MINUTES

1. Welcome & Introductions 3:10 PM
   Supervisor Dave Pine, District 1, Board of Supervisors

2. MHSA Background 3:15 PM
   Doris Estremera, MHSA Manager

The background of MHSA components and annual allocated funding was explained. This included reviewing Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovations (INN), Workforce Education and Training (WET), Capital Facilities and Information Technology, and Housing.

The Community Program Planning (CPP) Process consists of the consistent input of the MHSARC and the Steering Committee and the broader stakeholder input gathered during the three year plan. During the Three-Year Plan CPP Process, this meeting is the launch for the MHSA Three-Year Planning process that is set out to engage a broad group of stakeholders to gather input on existing programs and to prioritize needs. Once recommendations on programs and strategies and priority needs are established, they will be presented to the MHSARC where a 30-day public comment period and a public hearing.

3. Input 3:25 PM
   - AB1929 Housing Funds

   Steve Kaplan, Director BHRS
   Janet Stone, Housing Policy & Development Manager

BHRS has approximately $1.2 million of Mental Health Services Act (MHSA) Housing funds that are under the County’s control. The agency is collaborating with the Department of Housing (DOH) to develop a project that would provide permanent affordable housing to persons with severe mental health illness. DOH would partner with an experienced, qualified developer to complete, own, and operate the project. DOH is reviewing its project pipeline and considering two models. The first would be to acquire a small or mid-size multi-family building in which approximately five units would be dedicated to serving the MHSA-supported residents. The other model would be to acquire a shared home with approximately five bedrooms to serve the MHSA-supported residents. The project would need to be within close proximity to reliable transit.
DOH plans to include language regarding targeting a development for MSHA-supported residents in the Request for Proposals to developers to be released this spring. The MSHA funding may be used for capital improvements or operating reserves related to the development. The funds must be expended by December of 2018.

4. **Strategy Brainstorm Activity**

   - Review preliminary findings

   *Doris Estremera, MHSA Manager*

During the first phase of the CPP process, input on needs and gaps in services was sought, as of the date of the MHSA Three-Year Plan Launch, 15 out of 24 input sessions with diverse stakeholder groups had been completed. The list of stakeholder groups was shared with the audience. Feedback from the public was asked for whose voice was missing from the list: Contractor’s Association, immigrants, law enforcement, youth, veterans, Institute for Human and Social Development, older adults, and FAST. It was explained that MHSA funded programs would receive a one-on-one meeting to discuss specific program and client needs further. A question was asked regarding how we will ensure that voices of low income individuals or other marginalized communities are heard given that these communities do not typically attend the input sessions. There will be additional sessions held in isolated and higher need communities like East Palo Alto and the Coastside/Pescadero.

The goal during the input sessions was to assess the current MHSA funded programs by understanding what’s working well across the BHRS system, and what needs improvement. Using the feedback received so far, some of the input was shared with the audience about what needs improvement. Additional input sought from the audience. Helene Zimmerman of NAMI, Michael Horgan from California Clubhouse, and Christopher Jump from Heart & Soul provided public comment, attached.

Members of audience were asked to participate in a community input session by selecting one of the key preliminary themes from the needs assessment phase (Crisis Intervention, Culturally Relevant Outreach, Integrated Peer/Family Support, Integrated Co-Occurring Practices, Older Adult Engagement, and Support Services for Clients) and to work with the facilitator to answer the following questions, see attached breakout notes.

1) Given the current programs addressing these issues, what are some ways they can be improved?
2) What other best practice or new strategies should be considered to address the issues?

Next steps will include Completing Phase 1 – additional input sessions, needs and follow up with MHSA funded programs; Recommended strategies and prioritization at next MHSA Community Input meeting; Final plan development and presentation to the MHSARC and 30 Day Public Comment and Public Hearing; Present to the Board of Supervisors for adoption; Controller to certify expenditures; Submit to the State MHSOAC

5. **Adjourn**

   *4:45 PM*