

Alameda County Mental Health Services Act Stakeholder’s Meeting
September 25, 2020 • 2:00 pm – 4:00 pm
TELECONFERENCE REMOTE MEETING

Meeting called to order by **Mariana Dailey (Chair)**

Present Representatives: Viveca Bradley (MH Advocate), Jeff Caiola (Consumer), Margot Dashiell (NAMI), Sarah Marxer (Family Member), Liz Rebensdorf (NAMI East Bay), Katy Polony (Abode/IHOT), Mark Walker (Swords to Plowshare), Elaine Peng (MHACC), Shawn Walker-Smith (MH Advocate), Terri Kennedy (ACBH)

Guests: Kathleen Sikora (Community Member)

ITEM	DISCUSSION	ACTION
<p>Welcome and Introductions (Mariana)</p>	<p>Mariana reviewed conference call etiquette tips, and led a brief check-in with the group utilizing the Community Agreements and MHSA-SG Design Team Alliance (DTA) model to identify the desired atmosphere for the meeting and strategies to ensure members thrive and deal with conflict, and asked the group:</p> <p>Mariana stated that the meeting structure would focus on 2 of the MHSA-SG meeting structure elements:</p> <ul style="list-style-type: none"> • Relationship Building, Leadership & Advocacy • Program Planning & Development 	
<p>MHSA-SG Administrative Updates/Membership and Announcements (Mariana)</p>	<p>Administrative Updates: Mariana announced one legislative update below.</p> <p><i>Assembly Bill No. SB803 (Passed) - Mental health services: peer support specialist certification. This bill would require the department, by July 1, 2022, subject to any necessary federal waivers or approvals, to establish statewide requirements for counties or their representatives to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both. The bill would authorize a county, or an agency that represents a county, to develop a peer support specialist certification program and certification fee schedule, both of which would be subject to department approval. The bill would require the department to seek any federal waivers it deems necessary to establish a demonstration or pilot project for the provision of peer support services in a county that agrees to participate in and fund the project, as specified.</i></p> <p>- MHSA-SG Member Community Updates and Announcements:</p> <ul style="list-style-type: none"> • Mariana – Asked Stakeholder Group if they would like to share any comments/notes to a meeting they have attended, or any updates to their organizations. • Mark – Contributed that his organization received funds from CalVet and is collaborating with Alameda County’s Veteran Service Office to get a full view for care to veterans in Alameda County. They are looking 	<ul style="list-style-type: none"> • Mark – Provided MHSA-SG brochures with information about Veterans mental health services.

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	<p>for participants to chime in on Veterans mental health services in Alameda County. They would like to convene a veteran (virtual) roundtable to share resources and expertise with community colleagues to improve care and access to VA and other benefits.</p> <ul style="list-style-type: none"> • Mariana – Asked Mark if there was a separate flyer for outreach. • Mark – Responded to Mariana if anyone was interested in participating to please reach him at <i>Swords to Plowshare</i>. • Katy – Expressed kudos to the VA! She knows a mother who had help from the VA for a family member who had a good experience accessing psychiatric and hospitalization care. • Liz – Shared this month’s speaker at the monthly NAMI meeting from the University of Berkeley which gave a presentation on sleep disorder. She said it was a very exciting and dynamic PowerPoint presentation. She knows everyone has sleep issues and wanted to share the video, which is available online at www.NAMI.org. <p>Mariana introduced the website location to the MHSA Housing Solutions and Resources: https://acmhsa.org/housing-solutions-for-health-office/</p> <p>Mariana announced one new member application from Cicely Winston and reviewed the application to the MHSA Stakeholder Group. She brought attention to the MHSA website that identifies what vacancies exist. The four remaining positions are:</p> <ul style="list-style-type: none"> • Consumer/Homeless • Consumer/Mental Illness • Transitional Aged Youth (16-25) • Child Welfare Agency <p>This will focus on the priority of the vacancies needed, by being transparent and consistent across the board.</p> <p>Mariana reviewed a contestation of an applicant that was interviewed. Kimberly Graves sent an email letter contesting her entry process into the MHSA-SG. Mariana responded to Kimberly’s letter by explaining the interview process and how we prevent bias. She provided the MHSA-SG information that Tracy and she had a follow-up meeting to provide additional information regarding the interview and selection process.</p> <ul style="list-style-type: none"> • Sarah – Asked if anything needed to happen? Did anything come out from the fall out, or decision process? • Mariana – Read her letter to the Stakeholder Group. The issues in Kimberley’s letter were: <ul style="list-style-type: none"> ➢ Ways to enhance the interview process. ➢ Vacancies need to be accessible. 	

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	<ul style="list-style-type: none"> ➤ More information is needed about the selection process and how decisions are made (which takes 3-6 weeks). In her letter, Mariana, explained that vacancies can occur, and the waiting list will go by an individual's score in their interview. • Sarah – Replied that having the vacancies on the website is a great move. • Katy – Asked if a member happens to know somebody but does not sponsor the applicant, can we say we do not want to take part in the decision? Is there a policy for that? • Mariana – Replied before the interview process a selection committee is asked if they identify a conflict of interest. If so, they have the option to reclude themselves from the selection committee and a substitution will be selected. • Liz – Asked in reviewing Cicley Winston's application, does she represent a group, or provide services? • Mariana – Responded based on the application, she was nominating herself as a consumer. We can learn more in the interview process and sift through more information about what groups she represents. • Sarah – Recommended that the issue might have been about the question. Who do you represent? Or providing service to? • Mariana – Asked the MHSA Stakeholders who would want to be part of next interview panel? • Liz, Katy, and Mark – Responded yes to participating on the next interview panel. <p>Mariana announced that in December she will review MHSA's operating guidelines to the Stakeholders.</p>	<ul style="list-style-type: none"> • Mariana – Will follow-up with the panel before the interview.
<p>MHSA Three-Year Plan Public Hearing (Mariana)</p>	<p>Mariana reviewed with the MHSA-SG the Public Hearing held by the Mental Health Advisory Board (MHAB) on 9/21/2020 of the Three-Year Plan.</p> <ul style="list-style-type: none"> • The Public Hearing was held from 5:00-6:00pm and at the end of the hearing there was time for public comments. • There were 54 people who attended the hearing. The meeting was recorded by Tracy. • Tracy presented to MHAB the MHSA budget plans for the years 20/21, 21/22 and 22/23. • Mariana thanked the MHSA Stakeholders who gave their support in attending the Public Hearing. • There was a total of 227 public comments posted online on the MHSA website. The public comments will be tabulated, and they will be attached to the appendices to the final Three-Year Plan. The Three-Year Plan will be expected to be finalized by 	<ul style="list-style-type: none"> • Mariana – Will announce to MHSA-SG when the Three-Year Plan binders were mailed to individual Stakeholders who requested a copy. • Mariana – Will post the final State's approval of the Three-Year Plan.

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	<p>November/December and the final plan will have every public comment and response.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> ➤ Three-Year Plan will be reviewed by the Board of Supervisors on 10/26 ➤ In November, the Alameda County Supervisors will review the Three-Year Plan. They have 30 days to send it to the State for approval. 	
<p>Housing & Homeless Presentation: Robert Ratner, Housing Services Director</p>	<p>Robert discussed the Homeless and Housing reorganization.</p> <p>Reorganization:</p> <ul style="list-style-type: none"> • The end of December 2019 the leading role addressing housing and homelessness was reviewed by the Alameda County Board of Supervisors and established a new office – Office of Homeless Care and Coordination (OHCC) that includes Behavioral Health. • It is coordination within the County level and Health Care Services. • Its goal is to increase collaboration and integration, while strengthening coordination with other County agencies, cities, community-based organizations, and other partners. • Behavioral Health Dept. was merged to Housing Solutions to increase collaboration and integration to bring together efforts in Health Care. • Alameda County Health Care for the Homeless tries to reduce the numbers of homelessness by providing affordable places to live. • Housing and Urban Development (HUD) communities will be responsible for managing or funding “coordinated entry,” which will prioritize resources and matching them in the housing support system. • The new office will be supported by MHSAs and other funding including potential local sales tax revenue (Nov. 2020 ballot). • The change this year and something that will be noticeable in 2021, is that Health Care Agency will be designated to organize and be responsible for coordination on how we give access to these services to people and connect them to resources. • MHSAs in 2007 is a byproduct of these changes that are mentioned. • MHSAs brought an issue of housing through behavioral health and other agencies. <p>Continuum of Homeless Services:</p> <ul style="list-style-type: none"> • Robert expressed that he prefers using the term “Housing Services” than “Homeless Services.” • <u>Independent Living Association</u> – we need to be able to keep people continuing to live in the living situation they are in or help people who do not have any shelter by policy, planning, education and advocacy. 	

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	<ul style="list-style-type: none"> • Cross-system coordination and collaboration with struggling facilities, room and board, and quality operations in the County create more housing for people. • There are 14 regions of outreach teams, which include psychiatrists in Oakland providing psychiatrist consultation for integrated primary care substance abuse. • Housing Problem Solving support help resolve housing problems quickly by connecting them with other resources in the community by service access points. • COVID-19 in Alameda County organized emergency/crisis housing by providing non-congregate shelters for individuals that was exposed or tested positive with severe cases of infection beginning in March. This included 1,200 rooms – leased hotels and trailers. • We should get back to permanent housing by rapid re-housing subsidies to return to private-rental housing. Increase people’s income so they can target affordable homes. • Shallow subsidy – 30% (\$600/mo.) is paid rent and subsidy pays the rest to make it more affordable for a household. • Permanent supportive housing is continuing in many ways through 30% housing subsidy, land alliance/land trust, buildings, and scattered site housing subsidies (e.g. MHSA housing project – pictures provided on MHSA website), and licensed board and care subsidies. <p>Funding:</p> <ul style="list-style-type: none"> • Create a one-time investment for licensed board and care homes for elderly. The State set aside funds to prevent the closure of these facilities. It is an important issue. There has been a dramatic number of homes that had to close. Prices have been going up, especially during the pandemic. Covering staffing due to illness from virus, overtime work, PPI equipment all these factors have brought economic and operational stressors on operators. Many have had a difficult time deciding to save the home or save lives. • Advocacy groups lobbied for \$500-\$550M dollars to help increase rates in homes to prevent further closures. • There has been no state action taken to date on licensed board and care issue. • Financial property owners in California have had an eviction moratorium so renters can stay in rental housing during the pandemic due to people who lost work and income, with the expectation that they pay back rent. State laws have passed, and millions of renters have significant back rent due and have to 	

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	<p>property owners have had to pay expenses and property taxes.</p> <ul style="list-style-type: none"> • The concern is the looming housing financial crisis when the moratoriums are lifted what will happen. There is no help from the Federal government - homelessness is a major risk. • There is one-time state funding – Project Homekey, CARES Act, HHAP, and others. • There are many factors due to housing, but the main factor is the lack of affordable housing. • We should find creative ways to invest in positive long-term changes to advocate long-term investment (e.g. Ballot measure in Alameda County to increase sales tax in our community to go to housing and homelessness programs). <p><u>Land Trust:</u></p> <ul style="list-style-type: none"> • The MHSA Innovation Project in Alameda County (funding to support start-up of new entity). • Form a new non-profit organization focused on preserving and creating supportive housing for individuals with serious mental health issues. • \$5M from MHSA is set aside for this 4-5-year period. Money set aside to invest in innovative projects. Land Trust is selected to be a partnership organization to contract with the FUSE Fellow, non-profit organization, in San Francisco, to hire executives in private sector for one-year fellowship with ACBH to help get organization started next year. • Start conversation to explore acquisition of a licensed board and care for sale (e.g. In Berkley, a licensed board and care with extreme mental illness might close.). • A formation of Board of Directors who are family and consumer representatives. • Stakeholder/focus groups can be formed to see what they want to see for the organization and what it brings to the community. • Innovations – opportunities for people living with mental illness to own housing units, equity and property, cross-subsidizing, licensed care homes, and specialized property management. <p><u>Questions/Comments:</u></p> <ul style="list-style-type: none"> • Liz – Was curious about all this programming. I am an Oakland person. What is Oakland, or San Francisco, or San Leandro doing? How do you interact with local municipalities? • Robert – Replied there is always room for improvement. Different local governments sharing resources. We will keep working on sharing resources with one another. Mayor of San Francisco and 	

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	<p>Alameda County have a housing and homelessness task force. We have Supervisors/City supervisors collaborating with the Mayor’s office. We provide City of Berkeley and City of Oakland resources around housing and homelessness. We are in the process of providing 5 staff Regional Coordinators in the C-5 region. Oakland, Albany, East and South County will be in regular coordination and conversations with city officials in that process. We have forgotten that collaboration on what gets built and what does not get built need local government approval. It is a process through the city level. The county’s responsibility is the housing issues. The city has their own goals. Housing and homelessness are around policy and it needs more interaction with services, outreach, and shelter and less on housing planning. We can turn this around. The County Community Agency meets once a month to discuss housing and the city leaders’ goals on creating more affordable housing. Everyone has different priorities and disagreements. Agencies are focused on people without homes due to safety, health, crime, and physical encampment. We should do something now and something long term is not efficient. But investing in long term is an ongoing challenge because more outreach, showers, and shelters are needed now than money/time for long term stuff.</p> <ul style="list-style-type: none"> • Katy – Stated besides the fact that Board of Supervisors authorized this coordinated office and MHSA funds that new office. Will the local tax fund the office? Other than MHSA money being used for this new office, is there any money going to be used for actual, physical housing? What will happen to the people occupying the 1,200 rooms? Will they be back on the street? I do understand the land trust, but other than that is there only housing being built through private development? Money from HUD going federally to build housing or hugely slashed, how are we going to get actual buildings built? • Robert – Replied the new offices are going to have more funding sources. Federal money (HUD, Federal health care money for substance and abuse) are tied to its original purpose for MHSA covering staff, paying for services, MHSA supporting work, and addressing mental health housing communities. HUD did announce that the people in the hotels will receive long term subsidies that will be available by mainstream vouchers for people 18-61 years old that have disabilities. Local housing is going to work with that process and be coordinated with the people in the hotels so that they do not go back on the street. Development companies doing well locally, and state 	

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	<p>level locally is through the land trust. Advantage is at the state level. The MHSA website has the list of buildings that were built and provides the list of all the housing investments. Projects like No Place Like Home borrowing statewide has MHSA bonds repayment for mental illness is on the website. California is No. 1 in the first round of 4 big County allocations. We are No. 1 in the State and we will apply moving forward. We need more progress. Hud and the lack of affordable housing, 1970s investments in housing were poor. It did not keep up with the need for affordable housing. California is particularly bad because of the unique housing policies at the state and county level. In the Federal level, something needs to be done to acquire funds for housing investments. In the State level, they are challenged to do something on housing. But are reluctant to be more reclusive. California culture of having it all and not have to share it is not helping if we want to end homelessness. More and more people have nowhere to go and end up in the street. Federal government determines who is making the decisions and who is getting the funding. The presidential campaign really should be talking about it and putting it back into the political agenda due to the eviction and housing moratorium.</p> <ul style="list-style-type: none"> • Mark – Asked what is the current amount of housing, or magic number in Alameda County in the next 5-10 years? Is there data? What is the current amount of funding over the next several years? • Robert – Replied looking at the people experiencing homelessness, what does it take to have and help people with affordable housing? In 2005, over 15-year period at the end of it \$1Billion. This is a huge number based on the analysis of who is experiencing homelessness now. How much are we spending? The most recent data is around \$175M depending on what you are trying to address homelessness. I think that the goal must be the goal of \$500-\$550M. On the Ballot Measure, the sales tax brings in \$150M, a wide gap more than Federal government investment in housing. How much we invest in long term housing subsidies is needed to change the message for the need of affordable housing and address homelessness. People who are not homeless but acquired a household will count as homeless because that is where the money is from. Investing in fundamental nationwide commitment to seniors, fixed income and mental health is a patchwork but long-term housing for households save more money and will provide far fewer homeless people. • Mariana – Asked what we can do to help support your office? What would you recommend? 	

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	<ul style="list-style-type: none"> • Robert – Replied to engage at the national, state, and local levels on the politics of homelessness and housing. We need people to show up to support affordable housing including mental disabilities. Many people do not show up at these engagements. We need to show up but also be more organized. It would be better. NAMI rather than a local chapter has more of a better stand to the Counsel Commissions that show up. For example, I am active in Alameda on behalf of senior Federal housing development. It would be more of an impact if you show up to engagements within your neighborhoods. “I support this project and I am from _____.” Land Trust is helping form a new business and NAMI is shaping the ideas of more community level involvement. Suggestions on how it would be more effective in ways to get those resources. Board and care facilities are in a big crisis and needs advocacy if the State does not do anything. • Jeff – Asked if there was a breakdown of units compared to who are homeless within the county? • Robert – Replied Washington D.C analyzed housing interventions in the county. There will be a report of how much affordable housing we have. There is 300 subsidized and 3,000 supporting housing slots. The conservative number is 5,000 supportive housing units and the extreme number is 10,000 low income housing units. Shelter for transitional housing could be 3,300 rooms. Our number is lower, 2,000 for every person to one shelter, a ratio of 1 to 4. Do we build more shelters or improve to get better outcome of longer term, permanent situations? • Jeff – Stated umbrella like John George, where people have been in a locked facility and homeless could be back in the facility within a week if there is no place for them to go other than being hospitalized. Do they have to get in line to get those beds? Some have lost their housing and not all of them are from John George. They come out with no resources or money and within a week are back in the facility. This is not very efficient. Does it help to release them with limited beds and be released before they out to be? It is like a revolving door. • Robert – Replied that mental health system is keeping track of those experiencing psychiatric services there and at Santa Rita jail with mental illness. In terms of numbers, there is a revolving door. We have insured shelter beds. Crisis presidential beds are available to people exiting from John George, but it is not long enough. It is only 30 days max to stay there. We have a shortage globally with mental illness. What are exit resources for folks? 	

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	<ul style="list-style-type: none"> • Katy – Asked how about licensed board and care? • Robert – Replied licensed board and care has state regulations that takes a great amount of preparation for those who are not admitted into a hospital because of expected documents. A longer hospitalization, like John George the probability to a transfer to a licensed board and care facility is possible and can be a little bit faster. • Mariana – Asked the MHSA Stakeholder Group to provide any more questions/comments for Robert will be sent by email. • Katy – (From Chat Log) Could there be a mechanism set up between yourself and this body so that when support is needed in different communities to overcome NIMByism, we can be notified. That way we may have a chance to help. 	<ul style="list-style-type: none"> • Nellie will collect questions/comments from MHSA-SG and send them to Robert.
<p>Wrap-Up/Summary (Mariana)</p>	<p>Stakeholder members will be invited to support future planning efforts.</p> <p>The group identified future meeting topics:</p> <ul style="list-style-type: none"> • PEI – Virtual Site Visit Process -10/23/20 presentation: <ul style="list-style-type: none"> ➢ Kelly Robinson ➢ Cheryl Navarez ➢ Virtual site visits ➢ How to participate in the future? • Office of Family Empowerment – 10/23/20 presentation: <ul style="list-style-type: none"> ➢ Advocacy ➢ Learn about the organization ➢ Ask questions ➢ One mock exercise • Yellowfin Dashboard – 11/20/20 presentation confirmed • DRC Lawsuit 	<ul style="list-style-type: none"> • Mariana – Will provide MHSA-SG with updated 9/25/20 PowerPoint presentation.

Next Stakeholder meeting: Friday, October 23, 2020 from 2-4 p.m. LOCATION: GoToMeeting webinar