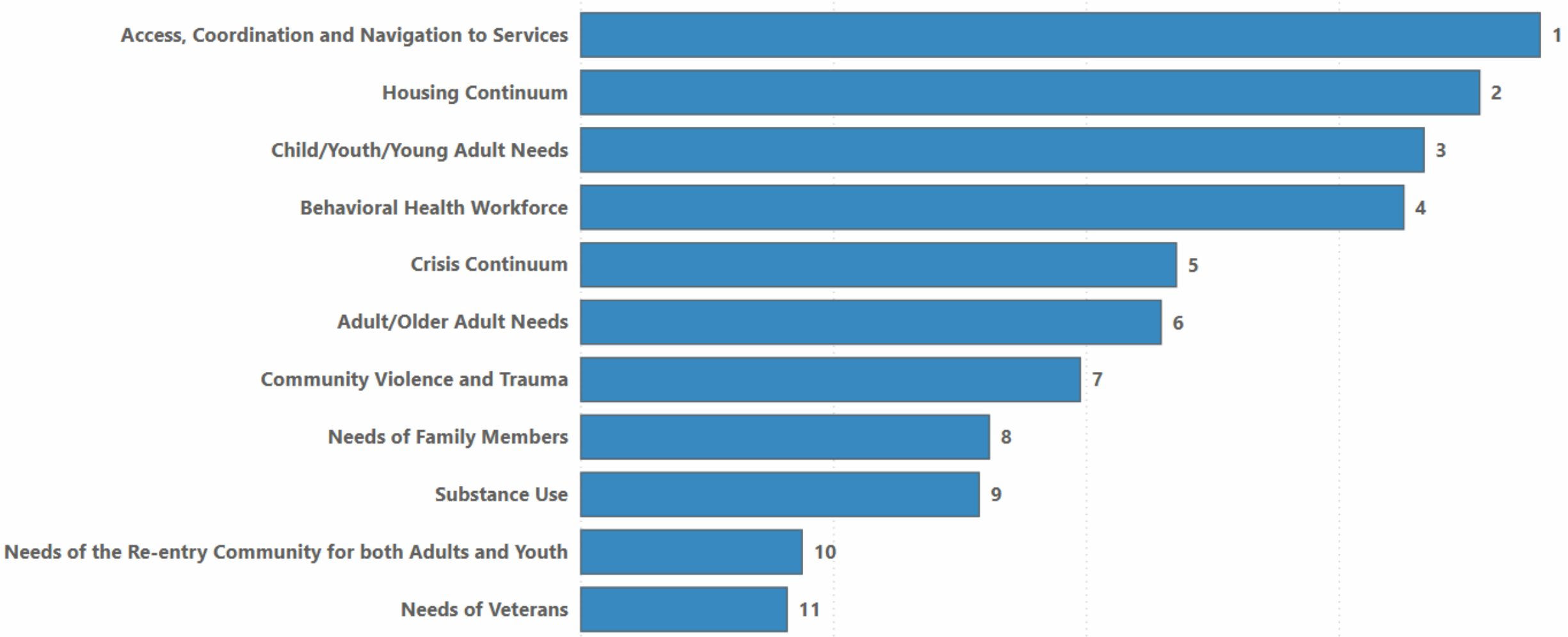
- **Plan Budget:** \$206M (9% increase from FY 23/24)
 - Five program components for FY 25/26.
- Public Comment: April 1st-May 15th 2025.
- Mental Health Advisory Board Public Hearing: May 19, 2025.
- Increased Community Engagement:
 - 28 Listening Sessions attended by 265 Community Members.
 - 777 Survey Responses.
- Multiple Improvements have been made to make the Plan:

Easy to find* *Easy to use* *Easy to understand

Top Needs of Survey Respondents



Top Needs of Listening Session Participants



Listening Session



System Needs

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

1. Access, Coordination and Navigation to Services to Mental Health or Substance Use Services

2. Behavioral Health Workforce

3. Crisis Services

4. Housing Interventions

5. Substance Use Disorder Prevention and Treatment Services

6. Community Violence and Trauma

Population Needs

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

7. Needs of Children (ages 0-5), Youth (ages 6-15), Transitional Age Youth (ages 16-25)

8. Needs of Adults (ages 25-59), Older Adults (ages 60 and over)

9. Needs of Family Members

10. Needs of the Disability Community

11. Needs of Veterans

12. Needs of the Re-entry Community

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



**Behavioral Health
Department**
Alameda County Health



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



**Behavioral Health
Department**
Alameda County Health



THANK YOU



**Behavioral Health
Department**
Alameda County Health

NEW Resources

- Transitions website: [Behavioral Health Transformation \(ca.gov\)](https://www.behavioralhealthtransformation.ca.gov/)
- New State website: Mental Health for All: <https://mentalhealth.ca.gov/>
- Alameda County Behavioral Health Department MHSA website: <https://acmhsa.org/bhsa/>
- California Association of Counties (CSAC): <https://www.counties.org/proposition-1>



Behavioral Health Department

Alameda County Health

Categorized Areas of Community Need in Alameda County

System Needs

1. Access, Coordination and Navigation to Services to Mental Health or Substance Use Services

This category captures the needs of diverse cultures and identities such as race/ethnicity, language, LGBTQIA+, veteran status and age related to accessing mental health and substance use services, including community knowledge and education, language capacity, and 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 multilingual clinical and peer workforce.

3. Crisis Services

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

4. Housing Interventions

This category captures the housing needs for individuals living with behavioral health challenges ranging from housing interventions and support needed to maintain housing.

5. Substance Use Disorder Prevention and Treatment Services

This category captures the increasing need for substance use services and support 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).

Population Needs

7. Needs of Children (ages 0-5), Youth (ages 6-15), Transitional Age Youth (ages 16-25)

This category captures mental health and substance use challenges for school to transition-age youth, 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.

continued

Population Needs

8. Needs of Adults (ages 25-59), Older Adults (ages 60 and over)

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.

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 including navigation issues, need for 24/7 access to inpatient and outpatient psychiatry services, suicide prevention, caregiving support, and other related trauma services.

10. Needs of Disability Community

This category addresses the needs of individuals with developmental disabilities and their families, focusing on providing resources and support required to achieve lives of quality and satisfaction.

11. Needs of Veterans

This category captures the mental health and housing needs of Veterans: Alameda County has the 4th highest number of homeless veterans, and 2nd highest of unsheltered homeless veterans in California. Veterans have a higher rate of poor mental health, high suicide rates, mental health stigma, lack of navigation support, lack of veteran support groups and social isolation.

12. Needs of the Re-entry Community

This category addresses the needs of both Adults and Youth in the Re-entry Community.

Summary of Areas

Access, Coordination and Navigation to Services

Behavioral Health Workforce

Crisis Services

Housing Interventions

Substance Use Disorder Prevention and Treatment Services

Community Violence and Trauma

Needs of Children (ages 0-5), Youth (ages 6-15), Transitional Age Youth (ages 16-25)

Needs of Adults (ages 25-59), Older Adults (ages 60 and over)

Needs of Family Members

Needs of the Disability Community

Needs of Veterans

Needs of the Re-entry Community