

Panel Discussion on Advocacy in Alameda County

Summarized by Thomas T. Thomas

The September 22 Speaker Meeting presented an overview of mental health advocacy in Alameda County. Panel members included **Tanya McCullom**, Program Specialist with the county's Office of Family Empowerment, and **Alison Monroe**, **Katy Polony**, and **Dianne Lam** representing Families Advocating for the Seriously Mentally Ill (FASMI). Topics included an overview of current state and federal legislation, an explanation of how the [Alameda County Behavioral Health Care Services](#) (ACBHCS) operates regarding funding and decision points, and an update on FASMI activities with advocacy actions we all can take.

To start the discussion, NAMI East Bay President **Liz Rebensdorf** described how the California legislative process works, from concept to analysis, discussion, and public input in the Assembly and Senate, to a bill to be signed on the governor's desk. Current bills of interest to mental health advocates now in the process, while the legislature is on recess from September 10 to January 3, include housing and crisis intervention. Bills on the governor's desk awaiting signature include:

- **SB224** to bring mental health education into the K-12 public schools.
- **AB118**, the Community Response Initiative to Strengthen Emergency Systems (CRISES) Act, to change mobile crisis response teams from primarily law enforcement to mental health professionals.
- **AB988** to implement national legislation already passed that would institute in California the 988 number for mental health services, like 211 for traffic information.

After laws are passed, they are sent down to the California counties, which are the funding source.

Tanya McCullom described the Office of Family Empowerment, which currently includes herself and two others, all family members themselves. She focuses on mental health issues with children. A second team member manages the office and focuses on adults and older persons. And a third deals with workforce development issues.

Alameda County Behavioral Health Care Services, to which their office is attached, has a fiscal year 2021 budget of \$563 million, employs more than 700 full-time-equivalent mental health professionals, and serves approximately 79,000 individuals for mental health issues and 7,000 for substance abuse. Of these, 55% are male and 45% female.

The ACBHCS priorities have changed with the pandemic and with new legislation. Their current focus includes Covid-19, mobile crises and emergencies, health and cultural equity, community stakeholder engagement, and budgeting and fiscal changes. These priorities involve many position changes—and hiring is a long process. Among them is a new position, the Health Equity Officer. And the Covid-

19 impacts have required employee redeployment, increased coordination among departments and agencies, community outreach and engagement, and changes to clinical services, such as telemedicine.

“Across the board,” McCullom said, “people seeking services have dropped off due to the pandemic. So our revenue has dropped, requiring new financial planning.”

Advances in this time have included opening [Amber House](#) crisis residential treatment in Oakland and the [Safe Landing Project](#) at Santa Rita Jail; redesigning forensic services regarding mental health and the criminal justice system; redesigning services to meet health equity strategies; implementing the [Community Assessment and Transport Team](#) (CATI) at Bonita House; and expanding the designation of LPS 5150 (danger to self or others or gravely disabled) and 5585 (gravely disabled minor) involuntary holds.

“We stand on the shoulders of giants,” FASMI’s **Dianne Lam** said. Her organization was born in 2017 out of frustration when Voices of Mothers and Others (VOMO) was disbanded, and their membership is still mostly mothers. They originally had a focus on getting more hospital beds, with the dream of creating another Villa Fairmont.

In its first iteration, FASMI collected data from attending meetings of the Mental Health Advisory Board and Mental Health Services Act stakeholders. They also reached out to local and state politicians.

In the second iteration, starting in 2020, the group focused on key issues: more psychiatric beds, more permanent housing, better continuous care, decarceration in Alameda County, advocacy to politicians, and protests at John George Pavilion. They are also in touch with allies throughout the state.

“Our goal is to become a family force to be reckoned with,” Lam said. “The system is so wrong, it needs everything.”

Katy Polony is not only the mother of a son with schizophrenia but a service provider herself, working with an [In-Home Outreach Team](#) (IHOT). “We work hard,” she said, “but the job is enormous. And we know that people are falling through the cracks. There are more people in the caseload than the team can provide for.” She also noted that most of the people in her program work for nonprofit organizations contracted with and paid for by the county. And the workers are not paid well—not enough to live on in the Bay Area.

She reduced FASMI’s many goals to three: more hospital beds, more housing, and an adequate continuum of care.

“People are not getting treated,” she said. “If they live at home, they don’t always get their medication. But they’re less likely to be 5150’ed if they live with their family instead of on the streets. People die if they are not hospitalized.” As to housing, people without families have no place to live but at unlicensed board-and-cares. “Dismal as some of them are, they still cost money,” she said. And finally, Alameda County does not provide enough case management teams. Case managers are required to make the case to refer a person to Level One or full-service treatment—and then they must maintain the connection while the person is homeless.

“We need fundamental change in the system,” Polony said. “The system is backward: people have to convince the system that they need attention. Family members with serious mental illness cannot advocate for themselves.

“We need a group of families who will not be ignored, to get the public to pay

attention—if only through direct action,” she said. “We need to call attention to a tragic situation involving thousands of people in the county.”

Polony said voluntary programs like CATT and Amber House are good things, as is the effort not to incarcerate the mentally ill. “But without someplace to go, people end up on the streets.”

FASMI’s **Alison Monroe** spoke about undertaking advocacy as an individual. “I wish I could share a strategy that would work,” she said. “But it takes advocacy groups to lobby public officials and the county bureaucracy.”

Some of the things people can do by themselves is to write books, like DJ Jaffe’s [Insane Consequences](#). She noted that Jaffe had served on NAMI National’s board, and one of his conclusions is that denial, not stigma, is the problem.

On a more local and personal scale, individuals can write letters to the editor and op-eds for the local paper. “They should write their own story,” Monroe said, “because policy proposals are too abstract.”

They can also write to their county supervisor and get involved with local initiatives like supportive housing. “Families with experience are known to have credibility with Alameda County,” Rebensdorf said.

Crisis services without places to take people for treatment won’t fix the problem, Monroe said. Peer services alone won’t fix the problem. Voluntary services by themselves won’t fix it. “We want to poke a magic wand at a pumpkin and make it a coach,” she said, “but it keeps turning back into a pumpkin.”

Monroe cited the [National Shattering Silence Coalition](#)’s list of solutions. Among them are recognizing mental illness as a medical disorder; focusing on abuse and neglect; repealing the [Institutions for Mental Disease \(IMD\) exclusion](#), which prefers small treatment facilities and limits Medi-Cal coverage for hospital stays to those with less than 16 beds; and ending incarceration for the mentally ill.

FASMI doesn’t have a website yet, but you can reach them at acfasmi@gmail.com.

In discussions that followed the speakers’ presentations, the attendees touched on several issues:

- An effort in San Francisco to sue programs that are not fulfilling their mandate in treating the mentally ill. Audience members noted such suits can be effective in changing the law.
- A new building program at Santa Rita Jail that will provide hospital beds and psychiatric services. But audience members feared that it would be under the control of law enforcement rather than county mental health services.

In wrapping up the program, Liz Rebensdorf noted that taking up advocacy as a family member is sometimes hard, “when all your energy is drained by the person sitting across the room.”