

MHSA STAKEHOLDER GROUP

Friday January 25, 2019 (2:00-4:00pm)

2000 Embarcadero Cove, Oakland

Alvarado Niles Conference Room – 5th Floor

To participate by phone, dial-in to this number: (605) 475-4834

Participant access code: 102839

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 BHCS and the community on promising approaches that have potential for transforming the mental health systems of care • <i>Communicates</i> with BHCS and relevant mental health constituencies.

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| 1. Welcome and Introductions
New Member Introduction | 2:00pm |
| 2. MHSA Outreach Input (HHREC) | 2:15pm |
| 3. MHSA Stakeholder Membership Discussion | 3:15pm |
| 4. FY2018-19 MHSA Plan Update – New MHSA Investments in Housing
Public Comment Period: 2/1/19 – 3/8/19
Mental Health Advisory Board Presentation: 3/11/19 | 3:30pm |
| 5. MHSA Housing Site Visit in February and March | 3:45pm |
| 6. Meeting Adjourn | 4:00pm |

Documents Attached:

1. Proposed New MHSA Investments in Housing
2. MHSA Stakeholder Group Membership Roster

MHSA Stakeholder Group Membership Composition

(Rev. 01-25-19)

First Name	Last Name	Agency/Affiliation	Gender/ Orientation	Consumer	Family	Provider	MH Board	Underserved / Underserved Population Represented	Age: All	Age: CY	Age: Young Adult	Age: Adult	Age: Older Adult	Geographic: All	North	Central	South	East
Alane	Friedrich	Mental Health Board	Female				1		All					N				
Viveca	Bradley	Pool of Consumer Champions	Female	1				Diverse/ Ethnic Grp	All			OA		N				
James	Scott	Reaching Across	Male			1			All						C	S	E	
Julia	Eagan	Telecare	Female			1			All				A					
Margot	Dashiell	Alameda County Family Coalition	Female		1			Diverse/ Ethnic Grp			A			N				
Liz	Rebensdorf	NAMI	Female		1			Family			A			N				
Karen	Grimsich	City of Fremont	Female			1		Older Adults				OA			C	S		
Janet	King	Native American Health Center	Female			1		Underserved	All					N				
Leah	Weinzimer	Partnerships for Trauma Recovery	Female			1		Underserved			A			N				
Elaine	Peng	NAMI, FERC	Female	1				Underserved	All								S	
Irma	Hernandez	POCC, Casa Ubuntu	Female	1				Underserved			A				C			
Stakeholder Representation			TOTALS	3	2	5	1		5	0	0	4	2	1	6	3	3	1
Representation %				27%	18%	45%	9%		50%	0%	0%	40%	20%	5%	60%	30%	30%	10%

<u>MHSA Stakeholder Guidelines</u>	<u>Membership</u>
1. Currently 11 members. Total Needed: 15 Members	Current number of members: 11
2. 25% Consumers; 25% Family members; 25% Providers.	Recommended number of members: 15
3. MHSA Stakeholder Group includes representation for:	
a. Five Alameda County Supervisorial Districts	
b. Adult, Older Adult, TAY, and Children age groups	
f. Consumers	
g. Families	
h. Community Based Organizations (CBOs)	
i. Homeless population with Serious Mental Illness (SMI)	
j. Underserved populations	
k. Primary Care Providers	
l. Diverse Cultural and Ethnic groups	

Recommendations:
Recruit new stakeholders to represent:

- 1. Children/ Youth**
- 2. TAY**
- 3. Underserved Ethnic Populations** (i.e., Afghan, Pacific Islander, refugees)

Proposed New MHSA Investments: Addressing Homelessness & Housing Issues among Individuals and Families Impacted by Serious Mental Illness

Overall Purpose of Investments: To more effectively engage, permanently house, and stabilize County residents experiencing homelessness or at-risk of homelessness. The proposed investments of unspent MHSA resources will target individuals struggling with serious mental health issues and co-occurring substance use, or physical health issues in the following high-impact areas:

- Wraparound supportive mental health services linked with long-term permanent housing resources for individuals with complex health and social service needs and barriers to obtaining housing;
- Organized, focused, and coordinated assertive street engagement to ensure the target population living in encampments and other outdoor locations receive consistent and proactive attention;
- Bridge housing resources to ensure there are places for people to come off the streets immediately, and
- Increased flexible cash and other client support funding to reduce and prevent homelessness.

Investment Summary Table:

Proposed Investment	Total Costs	Estimated MHSA	Leveraged Funds
#1 FSP Services Expansion	\$3 million	\$1.8 million	\$1.2 million (Medi-Cal)
#1a FSP Housing Slots	\$1.8 million	\$1.8 million	N/A
#2 Street Outreach Expansion	\$650,000	\$500,000	\$150,000 (Medi-Cal MAA)
#3 Housing Support Program (HSP) Licensed Board and Care Subsidies	\$2,685,000	\$2,685,000	N/A
#4 Capital Project Investments to Expand Respite Beds for Individuals with SMI and Physical Health Care Needs (1x funds)	\$ 3 million	\$3 million	N/A
#5 Supplemental Security Income (SSI) Housing Trust (1x funds)	\$2,840,000	\$2,840,000	N/A
TOTAL	\$13,975,000	\$12,625,000	\$1,350,000

Investment Proposal #1: Increase Full Service Partnership (FSP) Supportive Services and Permanent Housing Slots to target individuals who are homeless/at imminent risk of homelessness with severe mental illness and co-occurring physical or substance use disorders.

Expansion: ACBH currently has two FSP Assertive Community Treatment (ACT) programs focused on serving homeless individuals with 100 program slots per agency. The recommendation is to add 50 slots to each of these two programs to be consistent with the ACT team client/staff ratios and program scaling. This would increase the total number of slots from 200 to 300 with an emphasis on individuals who are homeless and struggling with severe mental illness and co-occurring physical health and/or substance use disorders. Connected to these 100 slots would be housing subsidies in order to rapidly house the FSP clients.

Cost: \$4.8 million/year. This includes 100 additional FSP services slots at \$30,000/year/client: \$3 million; Bridge Housing Subsidies at \$1,500/client/month for rapid housing: \$1.8 million (\$1,500/client per month).

Rationale: Housing and homelessness for individuals with severe mental illness remains a significant concern for ACBH. Data shows that the percent of clients admitted to an ACBH program who identify as homeless at program admit has been increasing over the past several years, see table below:

Unduplicated Count of Individuals Admitted to a BHCS Program as "Homeless"				
Fiscal Year	# Homeless	% Homeless	# Unknown/ Other	% Unknown/ Other
FY 2014-15	1,842	6%	5,694	18%
FY 2015-16	2,170	7%	2,388	8%
FY 2016-17	2,165	8%	3126	11%
FY 2017-18	2,762	10%	6524	23%
FY 2018-19	1,308	10%	3113	24%

*Note: The FY 18/19 data is only from July-December 2018. Additionally, the #/% of clients homeless at admission is most likely higher and includes many of the clients whose housing status was listed as “unknown”.

Full Service Partnership ACT teams coupled with housing subsidies have demonstrated effectiveness in reducing homelessness among people with serious mental illness in Alameda County.

Planned Outcomes: The following measures have been adopted by all Full Service Partnership (FSP) programs and will apply to the proposed expansion -

- **Improved functioning:** Percent of clients with improvement in at least one Adults Needs & Strengths Assessment (ANSA) domain from last assessment to most recent.
- **Improved living situation:** Percent of clients who were living in restrictive and unstable environment at intake who showed an improved living situation at the most recent update.
- **Primary care connection:** Of clients who completed 12 months, percent of clients who were linked to primary care within 12 months of program enrollment.
- **Reductions in jail days:** Of clients who completed 12 months, percent of clients with at least one jail day.
- **Reductions in psychiatric emergency, inpatient, crisis stabilization utilization:** Percent of clients who were admitted in Psychiatric Emergency Service/inpatient/Crisis Stabilization Unit from 12 months prior to current.
- **Employment status:** Percent of clients who were unemployed at initial assessment who showed an improvement in their status (i.e., enrolled in a vocational program/internship, found employment, etc.) at the time of most recent assessment.

Investment Proposal #2: Expansion of Coordinated Street Outreach.

Expansion: Hire 3 FTE behavioral health social work outreach regional coordinators as part of Alameda County's Health Care for the Homeless Program. The staff will bring behavioral health (mental health and substance use) expertise and resources and a focus on coordination to street outreach and engagement efforts in specific regions of the County. These staff will be added to a Health Care for the Homeless team that will focus on coordinated outreach efforts countywide.

Cost: **\$650,000/year** for 3 FTE county-staff positions with benefits and operating costs.

Rationale: According to Alameda County's 2017 Count of Persons Experiencing Homelessness, there were more than 3,800 persons without shelter at a single point of time. Alameda County has approximately 15 FTE of general street outreach workers countywide and many of their efforts remain uncoordinated. Based on best practices from around the country, a reasonable goal for a full-time outreach worker is to help up to 100 people per year to move from the streets into temporary or permanent housing. Alameda County's current outreach worker staff shortage means that most outreach efforts primarily focus on helping unsheltered people to survive on the streets at the expense of the more intensive, focused work required to help people move indoors. The proposed expansion will help focus and coordinate outreach efforts in specific high priority regions of the County and bring essential behavioral health expertise and consultation to current efforts.

Planned Outcomes:

- 300 high priority unsheltered individuals move-in to temporary or permanent housing;
- At least 300 unsheltered individuals have increased incomes and public benefits, and
- At least 300 unsheltered individuals access physical, mental health, or substance use services appropriate to meet their needs.

Investment Proposal #3: Augment and Increased Licensed Board and Care Subsidies.

Expansion: Augment existing licensed board and care subsidy rates to ensure continued access to licensed board and care beds for ACBH clients with serious mental illness AND add additional funding at higher rates for ACBH clients with more intensive care and supervision needs.

Cost: **\$2,685,000 increase** to existing program. Includes augmentation of existing rate of \$625/bed month to \$1,000/bed month for 250 beds: \$1,125,000/year; 50 new slots for those with more intensive care and supervision needs with rates of \$2,000 or \$3,000/bed month: \$1,560,000/year.

Rationale: Some ACBH clients have ongoing health care needs that require a level of care and supervision not available in other supportive housing models. The costs of operating licensed board and cares has increased significantly over the past several years resulting in the closure of many licensed homes with a history of serving individuals with serious mental illness. Closures of these homes frequently result in former residents becoming homeless, unstably housed, or institutionalized. ACBH subsidy rates have not kept pace with the costs of operations nor with the rates paid by other entities for similar housing and services. The proposed rate increase will help ACBH more closely match the rates by neighboring county mental health departments. In addition to stabilizing current capacity, ACBH proposes adding an additional 50 slots for clients with higher level support needs for issues such as urinary incontinence and insulin dependent diabetes. This increased capacity will reduce homelessness and unnecessary institutionalization among this target population. Historically, the Housing Support Program in ACBH has demonstrated reductions in inpatient and IMD per

client costs by an average of more than \$50,000/year when comparing costs 12 months prior to and after licensed board and care placement.

Planned Outcomes:

- Reduced lengths of stay and costs of inpatient psychiatric and IMD costs per client;
- At least 50 clients with a history of homelessness and institutional care move-in to subsidized licensed board and care slots, and
- Improved functioning - percent of clients with improvement in at least one Adults Needs & Strengths Assessment (ANSA) domain from last assessment to most recent.

Investment Proposal #4: Capital Project Investments to Expand Respite Beds for Individuals with Serious Mental Illness and Physical Health Care Needs.

Expansion: ACBH currently has contracts for 78 emergency housing beds for individuals with a serious mental illness countywide. ACBH proposes utilizing one-time capital funding to increase temporary housing capacity for individuals with serious mental illness and acute health care needs by at least 30 beds in the next 12 months.

Cost: \$3 million one-time capital facilities funding (CFTN) for 3 or more capital facility projects. Investments per site will not exceed \$1 million and investments will generate at least 30 additional temporary housing beds for homeless individuals with significant psychiatric and physical health care needs.

Rationale: None of the current ACBH-contracted temporary housing facilities were designed or staffed to provide temporary housing and supports to individuals with a serious mental illness and significant health care needs. Alameda County currently has only 40 medical respite beds with demand far exceeding available supply. In addition, none of the current programs were intentionally designed and staffed to serve individuals with co-occurring mental health and physical health care needs. Facility design for serving this population should account for accessibility, appropriate furnishings, privacy/security, and hygiene facilities. ACBH proposes utilizing one-time MHS Capital Facilities funding to support the acquisition, modification, and/or rehabilitation of existing or newly identified facilities so that the sites can be utilized to provide temporary housing for individuals with serious mental illness and health care needs that preclude them from accessing existing temporary housing programs.

Planned Outcomes:

- Increase temporary housing bed capacity by at least 30 beds;
- Reduced street homelessness among individuals with co-occurring mental health and physical health care needs;
- Reduced inpatient and SNF bed days among target population;
- Increased access to income and public benefits, and
- Increased access to outpatient mental health, substance use, and physical health care service.

Investment Proposal #5: Increase funding for the Supplemental Security Income (SSI) Housing Trust

Expansion: Increase funding for the Supplemental Security Income (SSI) Housing Trust for General Assistance (GA) clients from \$318/mo to \$403/mo. due to the cost of living increase recently given to SSI recipients.

The 'General Assistance (GA) Housing Trust' is a subsidy program administered by the Social Services Agency (SSA) that provides clients awaiting SSI Benefits with additional interim assistance, which can be recovered from clients' retroactive benefits when they are approved for SSI.

Cost: \$2.84 million over three years (\$946,667/yr for 3 years). This would cover the clients currently receiving GA and applying for SSI with the assistance of a County-funded SSI Advocate for FY 18/19-20/21.

Since 2012, approximately 1,598 individuals on GA have received the interim assistance from the SSI Housing Trust. The revolving nature of the funds has allowed the County to re-loan money recovered from clients. The GA Housing fund has provided over \$7,100,000 in loans despite an initial investment of just \$3,890,000.

Rationale: Since there has been a cost of living increase to SSI Benefits this proposal is recommending to increase the Trust subsidy from \$318/mo to \$403/mo (\$85/mo) in order to align the local benefits (GA, Calfresh, Trust subsidy) with what a client will receive once their SSI claim is approved (which is \$931/mo).

As the cost of living rises in the Bay Area an additional \$85/mo could be incredibly helpful to this very vulnerable population. Research shows that stable housing and increased income results in improved overall health. Housing stability and increased income also support regular living habits, community involvement, and more consistent follow-up with respect to appointments and schedules.

The data collected to date show that the additional cash assistance has brought greater health and housing stability to the lives of recipients of the Trust subsidy. As a result of receiving the subsidy:

- 50.4% of recipients transitioned out of homelessness;
- 42% of recipients moved to a better living situation, and
- 83.1% of recipients report feeling increased security about their living situation.

The additional monthly loan also provides a positive impact on mental health outcomes:

- 79.2% of clients experienced fewer Psychiatric Emergency Events;
- 80.2% of clients experienced fewer Hospitalizations, and
- 75% of clients experienced fewer Incarcerations.

Planned Outcomes: ACBH will continue to partner with SSA to track the following outcomes:

- Housing status;
- Increased Security of Living Situation;
- Reductions in Psychiatric Emergency Events;
- Reductions in Hospitalizations, and
- Reductions in Incarcerations.