Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: January 15, 2025

Documents Pertaining to 1/22/26 Agenda items:

Office: 2640 Martin Luther King Jr. Way, Berkeley, CA 94704 • bamhc@cityofberkeley.info
(510) 981-7721 • (510) 486-8014 FAX

Health, Housing & Community Service Department
Mental Health Commission

Berkeley/ Albany Mental Health Commission

AGENDA

Regular Meeting
Thursday, January 22, 2026

Time: 7:00 p.m. - 9:00 p.m.

Location: North Berkeley Senior Center
1901 Hearst Ave. Berkeley, Poppy Room

All Agenda Items are for Discussion and Possible Action

*This meeting will be conducted in a hybrid model with both in-person and virtual attendance. Attend this meeting remotely using Zoom https://us06web.zoom.us/j/82288338047 .To request to speak, use the "raise hand" function in Zoom. To join by phone: Dial 1-669-254-5252 or 1-833-568-8864 (Toll Free) and enter Meeting ID: 822 8833 8047. To provide public comment, Press *9 and wait to be recognized by the Chair. To submit a written communication for the public record, email jworks-wright@berkeleyca.gov.*

This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting, however, if you are feeling sick, please do not attend the meeting in person. Questions regarding this matter may be addressed to Secretary 510-981-7721 or jworks-wright@berkeleyca.gov.

***Public Comment Policy**: Members of the public may speak on any items on the agenda and items not on the agenda during the initial Public Comment period. Members of the public may also comment on any item listed on the agenda as the item is taken up. Members of the public may not speak more than once on any given item. The Chair may limit public comment to 3 minutes or less.*

1. **Roll Call (1 min)**

2. **Preliminary Matters**
   - **a.** Action Item: Approval of January 22, 2026, meeting agenda
   - **b.** Public Comment (non-agenda items)
   - **c.** Action Item: Approval of November 20, 2025, meeting minutes

3. **Discussion about the Mental Health Commission Chair and Vice Chair elections, which will be held during February 26, 2026, Commission Meeting.**

4. **Discussion regarding Hybrid meetings - Jamie**

5. **Discussion and Vote to re-appoint Commissioner Edward Opton for his 3rd term.**

Health, Housing & Community Service Department
Mental Health Commission

6. **Review, Discuss and Actions regarding the By-Laws for Berkeley Behavioral Health Commission.**

7. **Mental Health Division Manager's Reports – provided by Jeff Buell**
   a. MH Division Manager Report
   b. Caseload Statistic January 2026

8. **Discussion and Possible Action on Mental Health Commission Annual Report**

9. **Ad-Hoc Reports – Discussion and vote to renewed and establish new Ad-Hoc committees**
   a. **Financial Ad-Hoc**
   b. **Care Court Ad- Hoc**
   c. **Evaluation Ad- Hoc**

10. **Adjournment**

Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. **Please note: Email addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record.** If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary to the relevant board, commission or committee for further information. The Health, Housing and Community Services Department does not take a position as to the content.

Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or Jworks-wright@berkeleyca.gov

Communication Access Information: This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. ***Please refrain from wearing scented products to this meeting. Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs.*** *Thank you.*

SB 343 Disclaimer

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Adult Clinic at 2640 MLK Jr. Way, Berkeley, CA 9470

Department of Health, Housing & Community Services Mental Health Commission

Berkeley/Albany Mental Health Commission
Draft November Minutes

7:00 pm
North Berkeley SC 1901 Hearst

Regular Meeting
November 20, 2025

Members of the Public Present: Ann Hawkins, Shirley Posey, Stan Tupper, Taj Herzer-Baptiste

Staff Present: Karen Klatt, Scott Gilman, Jamie Works-Wright, Jeff Buell

1) **Call to Order at 7:08 pm**
   Commissioners Present: Ajay Krishnan, Edward Opton, Glenn Turner, Maria Sol, Lisa Teague, Patricia Fontana-Narell Igor Tregub, Ashley Gu Ian Hunt **Absent:** None

2) **Preliminary Matters**
   a) **Approval of November 20, 2025, agenda**
   M/S/C (Opton, Gu) Motion to move item #4 (Inform Commission about the BHSA Process) to after item #6 (Berkeley Mental Health's training in CARE court protocols and to ensure that they are providing correct information and support to applicants.
   PASSED
   Ayes: Fontana-Narell, Gu, Hunt, Krishnan, Opton, Sol, Teague, Turner; Tregub **Noes:** None; **Abstentions:** None; **Absent:** None

   b) **Public Comment-** 1 comment

   c) **Approval of October 23, 2025, minutes**
   M/S/C (Krishnan, Gu) Motion to approve the minutes
   PASSED
   Ayes: Fontana-Narell, Gu, Hunt, Krishnan, Opton, Sol, Teague, Turner; **Noes:** None; **Abstentions:** Tregub; Absent**:** None

3) **Approval of the 2026 Commission Schedule**
   M/S/C (Gu, Krishnan) Motion to approve all the dates and modify having an August 27,2026 meeting, skipping the July meeting. Skip the December meeting and have a November meeting on the 3rd Thursday of the month on 11/19/2026.
   PASSED
   Ayes: Fontana-Narell, Gu, Hunt, Krishnan, Opton, Sol, Teague, Turner; Tregub **Noes:** None; **Abstentions:** None; **Absent:** None

4) **Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell**
   a) MHC Manager Report November 2025
   M/S/C (Hut, Teague) Motion to nominate commission Glenn Turner as contact person to review documents pertaining to the legislation and by-laws and prior to January meeting.
   PASSED
   Ayes: Fontana-Narell, Gu, Hunt, Krishnan, Opton, Sol, Teague, Turner; Tregub **Noes:** None; **Abstentions:** None; **Absent:** None

5) **Berkeley Mental Health's training in CARE Court protocols and to ensure that they are providing correct information and support to applicants – Patricia Fontana-Narell – No Motion Made**

6) **Inform Commission about the BHSA process – Karen Klatt – No Motion Made**

   ***8:59 M/S/C (Hut, Teague) Motion to extend the meeting by 5 minutes**
   PASSED
   Ayes: Fontana-Narell, Gu, Hunt, Krishnan, Opton, Sol, Teague, Turner; Tregub **Noes:** None; **Abstentions:** None; **Absent:** None

7) **Temporary Ad-Hoc Committee Reports – No Motion**
   a) Financial Subcommittee
   b) Care Court Subcommittee
   c) Evaluation Subcommittee

8) **Adjournment – 9:04 PM**
   M/S/C (Krishnan, Turner) Motion to adjourn
   PASSED
   Ayes: Fontana-Narell, Gu, Hunt, Krishnan, Opton, Sol, Teague, Turner; Tregub **Noes:** None; **Abstentions:** None; **Absent:** None

Minutes submitted by: _____
Jamie Works-Wright, Commission Secretary

Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Mental Health Commission
From: Jeffrey Buell, Mental Health Division Manager
Date: 1/14/2026
Subject: Mental Health Manager Report

Behavioral Health Services Report

Alameda County has changed the software used to access Yellowfin, which holds the County's ongoing client data. Since this change, the system is not consistently accessible. Also note that fiscal fields continue to not be updated in this template. Commissioners may seek to meet again with the Division Manager and Health, Housing, and Community Services (HHCS) Fiscal Services Manager to discuss helpful data and structure for future service reports (Initial meeting on 11/18/24).

Information Requested by Mental Health Commission

No new questions were submitted by Commissioners in this time frame.

Mental Health Division Updates

Policy and Funding

- On 1/9/26, the California Director of Finance presented the 2026-27 Governor's Budget on behalf of Governor Newsom. Overall, the budget forecasts General Fund revenues to be $42.3 billion higher over the three-year budget window (2024-25 through 2026-27), primarily driven by higher personal income tax and corporation tax revenues. However, due to constitutional funding requirements, necessary budget reserve levels, and higher overall program costs, state spending commitments exceed the level of increased revenues. As a result, the budget projects a modest shortfall of $2.9 billion. Here are several notable items in the Governor's proposed budget:
    - The budget proposes to revise the requirements of the Mobile crisis befit making it an **optional benefit beginning April 1, 2027.** This would mean counties that choose to cover this benefit would be responsible for funding the non-federal share of this benefit beginning April 1, 2027, if they chose to fund it themselves.
    - Under the current financing structure, beginning January 1, 2027, the enhanced federal funding match (85% FMAP) will revert to 50% FMAP,

with the remaining 50% non-federal share to be covered by the State. The budget proposes to use the 988 State Suicide and BH Crisis Fund and MCO Proposition 35 funds to cover portions of the non-federal share across 2025-26 and 2026-27. This means that the enhanced federal funding match is reverting to previous lower levels, and the state is proposing to redirect some crisis funding to cover the shortage.

- CARE Act: The budget includes $31.8 million General Fund in 2025-26 and $39.6 million General Fund in 2026-27 to support implementation of the CARE Act. The decrease in 2025-26 compared to prior estimates is based on actual county claiming
- The budget proposed relies upon assumptions about future economic and stock market performance, which may severely impact income tax revenues and therefore reliant programming.
- The budget includes several budget adjustments related to implementation of House Resolution 1 (HR1) including:
    - Increased costs due to a reduction in FMAP for the ACA Adult Expansion population members with unsatisfactory immigration status (UIS).
    - State savings due to anticipated Medi-Cal coverage losses resulting from the Work and Community Engagement Requirements and Increased eligibility redetermination frequency.
    - During the press Q&A following his presentation, the Director of Finance briefly noted, in response to a question regarding H.R. 1, that individuals who lose coverage should be covered through counties indigent care programs. This means that Counties will be expected to shoulder the cost of needed health coverage when residents lose their Medi-Cal coverage.
    - Additional State savings from the restrictions on immigrant eligibility (moved to restricted-scope coverage) and reduced retroactive Medi-Cal coverage.
    - County Administration: DHCS has indicated they are working with counties to evaluate potential needs related to eligibility-related provisions under H.R.1
    - Proposition 36: No new funding included in the budget. CDCR caseload assumptions were adjusted.
        - The Administration has indicated that Proposition 47 funds , which are derived from savings from incarceration, are available and may be used to support Prop 36 grants. However, there is a projected decrease in these funds as a result to Proposition 36 incarceration
    - Homelessness Housing, Assistance and Prevention (HHAP) Grant Program: No additional funding beyond the $500 million included in the 2025 Budget Act for Round 7 in 2026-27

- Governor Newsom delivered his final state of the state address. Among other things, he cited California's 9% decrease in unsheltered homelessness as proof of efficacy of his policies. He said he would continue to push for continued behavioral health investments tied to long term treatment and housing, as well as protect funding for education, climate initiatives, and economic growth. He stated that he would go after private equity firms who buy up housing stock in California, which has purportedly worsened housing affordability. Some notable issues:
    - The Homelessness Housing, Assistance and Prevention (HHAP) program has been severely cut back in recent years. It had been allocated $1 billion annually for the previous four fiscal years, but California did not distribute the 24/25 funds yet, allocated zero funds for 25/26, and budgeted only $500 million for 26/27.
    - Proposition 1 funding and initiatives are being highlighted for addressing homelessness, but are still clearly not new funding. As previously discussed, these are funds from the MHSA tax that are now being transferred away from County behavioral health treatment and prevention programs over to limited behavioral health housing purposes.

- The federal government announced sweeping blanket cancellation of various SAMHSA grants across the country, cutting billions of dollars from essential behavioral health services. The notification letter received by programs seems to have indicated that awards were for "termination of federal award for non-alignment with substance abuse and mental health services administration (SAMHSA) priorities." Late on 1/14/26, after much pushback and press attention, the administration is reportedly reversing course according to an official who wasn't authorized to speak on the matter who stated that the grant cancellations "are being rescinded."

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Previous 12 Months	Fiscal Year 2026 (July '25-June '26) Demographics as of December 2025
Adult, Older Adult and TAY Full-Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	2 Clinicians, 4 Non-Licensed Clinician, 1 Clinical Supervisor	62	$23,791	Clients: 62 Asian: 2 Black or African American: 31 Hispanic or Latino: 1 Unknown: 2 White: 26 Male Gender ID: 41 Female: 19 He/Him:1 Prefer not to answer: 0 They/Them: Unknown/No Available: 1 Heterosexual/Straight: 45 Unknown/Not Available: 12 Bisexual: 1 Gay: 2 Lesbian: 0 Prefer Not to Answer: 1 Other Additional Sexual Orientation: 1
Adult FSP Psychiatry (December Stats)	1-100	0 FTE	49		
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)				$2,037,600	
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	4 Non-Licensed Clinician, 1 Clinical Supervisor	35	$16,801	Clients: 35 Asian: 2 Black or African American: 16 Hispanic or Latino: 0 Unknown: 3 Other: 2 White: 12 Male Gender ID: 21 Female: 11 Unknown/Not Available: 2 She/Her:1 Heterosexual/Straight: 26 Unknown/Not Available: 5 Bisexual: 3 Prefer Not To Answer/Declined to State: 1

HFPS Psychiatry (December Stats)	1-100	0.5 FTE	22		
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			TBD		
Comprehensive Community Treatment (CCT) **(High level outpatient clinical case management and treatment)**	1-20	5 Licensed Clinicians 2 Non-Licensed Clinicians 1 Senior Behavioral Health Clinician 1 Clinical Supervisor	171	$18,168	Clients: 171 Alaska Native or American Indian: 1 Asian: 9 Black or African American: 67 Hispanic or Latino: 8 Other: 5 Pacific Islander: 3 Unknown: 9 White: 69 Female Gender ID: 81 Male: 70 He/Him: 7 She/Her: 5 Other Additional Gender Category: 5 Gender Queer: 2 Transgender (Trans Man): 1 Heterosexual/Straight: 124 Unknown/Not Available: 22 Gay: 3 Bisexual: 8 Lesbian: 3 Other Additional Sexual Orientation: 4 Prefer not to answer/declined to state: 4 Queer: 2 Prefer not to answer: 1
CCT Psychiatry (December Stats)	1-200	0.75 FTE	109		
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$2,617,010		
Focus on Independence Team (FIT) **(Lower level of care, only for individuals previously on FSP or CCT)**	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1 Non-Licensed Clinician 1 CHW Sp./ Non-Degreed Clinical, 1 Clinical Supervisor	80	$9283	Clients: 80 Asian: 6 Black or African American: 29 Hispanic or Latino: 5 White: 40 Male Gender Identity: 46 Female: 29 She/Her: 2 He/Him: 1

					Intersex: 1 Heterosexual/Straight: 74 Unknown/Not Available: 4 Prefer Not To Answer/Declined: 1 Gay: 1
FIT Psychiatry (December Stats)	1-200	.25	63		
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$900,451		
Family, Youth and Children's Services	**Intended Ratio of staff to clients**	**Clinical Staff Positions Filled**	**# of clients open this month**	**Average Monthly System Cost Last 12 months**	**Fiscal Year 2026 (July '25-June '26) Demographics as of December 2025**
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	13	$31,258	Clients: 13 Alaska Native/American Indian: 1 Asian: 1 Black or African American: 6 Hispanic or Latino: 1 Other: 2 Unknown: 1 White: 1 Male Gender ID: 6 Female: 6 Unknown/Not Available: 5 Heterosexual/Straight: 7 Bisexual: 1
CFSP Psychiatry (December Stats)	1-100	0	6		
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$489,235		
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2 Non-Licensed Clinicians, 1 Clinical Supervisor	36	$15,147	Clients: 36 Asian: 2 Black or African American: 16 Hispanic or Latino: 4 Other: 2 Unknown: 5 White: 7 Female Gender ID: 11 Male: 23 Missing Gender ID: 1 Prefer Not To Answer/ Declined to state 1 Heterosexual/Straight: 26

					Unknown/Not Available: 5 Bisexual: 1 Missing: 1 Other Additional Sexual Orientation: 2 Gay: 1
ERMHS/EPSDT Psychiatry (December Stats)	1-100	0	11		
EPSDT/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	1 Clinician, 1 Clinical Supervisor	Drop-in:12 Externally referred: 17 Ongoing tx:35 Groups: 4 Offered/ 4 Provided		N/A
HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$396,106		

Crisis and ACCESS Services	Staff Ratio	Clinical Staff Positions Filled	Total # of Clients/Incidents	MCT Incidents Detail	Calendar Year 2024 (Jan '25- Dec '25) Demographics – From Mobile Crisis Incident Log (through December 2025)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	• 72 - Incidents • 20 - 5150 Evals • 6 - 5150 Evals leading to involuntary transport	• 42 - Incidents: Location - Phone • 53 - Incidents: Location - Field • 0 - Incidents: Location - Home	Clients: 572 API: 17 Black or African American: 103 White: 141 Hispanic or Latino: 20 Other/Unknown: 291 Female: 221 Male: 289 Transgender: 6 Unknown: 56
MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$771,623		
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	• 2 – Incident(s)	N/A	Clients: 21 API: 0 Black or African American: 3 White: 11 Hispanic or Latino: 0 Other/Unknown: 7 Female: 6 Male: 14 Transgender: 1 Unknown: 0
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$272,323		
Crisis, Assessment, and Triage (CAT)	N/A	1 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	• 70 - Incidents	N/A	Clients: 401 API: 18 Black or African American: 81 White: 87 Hispanic or Latino: 17 Other/Unknown: 198 Female: 145 Male: 188 Transgender: 2 Unknown: 66
CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$735,075		

Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support.

In demographics, other/unknown is used both when a client indicates that they are multi-racial and when demographic info is not known.

*Average System Costs come from Yellowfin, and per ACBH include all costs to mental health programs, sub-acute residential programs, hospitals, and jail mental health costs.

MENTAL HEALTH COMMISSION
SUBCOMMITTEE UPDATE

Subcommittee	Date Formed	Current Subcommittee Members	Meetings Held	Subcommittee Work Completed/or Eliminated
Evaluation SCU This is coming under the	1/23/25	Glen		
~~Membership – By-laws~~	~~1/28/23~~	~~Glenn, Ajay and Monica~~		
Care court	5/23/24 10/23/25 – (added members)	Edward Opton, Glenn Turner, Patricia F-N, Lisa Teague		
Finance	1/23/25	G. Turner, E. Opton, A Gu		

Works-Wright, Jamie

From: CAL BHBC <cal@calbhbc.com>
Sent: Tuesday, January 13, 2026 2:48 PM
Subject: Unspent MHSA INN Funds | Psychiatric Advance Directive Innovation Opportunity
Attachments: Join PADs CA.pdf

Sharing forward from Concepts Forward Consulting (Statewide MHSA PAD Innovations Contractor):

California's Psychiatric Advance Directive Statewide Innovation Project has entered Phase 2, with eight counties now using PADs. The digital PADs registry is complete, and we are training our crisis response teams and first responders on how to access someone's PAD if the individual has previously consented.

We are aware that many counties still have unspent MHSA dollars that must be allocated by June. We have a project that impacts all aspects of the system of care and is super easy to join and get rolling in a county almost immediately.

Could you please pass this flyer out to your BHAB/C members? I know some counties will opt to revert dollars rather than think about how to write a new proposal, and here we can keep the funds in the county and provide an amazing community service that can be up and running in their counties within months.

Thanks
Kiran

Kiran Sahota, MA
President & CEO
www.conceptsforward.com

Psychiatric Advance Directive™
My Plan • My Voice

CONCEPTSFORWARD
CONSULTING
FROM CONCEPTS TO COMPLETION

Psychiatric Advance Directives: Are you using them?

Join an established, innovative project! Running since 2020, this project has successfully created a digital Psychiatric Advance Directives (PADs) Registry. Eight Counties have joined together in Phase 2 to use and access this registry. Training for crisis teams, first responders, courts, hospitals, and facilitators has begun!

Why join this innovative project?

- **Avoid reversion of Mental Health Services Act encumbered or allocated funding (June 2026)**
- **Utilize the Behavioral Health Services Act allocated funding**
- **Community-supported initiative**
- **Have a voice at the table in systemwide change**
- **Easy to join and apply PADs immediately**
- Build a successful engagement strategy utilizing PADs
- Work with Psychiatric Advance Directive subject matter experts and trainers
- Regulatory compliance (PADs are included in CARE Courts and Probate codes)
- Fits seamlessly within the BHSA and SB 43
- PADs fit in all aspects of the system of care: prevention, early intervention, treatment, and recovery (including SUD)
- Training provided to your crisis teams, clinicians, peer support specialists, law enforcement/first responders, courts, and hospitals
- Data and outcome-driven measurements
- Multi-County collaboration and programming
- Project approved by the Commission for Behavioral Health (CBH)
- Legislative advocacy
- Cross-agency collaboration
- Digital transformation: access to the PADs digital registry for in-the-moment personalized crisis information, based on individualized consent

Psychiatric Advance Directive™
My Plan • My Voice

Learn more at www.padsca.org
Watch the demo video here: www.padsca.org/demo-video

FOR MORE INFORMATION
Contact us: info@conceptsforward.com or ksahota@conceptsforward.com

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, January 5, 2026 3:10 PM
To: Works-Wright, Jamie
Subject: FW: Behavioral Health Advisory Board Executive Committee Meeting (January 8, 2026)
Attachments: BHAB Executive Committee Agenda (January 2026).pdf; BHAB Executive Committee (UNAPPROVED) Meeting Minutes (December 2025).pdf

Hello Commissioners,

I hope all is well and Happy New Year.

Please see the information attached and below.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
Sent: Monday, January 5, 2026 2:54 PM
Cc: MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
Subject: Behavioral Health Advisory Board Executive Committee Meeting (January 8, 2026)

Good afternoon,

Please find attached materials for the Behavioral Health Advisory Board Executive Committee meeting scheduled for this Thursday, January 8, 2026, at 3:30 PM.

Topic: Behavioral Health Advisory Board Executive Committee Meeting
Date: January 8, 2026

Time: 3:30 PM to 5:00 PM Pacific Time

Please click on this Zoom link to join:
https://us06web.zoom.us/j/85824656373?pwd=WElaa1JSN2poKytSL3JUaHpxaU1iZz09
Meeting ID: 858 2465 6373
Password: 927248

Or Telephone:
USA (404) 443-6397
USA (877) 336-1831 (US Toll Free)
Conference code: 988499

Alameda County
Behavioral Health Advisory Board

Behavioral Health Advisory Board AGENDA
Executive Committee

Thursday, January 8, 2026 | 3:30 PM – 5:00 PM

This meeting will be conducted exclusively through videoconference and teleconference

https://us06web.zoom.us/j/85824656373?pwd=WElaa1JSN2poKytSL3JUaHpxaU1iZz09

Teleconference: (877) 336-1831 | Teleconference Code: 988499

Webinar ID: 858 2465 6373 | Webinar code: 927248

Committee Members	**Brian Bloom** *(Chair, District 5)* **Thu Quach** *(District 2)* **Ashlee Jemmott** *(District 3)*	**Terry Land** *(Vice Chair, District 1)* **Gina Lewis** (District 2) **Juliet Leftwich** *(District 5)*

3:30 PM I. Call to Order

3:30 PM II. Approval of Minutes

3:35 PM III. Residential Drug Program Site Visit Update

3:45 PM IV. Recruitment Efforts and BHAB Composition

3:55 PM V. Agenda for BHAB Main Board Meeting (January 26, 2026)

A. BHAB Chair's Report
B. ACBHD Director's Report
C. Brown Act Review and Update Presentation
D. SB 43 Planning Update Presentation
E. Committee/Liaison Report

4:10 PM VI. Future BHAB Presentation Topics for the Main Board Meeting in 2026

4:35 PM VII. Updates/Announcements

4:45 PM VIII. Public Comment

5:00 PM IX. Adjournment

Behavioral Health Department
Alameda County Health

BHAB Executive Committee Minutes UNAPPROVED
Thursday, December 11, 2025 | 3:30 PM – 5:00 PM
This meeting was conducted exclusively through videoconference and teleconference

Alameda County
Behavioral Health Advisory Board

Committee Members:	☒ **Brian Bloom** *(Chair, District 4)* ☒ **Terry Land** *(Vice Chair, District*	☐ **Ashlee Jemmott** (District 3) ☒ **Julie Leftwich** *(District 5)*	☒ **Thu Quach** (District 2) ☐ **Gina Lewis** (District 2)
ACBH Staff:	☒ **Dr. Karyn Tribble** *(ACBHD Director)*	☒ **Dainty Castro** *(MHAB Liaison)*	☒ **Asia Jenkins** *(ACBHD Director's Office)*

Meeting called to order 3:30 PM by **Chair Bloom**

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll call completed.	
Approval of Minutes	Last month's meeting minutes were adopted and unanimously approved.	
Residential Drug Program Site Visit Update	Chair Bloom reported that no updates had been received from Member Gray regarding the next site visit. He will contact Member Gray to follow up.	
Recruitment Efforts and BHAB Composition	Chair Bloom will send a reminder to the full board regarding recruitment efforts and to request additional suggestions for distributing the recruitment flyer.	
BHAB Liaison to the African American Wellness Hub Advisory Committee	Chair Bloom reported that BHAB Care First, Jails Last (CFJL) Ad Hoc Committee Member Bradley will serve as the liaison to the African American Wellness Hub (AAWH) Advisory Committee representing the Committee. Member Bradley stated her intention also to represent the BHAB to the AAWH State Strategy Stakeholder Committee. Vice Chair Land and Members Lewis and Brandon also indicated interest in serving as	

ITEM	DISCUSSION	DECISION/ACTION
	BHAB liaisons to the AAWH committee. The Executive Committee emphasized that member commitment is an important consideration when selecting a BHAB representative for the AAWH Advisory Committee. ACBHD Director, Dr. Karyn Tribble, confirmed the African American Wellness Hub meeting schedules have been posted on the department's website, including meeting dates, location and meeting access links.	
Care First, Jails Last Ad Hoc Committee Update and Upcoming Adult Committee and/or Criminal Justice Committee meetings	The Adult Committee will focus its January 2026 discussion on family empowerment and the roles of family advocates and liaisons, emphasizing two key functions: • Educating families • Gathering information to help support loved ones Vice Chair Land noted that these functions align with CFJL Task Force's Two Recommendations: 9A and 9B, it may also extend to recommendation 9C, which involves establishing a family advice line or related materials.	
Agenda for BHAB Main Board Meeting (January 26, 2026)	The agenda items for the upcoming BHAB Main Board meeting were reviewed: • The committee will propose new topics for the February 2026 BHAB meeting, while legislative items will be scheduled for March 2026. • Member Quach inquired about BHSA funding related to Medi-Cal. Dr. Tribble explained the direct connection, noting the complexity of behavioral health financing at both state and federal levels. She reported a $60 million reduction in system funding and recommended holding a budget discussion with the board in early spring or mid-February.	

ITEM	DISCUSSION	DECISION/ACTION
	• Dr. Tribble will provide updates on the Behavioral Health Service Act (BHSA) and AAWH at the January 2026 BHAB meeting. Meetings with the Board of Supervisors (BOS) are expected to be finalized, with provider notifications to follow in the next coming weeks. • Chair Bloom will contact County Counsel regarding the new teleconferencing requirements under the Brown Act effective January 1, 2026, some of which requires BOS approval. • An SB43 planning update occurred two weeks prior, although Chair Bloom unable to attend, Indigo Project will provide a recap of the SB43 planning session.	
Future BHAB Presentation Topics for the Main Board Meeting in 2026	The board will discuss future BHAB presentation topics at the Executive Committee meeting on January 8, 2026.	
Updates/Announcements	No announcements were given.	
Public Comment	No public comments were provided.	
Meeting adjourned	Meeting adjourned at 4:10 PM.	

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, December 29, 2025 9:49 AM
To: Ajay Krishnan; Ashley Gu; Edward Opton (eopton1@gmail.com); Glenn Turner; Ian Hunt; Lisa Teague; Maria Sol (megamom.ms@gmail.com); Patricia; Tregub, Igor
Subject: Agenda Items deadlines

Hello Commissioners,

I hope you all had a lovely holiday and hope you have a safe New Year.

The next commission meeting will be on Thursday, January 22, 2026. Please send me any items you would like to discuss by Friday, January 9th and any items you would like to put in the packet by Monday, January 12th, 2026.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Thursday, December 11, 2025 9:11 AM
To: Works-Wright, Jamie
Subject: FW: Materials, Recording & Q&A | Brown Act Training (CALBHB/C)

Hello Commissioners,

If you weren't able to attend the meeting yesterday, there is information below. Please review.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: CAL BHBC <cal@calbhbc.com>
Sent: Wednesday, December 10, 2025 5:31 PM
Subject: Materials, Recording & Q&A | Brown Act Training (CALBHB/C)

California Association of Local Behavioral Health Boards and Commissions

Brown Act Resources & Q&A
For Local Behavioral Health Boards/Commissions

Resources: www.calbhbc.org/brown-act

- Brown Act Guide
- Brown Act Training PowerPoint
- Brown Act Training Recording (*To be posted tomorrow.*)
- Brown Act Full Government Code

Q&A: Below are a few follow-up answers from today's Q&A. (Additional answers will be provided directly to individuals.)

1) What is the definition of disability according to federal standards?
"Disability" means, with respect to an individual (US Code 42 §12102)

(A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
(B) a record of such an impairment; or
(C) being regarded as having such an impairment.

2) Are local advisory boards/commissions (subsidiary bodies) required to provide remote access to the public when one or more members attend remotely? In cases of:

3. **Teleconferencing**:
4. There is not a requirement unless the board/commissions elects to allow "Alternative Teleconferencing" allowances (Item 3 below).
8. **Members with Disabilities**

9. may attend remotely without providing the public access to “Alternative Teleconferencing” allowances (below)
10.
11.
12.
13. **Alternative Teleconferencing**:
14.

a.
b.
c. State of Emergency:
d. They are not required, but may do so. If they elect to meet remotely, they may use a two-way telephonic service without a live webcasting of the meeting.
e.
f.
g.
h. Just Cause:
i. They are required to provide at least one of the following as a means by which the public may remotely hear and visually observe the meeting, and remotely address the legislative body:
j.

1.
2.
3. A two-way audiovisual platform.
4.
5.
6.
7. A two-way telephonic service and a live webcasting of the meeting.
8.

3) Participation by elected officials during alternative teleconferencing of an eligible subsidiary body:

An elected official serving as a member of an eligible subsidiary body in their official capacity shall not participate in a meeting of the eligible subsidiary body that is using “alternative teleconferencing of an eligible subsidiary body” provisions unless the use of teleconferencing complies with the requirements of paragraph (3) of subdivision (b) of Section 54953 (next paragraph):

Section 54953 (3)(b) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate

from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as expressly provided in this chapter.

4) Process for adding "emergency items" to the agenda? Is there one?
GOV 54954.(b) Notwithstanding subdivision (a), the legislative body may take action on items of business not appearing on the posted agenda under any of the conditions stated below. Prior to discussing any item pursuant to this subdivision, the legislative body shall publicly identify the item.
(1) Upon a determination by a majority vote of the legislative body that an emergency situation exists, as defined in Section 54956.5:

Section 54956.5: “For purposes of this section, “emergency situation” means both of the following:

-
-
- An emergency, which shall be defined as a work stoppage, crippling activity, or other activity that severely impairs
- public health, safety, or both, as determined by a majority of the members of the legislative body.
-
-
-
- A dire emergency, which shall be defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist
- activity that poses peril so immediate and significant that requiring a legislative body to provide one-hour notice before holding an emergency meeting under this section may endanger the public health, safety, or both, as determined by a majority of the members
- of the legislative body.
-

(2) Upon a determination by a two-thirds vote of the members of the legislative body present at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there is a need to take immediate action and that the need for action came to the attention of the local agency subsequent to the agenda being posted as specified in subdivision [54954 (a)].
(3) The item was posted pursuant to subdivision [54954 (a)] for a prior meeting of the legislative body occurring not more than five calendar days prior to the date action is taken on the item, and at the prior meeting the item was continued to the meeting at which action is being taken.

Works-Wright, Jamie

From: carole marasovic <daphnesflight@yahoo.com>
Sent: Tuesday, December 9, 2025 7:28 PM
To: Berkeley/Albany Mental Health Commission
Subject: Please distribute the following informational e-mail to MH Commissioners.

Dear City of Berkeley Mental Health Commissioners:

Having observed on your last November, 2025 meeting agenda that you were seeking information about the Alameda County Care Court, please find below the powerpoint from the presentation presented at the City of Berkeley Homeless Services Panel of Experts in September, 2025. Please refer to the link below.

https://berkeleyca.gov/sites/default/files/legislative-body-meeting-attachments/CARE-Act_Berkeley-Panel-Presentation__20250910.pdf

As the County came to us to present after being invited by the Commission Chair, I am certain that they would also be willing to present to your commission and engage in Q and A.

In addition, I am also writing to update you on the major litigation settlement of Disability Rights California v. Alameda County which was entered into pursuant to the litigation filed after the federal DOJ report was issued making scathing findings about the treatment of persons in mental health crisis transported to John George and Santa Rita Jail. I have made public comment to the Mental Health Commission 4 times over the last few years on thes important DOJ report's findings, the subsequent litigation and settlement which resulted in a detailed agreement for persons in mental health crisis to be treated in community-based alternatives. Following DREDEF's September presentation, I also provided several copies of the settlement agreement to Mental Health Commissioner Maria Sol to distribute to the commissioners.

Twice, the Homeless Services Panel of Experts has heard presentations from Disability Rights California attorneys updating us on the litigation settlement. At the last presentation,
the DREDEF attorneys advised us that the direction of the implementation of the settlement was under discussion at Berkeley's Mental Health Commission. However, I have not observed this issue on any of the commission's agendas.

Thank you for your attention to this matter.

Respectfully,

Carole Marasovic
In my individual capacity

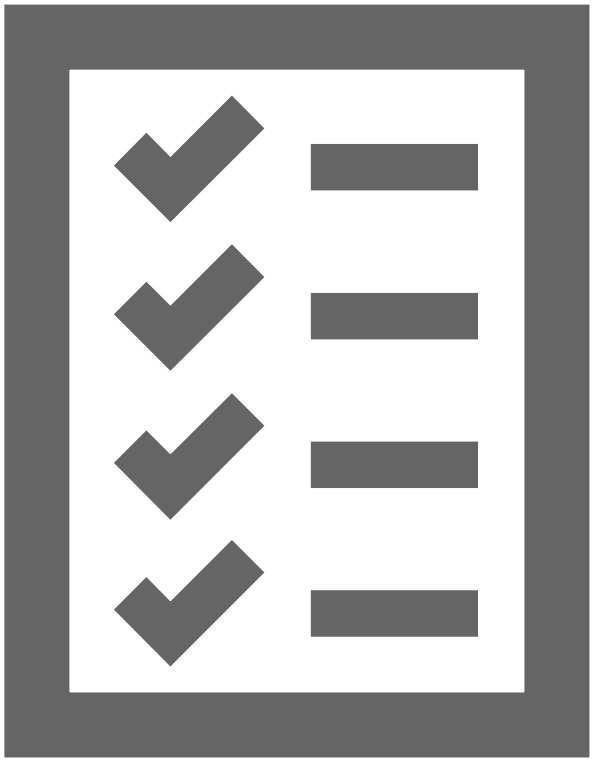
Community Assistance, Recovery and Empowerment: The CARE Act / CARE Court

Implementation Update
September 10, 2025

ALAMEDA COUNTY
CARE ACT COURT

Indigo Project

Presentation Overview



1. CARE Act Background
2. CARE Act Court Implementation
3. CARE Act Learnings
4. Questions and Discussion

Indigo Project

CARE Act Background

The CARE Act

- The CARE Act is a legislation that authorizes CARE Act Court
  - A new civil court process to engage a targeted group of people in community-based treatment to avoid unnecessary crisis, hospitalization, homelessness, and incarceration.
- Alameda County and partners began planning for CARE Act Court in October 2023.
- Alameda County began accepting CARE Act Court petitions in late November 2024.

Indigo Project

Who is eligible for CARE court?

5972. An individual shall qualify for the CARE process only if all of the following criteria are met:

a) The person is 18 years of age or older.

b) The person is currently experiencing a severe mental illness…and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders, including substance induced psychosis.

c) The person is not clinically stabilized in on-going voluntary treatment.

d) At least one of the following is true:

(1) The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating, *and/or*

(2) The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined in Section 5150.

e) Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.

f) It is likely that the person will benefit from participation in a CARE plan or CARE agreement

Penal Code Revisions

The CARE Act amends the penal code and allows for judges to refer someone who is determined to be incompetent to stand trial and *ineligible for diversion* over to CARE court.

SB1400 further clarifies that a judge must hold a hearing to determine if a person is eligible for diversion, outpatient services, or CARE before dismissing the case.

Health Insurance Code Revisions

The CARE Act requires that health insurance plans pay for the evaluation to determine CARE court eligibility and establish the CARE plan. It also requires that health plans pay for the services included in a CARE plan.

Who can file a CARE Court petition?

5974. The following adult persons may file a petition to initiate the CARE process:

- A person with whom the respondent resides.
- A spouse, parent, sibling, child, or grandparent or other individual who stands in loco parentis to the respondent.
- The hospital where a person is receiving treatment, including psychiatric hospitalization.
- The agency that has provided within the past 30 days or who is currently providing behavioral health services to the respondent or in whose institution the respondent resides.
- A licensed behavioral health professional who has supervised the treatment or been treating the respondent for a mental illness within the past 30 days.
- The county behavioral health agency of the county in which the respondent resides or is found.
- *A first responder, including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker, who has had repeated interactions with the respondent*
- *The public guardian or adult protective services*
- *California Indian health services program or California tribal behavioral health department*
- *The judge of a tribal court that is located in California, or their designee.*
- *The respondent.*

SB42 establishes **ongoing noticing rights** for a petitioner

SB42 also adds a provision about the required documentation for the petition.

Originally, the petition required either a signed declaration from a licensed behavioral health professional or evidence of 2- 5250s, one of which was in the last 60 days.

SB42 amends the petition requirements so that a petitioner can **sign a declaration that they have personal knowledge of the involuntary detentions** in lieu of documentation from the facility.

CARE Act Court Roles & Responsibilities

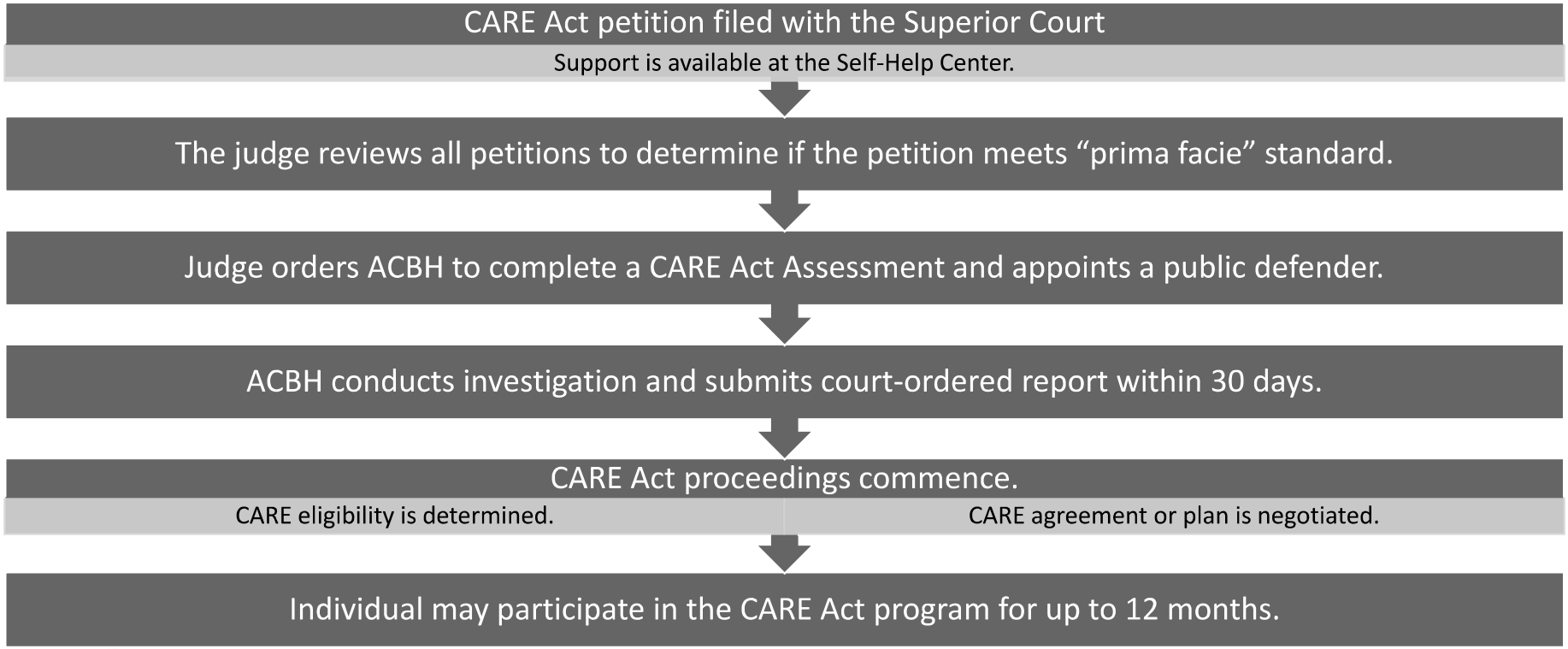
- Partners meet multiple times per week to coordinate petitions, outreach and engagement, service planning and coordination.
- Partners meet monthly to review overall implementation and make any adjustments to the program and approach.

Indigo Project

CARE Act Court Implementation

Indigo Project

CARE Act Program



Indigo Project

Behavioral Health Bridge Housing

- Interim Housing/Emergency Shelter: 160-178 beds
- Hotel/Motel Vouchers: 15 people/per month
- Tier 4 Licensed Facility Beds: 40 beds across 3 facilities
- Forensic Peer Respite: 6 beds
- Rental Assistance: 55 vouchers

**The BHBH program requires that people enrolled in CARE Court are prioritized, but any individual who meets eligibility criteria with a significant behavioral health condition who is experiencing homelessness may access BHBH resources.*

Indigo Project

Who's Filing CARE petitions?

CARE Petitioners	Total
First Responders (Including Outreach Workers)	**33**
Alameda County Behavioral Health **- Majority from a hospital or crisis episode**	**27**
Family Member	**25**
State Hospital or Prison	**13**
Other	**9**

Indigo Project

Reflects data through July 7, 2025

Who's Filing CARE petitions?

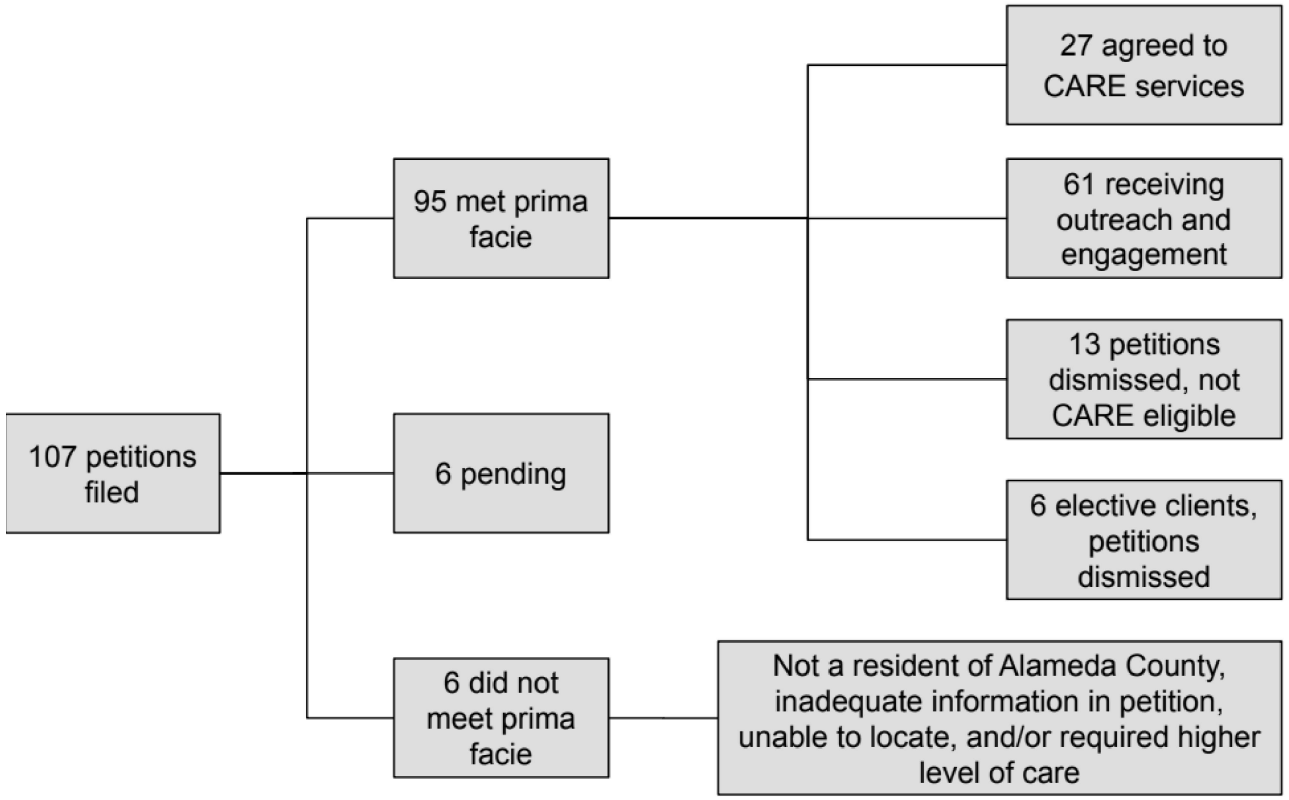
We get to know a client and we have a psych nurse practitioner who can sign CARE 101 forms, and we have done five that we turned into the Hayward Hall of Justice. We hear back almost immediately from the Court and then work closely with BACS. I know Judge Bean and Kellie now, so the process has been great...I have also come into court and been there as the petitioner.

- Alternative Response Unit, City of San Leandro

We got training and learned about CARE [Act] Court and then had people in the back of our mind. The first petition we filed was December 20. I am very happy with how that turned out. Someone has been living outside for over a decade and people thought he was out of options and now he is getting CARE. I am working with someone who was a community advocate who is happy or him.

- MACRO Team, City of Oakland

CARE Act Petitions through July 7, 2025



Reflects data through July 7, 2025

What are the demographic characteristics of people w/ CARE petitions filed?

Race/Ethnicity	N	%
Black or African American	51	48%
White	26	24%
Hispanic	12	11%
Other or Unknown	18	17%
Gender		
Male	69	64%
Female	37	35%
Unknown	1	<1%

- **A majority of CARE Respondents are adults between the ages of 25-59, while there are a smaller number of transitional age youth and older adults in the program.**

Indigo Project

Reflects data through July 7, 2025

CARE Act Participant Case Study

One CARE participant is a middle aged, African- American man. He was a good student growing up and came from a tightknit family. He started presenting with symptoms of schizophrenia around the age of 19, dropped out of college, and developed alcoholism.

Over the years, his symptoms worsened, and he became increasingly more aggressive with his family, causing his family to file a restraining order against him.

Client was homeless when his family petitioned for Care Act Court. The CARE outreach team engaged with the individual, and he agreed to participate in FSP Services.

Since participating in CARE Act Court, he has moved into BHBH interim housing, is regularly attending groups, and has started meeting with a psychiatric provider.

Indigo Project

CARE Act Participant Case Study

Another CARE participant is a middle aged, African-American woman. She had been cycling through the inpatient system for years and had been in and out of homelessness. Client has a diagnosis of schizophrenia and a co-occurring intellectual/developmental disability.

This individual has a history of refusing psychiatric medication and leaving service locations to return to the park. When Care Act Court received the petition for this individual, she was sleeping outside and was unable to take care of herself to the point of refusing to shelter herself in the rain.

Since joining the CARE Act Court, she has agreed to accept medical treatment to address some urgent health issues and has been compliant with taking psychiatric medication. She is now living in a permanent supportive housing placement and has an IHSS worker to support her, in addition to the CARE FSP.

Indigo Project

CARE Act Participant Case Study

A third CARE participant is a middle aged, African-American female. She has been part of the system since she was a youth and has had multiple interactions with first responders and/or the crisis system, including a recent stay at the state hospital.

She was referred to Care Act Court while she was in the County detention facility. The CARE outreach team began in-reach at the jail and saw her 1-2x/week to begin to build rapport. When client was in jail, she was withdrawn and spent most of her time isolating from others.

Client was released to Care Act Court and went straight from Santa Rita Jail to a Crisis Residential Treatment (CRT) program. At the CRT, she began taking medication and participating in groups. From the CRT, she went to a BHBH interim housing placement and has the goal of working on going back to community college and seeing her children again.

Indigo Project

Ongoing Projects

- Data analysis and reporting with Quality Improvement and Data Analytics Division
- Building out push notification system to help locate people in CARE Act Court
- Working through the process for justice-involved individuals who are referred to mental health diversion or Behavioral Health Court and have also been petitioned to CARE Court.

Indigo Project

CARE Act Learnings

Lessons Learned

1. Engaging respondents in CARE requires intensive outreach efforts over a period of time.
2. Engaging in CARE is a huge transition for clients, especially if it includes exiting homelessness.
    a. The program and partners have an ongoing dialogue about the "right" level of engagement and activity to support recovery without overwhelming the individual with too many demands.
3. The court process may be stressful for some, and the team works to ensure that the court atmosphere is therapeutic and collaborative in supporting the respondent and their needs and preferences.

Indigo Project

One individual came to their CARE hearing with a backpack of tools, and he had some difficulty getting through security with the tools. Judge Bean and the Public Defender learned of the commotion and quickly went out to the lobby to try to "settle things down." The client was willing to give the tools to the judge, who safeguarded them for the client so that he could come into his hearing. After his case was heard, the judge stepped away to get him back his tools and then called the next case upon her return.

Lessons Learned

4. Providing training, working collaboratively with partners, and allowing flexibility in petition filing and court processes has resulted in many successful petitions.
5. Alameda County's CARE program has grown very rapidly, which has placed stress on a new program. Partners continue to work together to address issues related to capacity, budget, workload, and collaboration that are imperative to the program's ongoing success.

Indigo Project

CARE Act Court Site Visits

- California Health and Human Services (CalHHS) reached out to request a site visit to Alameda County's CARE program.
- CalHHS Site Visit took place 4/17/25
- In attendance were:
  - Kimberly Johnson, CalHHS Secretary
  - Corrin Buchanan, CalHHS Under Secretary
  - Stephanie Welch, Deputy Secretary Behavioral Health
  - Representatives from the California Judicial Council
  - Representative from the State Bar Association
  - Consultants from Desert Vista (CalHHS) and Health Management Associates (DHCS)
- The Attorney General also reached out to request a site visit to Alameda County's CARE program

Indigo Project

Site Visit Agenda

1. Observe pre-CARE Court "huddle" and CARE Court proceedings
2. Visit the BHBH Interim Housing program at the Washington Inn
3. Engage in discussion with the CARE Court partners (ACBH, PD, Courts, and BACS).
4. Engage with petition partners from John George, Herrick, Oakland's MACRO team, the crisis team through AC Fire, Villa Fairmont MHRC, and other FSP teams.

Specific Areas of Interest

1. Collaboration between partners
2. Variety of petition partners
3. ACBH's commitment to filing petitions

Questions and Discussion

Indigo Project

Thank You

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, November 21, 2025 10:11 AM
To: Works-Wright, Jamie
Subject: FW: Cal Matters Care Court article

Hello Commissioners,

Please see the information from Commissioner Teague.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: Lisa Teague <teague.lisa@gmail.com>
Sent: Thursday, November 20, 2025 9:01 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Re: Cal Matters Care Court article

Hi again,
Could you also share this with the commission?
https://calbudgetcenter.org/resources/qa-preparing-for-californias-behavioral-health-services-act-bhsa/
Thank you so much

On Thu, Nov 20, 2025 at 8:23 PM Lisa Teague <teague.lisa@gmail.com> wrote:

> Hi Jamie,
> Could you share this article on Care Court with the Commission? It has some statistics that might be interesting to the other Commissioners.

https://calmatters.org/health/mental-health/2025/09/care-court-2025-data/

Thank you so much,
Lisa Teague

California Budget & Policy Center

Q&A: Preparing for California's Behavioral Health Services Act (BHSA)

Key Information for Affordable Housing Developers, Homelessness Service Providers, and County Decision-Makers

September 2025 | By Monica Davalos and Divya Shiv

KEY TAKEAWAY

California's Behavioral Health Services Act (formerly MHSA) now directs more funding toward behavioral health care, housing, and treatment for people experiencing or at risk of homelessness. As counties prepare to implement new integrated plans by 2026, the BHSA will play a critical role in shaping partnerships across the behavioral health and housing continuum.

California's county-provided behavioral health services, which address mental health conditions and substance use disorders, are essential to ensuring all Californians have access to care regardless of their race, age, gender identity, sexual orientation, or the county they call home. However, funding to support individuals with behavioral health conditions who are also facing housing instability or homelessness has been scarce.

The MHSA was initially passed in 2004 and established a millionaire's tax to increase funding for mental health services, with 90% of the revenue allocated directly to counties. These services are typically administered by county behavioral health departments, though in rare cases other local entities, such as cities, provide them instead. (For the purposes of this report, "counties" refers collectively to counties, county behavioral health departments, and other local entities that administer MHSA/BHSA funds.)

The reforms under Prop. 1 aim to provide more targeted funding for behavioral health services *and* for housing or treatment units serving people with these conditions who are experiencing or at risk of homelessness. These funds are vital to California's behavioral health system, accounting for nearly one-third of all county behavioral health services funding, and are now viewed as a critical piece in solving homelessness.

Prop. 1 renamed the Mental Health Services Act to the Behavioral Health Services Act (BSHA) and made other key reforms, including:

- Restructuring how existing funds are allocated, with a new stand-alone category for housing interventions.
- Expanding its scope to encompass treatment for substance use disorders.
- Changing the requirements for counties' three-year program and expenditure plan for behavioral health services and outcomes.
- Revising accountability and transparency requirements for counties.

Prop. 1 also created a $6.38 billion general obligation bond to fund behavioral health treatment beds, residential facilities, and supportive housing for veterans and people at risk of or experiencing homelessness with behavioral health challenges. These funds are administered through Homekey+ and the Behavioral Health Continuum Infrastructure Program.

With counties set to begin implementing their BHSA Integrated Plans by July 1, 2026, this FAQ covers key timelines, opportunities for collaboration, and essential points that affordable housing developers, homeless service providers, and county staff should be aware of to strengthen partnerships within the behavioral health and housing continuum.

JUMP TO:

About This Report

This publication was done in collaboration with Housing California.

HOUSING CALIFORNIA

Housing California brings together a diverse, multi-sector network to prevent and end homelessness, increase the supply of safe, stable, affordable housing options, and reverse the legacy of racial and economic injustice by building power among the people most impacted by housing injustice, shaping the narrative, and advocating for statewide policy solutions.

How is the Behavioral Health Services Act (BHSA) funding different from the Mental Health Services Act (MHSA)?

Under BHSA, counties continue to receive 90% of the funding, however, the spending categories will change beginning in 2026. Most counties will now have to allocate their BHSA funds as follows:

30% for housing interventions

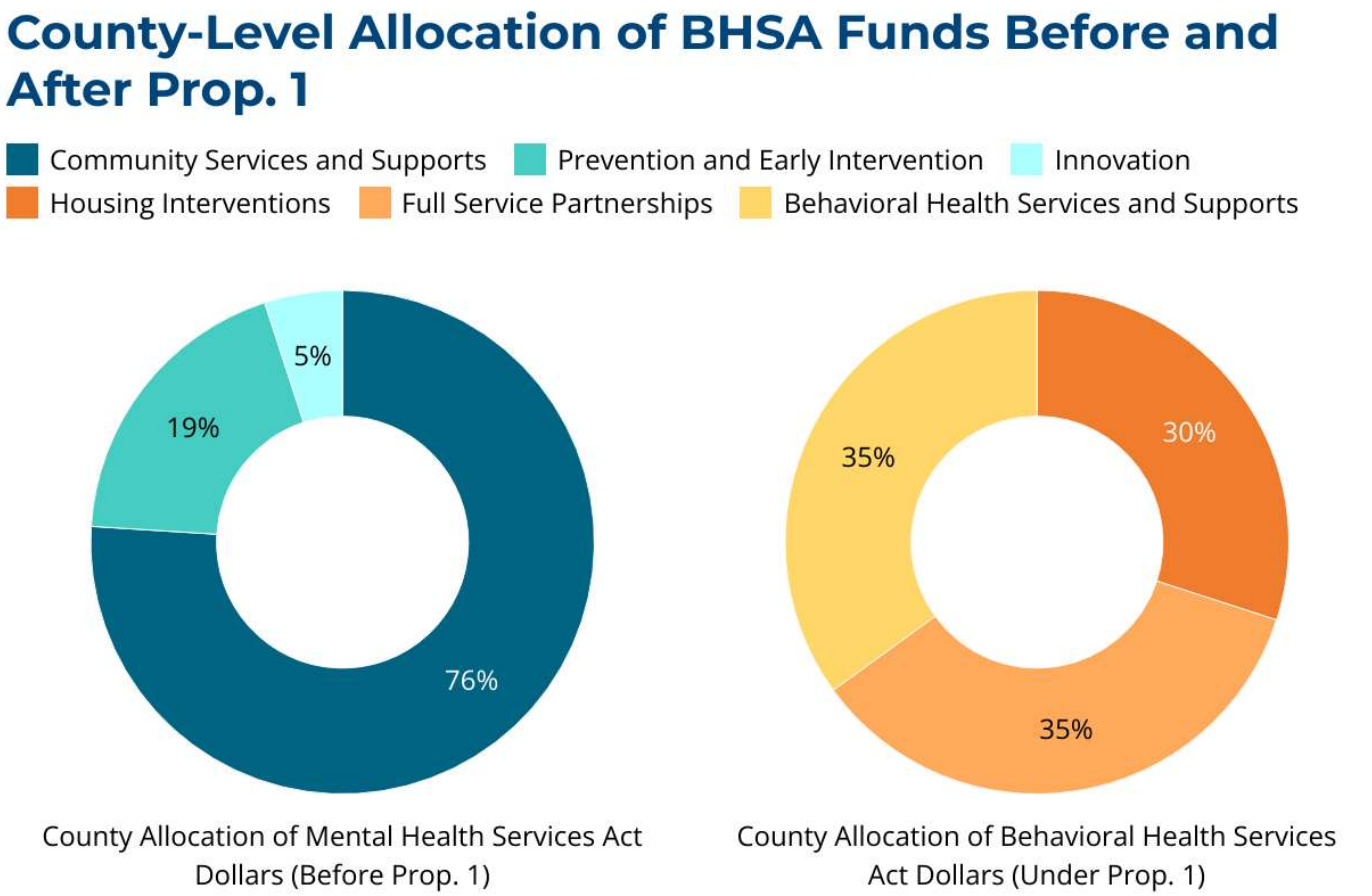
These dollars would support individuals with behavioral health conditions (i.e., serious mental illness and/or a substance use disorder) in accessing or maintaining housing. Counties can use these funds to cover rental subsidies, operating subsidies, family housing, and shared housing. Half of this funding is dedicated to housing interventions for those experiencing chronic homelessness and up to 25% may be used for capital development.

35% for Full Service Partnerships

This is a "Whatever It Takes" approach to supporting individuals with complex needs. It encompasses recovery-oriented, comprehensive services for individuals who are or at risk of experiencing homelessness and have a serious mental illness, and who often have a history of criminal justice involvement and repeat hospitalizations. These services are designed to serve people in the community rather than in locked state hospitals. FSP services include, but are not limited to, mental health treatment, housing, medical care, vocational training, and crisis support.

35% for behavioral health services and supports

This allocation would support workforce education and training, innovation, early intervention, and capital facilities. A minimum of 51% of these dollars must be directed towards early intervention supports for Californians who are 25 years and younger.



The restructuring of funds means counties are cutting back on vital services, especially in prevention and early intervention, innovative behavioral health programs, and other core services that primarily support children and youth. At the same time, counties are exploring ways to count existing efforts under the housing interventions category, since many have already used MHSA funds to provide housing or housing supports to individuals with behavioral health conditions.

Counties will have the flexibility to move up to 7% between BHSA categories to better meet local needs, which means housing intervention dollars may vary by county. Some could apply to move an additional 7% from the remaining category, for up to a 14% increase to housing interventions. However, small counties with populations under 200,000 can request exemptions from certain housing funding requirements starting with the 2026–29 Integrated Plan (IP). All counties, regardless of size, may request

exemptions beginning with the 2032–35 Integrated Plan. Within housing, exemptions could apply to the 30% housing set-aside, the 50% requirement for people experiencing chronic homelessness, or the 25% limit on capital projects.

Reporting

Prop. 1 also changes the way counties plan and report behavioral health funding. Counties will now report on *all* behavioral health funding through their Integrated Plans, not just BHSA dollars. This includes local, state, and federal funding sources such as opioid settlement funds, SAMHSA and PATH grants, realignment funding, and federal financial participation.

What is a County Integrated Plan?

The BHSA establishes county Integrated Plans (IPs) to serve as a three-year prospective spending plan that describes how county behavioral health departments plan to use all available behavioral health funding, including BHSA. The first IP will span FY 2026-2029. It requires a robust community planning process and approval from the county board of supervisors. Counties are required to provide annual updates, which do not require stakeholder engagement. For more information, see How and when are counties planning on disbursing BHSA funding?

What types of housing and housing supports can BHSA be used for?

BHSA requires that 30% of the dollars a county behavioral health department receives be used on housing and housing-related supports, unless an exemption is approved. For FY 2026-27, DHCS projects the total annual statewide housing component will be approximately $950 million to be distributed among all counties.

The housing interventions offered must follow Housing First approaches in both interim and permanent housing settings, as defined by the Housing First statute, which is geared toward providing low-barrier, harm-reduction focused support. The expanded scope of housing interventions are intended to cover a range of needs and supports.

Critically, counties must first utilize housing-related services funded through Medi-Cal managed care plans (MCPs) before using BHSA funds for housing services. BHSA funds can only cover Community Supports if the MCP has declined to provide the service, the individual is ineligible, or the individual's needs exceed

MCP service limits. For more information see How does BHSA intersect with other funding sources, like Transitional Rent?.

Who is eligible to benefit from BHSA housing funds?

BHSA dollars can now be used to fund services, assistance, and housing for people who are at risk of or experiencing homelessness ***and*** have a serious mental health condition or substance use disorder. At least 50% of the housing intervention funds must serve people experiencing chronic homelessness.

County behavioral health departments deliver services directly or partner with housing developers, service providers, and other community organizations to carry out services. Within this population, counties can prioritize different subpopulations, so who BHSA interventions serve can look different by region.

What government entities are in charge of disbursing BHSA funding?

The state passes the revenues collected for BHSA directly to counties. Counties then task their behavioral health departments with the responsibility of disbursing or contracting BHSA funds.

How and when are counties planning on disbursing BHSA funding?

BHSA fund allocations are ultimately determined by each county's Integrated Plan (IP), which covers a three-year period. IPs are intended to outline all county behavioral health activities, services, and funding streams, including BHSA, Medi-Cal, and other sources. It describes the activities and expenditures a county plans to fund with BHSA, ultimately providing a roadmap for the funds.

What an IP funds can vary widely depending on county size, location, local revenue streams, and community needs. Counties must also distribute funding in accordance with the new categorical percentages outlined in the BHSA, though some flexibility is allowed (see How does BHSA differ from MHSA?).

The first IP under the new BHSA guidelines will span FY 2026–2029. Counties are required to submit their initial draft IPs to the Department of Health Care Services by March 31, 2026, get approval from their Board of County Supervisors, and **begin implementing it on July 1, 2026.**

There is a community planning process which counties must go through, which is where housing developers and service providers can get involved. For more information on how to get involved, see How can housing developers and homelessness providers participate in BHSA planning?.

Separate funding from the bond portions of Prop.1 through the Behavioral Health Continuum Infrastructure Program (BHCIP) and Homekey+ have already begun to be awarded by the Department of Housing and Community Development.

How can housing developers and homelessness service providers participate in BHSA planning?

Counties must submit their initial draft of their 2026-2029 Integrated Plan (IP) to the Department of Health Care Services (DHCS) by March 31, 2026, which requires a community planning process. If a type of program, service, or strategy isn't in the IP, it likely won't receive BHSA support unless the plan is amended. Counties are currently holding integrated planning discussions and beginning their community planning process, during which they must coordinate with various stakeholders such as Continuums of Care, Medi-Cal Managed Care Plans, and providers of mental health services. Counties are not mandated to reach out to housing providers as a part of this Integrated Planning process, which is why proactive outreach is critical.

Now is the time for housing developers and homelessness service providers to start meeting with county behavioral health staff to:

- Build relationships and identify potential areas of collaboration
- Clarify which populations the county intends to prioritize, ensuring prioritization of high-need populations
- Spot possible project overlap and opportunities for joint efforts
- Explore ways to strengthen coordination and referrals between the county behavioral health system and the Continuum of Care
- Identify how BHSA dollars could help address current funding gaps, challenges, or scale innovative housing solutions

The county board of supervisors must approve the final IP by June 30, 2026, but before that, each plan must go through a 30-day public comment period. **IPs take effect July 1, 2026.**

Behavioral Health Services Act Engagement Timeline

Now to Late 2025	Early 2026	Spring 2026	Summer 2026	2027 & 2028
County Behavioral Health Outreach & Relationship Building	**Stakeholder Engagement**	**Integrated Plans Being Finalized**	**Integrated Plans Launch**	**Annual Updates**
Meet with county behavioral health staff, identify priorities, and share needs and solutions.	Track IP meetings and submit feedback.	Draft IPs due to DHCS by March 31, 2026.	IPs due to DHCS by June 30, 2026. IPs go into effect July 1, 2026.	Counties must submit annual IP updates in 2027 and 2028. Community planning process not required.

Note: "IP" = Integrated Plan. "DHCS" = Department of Health Care Services.
Source: California Department of Health Care Services

As part of the required community planning process, counties must engage designated local stakeholders in developing the IP. This explicitly includes Continuums of Care, homeless service providers, mental health and substance use disorder treatment providers, county social services and child welfare agencies, and health care service plans, including Medi-Cal Managed Care Plans (MCPs). Counties with populations greater than 200,000 must also engage with the five most populous cities in their jurisdiction which is another point of collaboration for developers and service providers.

After the IP is approved in 2026, counties must submit annual updates in 2027 and 2028. These updates do not require a formal community planning process, which is why maintaining strong, ongoing relationships with county behavioral health departments and other key partners is essential.

Now is a key opportunity for affordable housing developers, homeless service providers, and housing advocates to be proactive. Their input is critical for helping counties identify barriers, such as insufficient housing stock, high development costs, or service delivery challenges, and for ensuring Integrated Plans include collaborative, actionable strategies to reduce homelessness and expand permanent housing options for people with behavioral health needs.

How can housing developers or service providers access BHSA funding for services, operating costs, or capital development funding?

BHSA dollars will flow through counties, which then decide how to use these funds through their Integrated Plans (IPs) and annual updates. The IPs and annual updates are approved by the county board of supervisors and submitted to the Department of Health Care Services.

For housing developers and service providers, the most important step is to work closely with county behavioral health departments so that certain strategies and services are included in the county's IP. For more information on how to get involved, see How can housing developers and homelessness providers participate in BHSA planning?.

BHSA housing intervention funding can be used for:

- **Capital development**: acquisition, construction, or rehab of housing
- **Operating costs:** keeping housing units stable and affordable
- **Supportive services**: case management, behavioral health care, and tenancy supports

For projects already funded through Homekey+ or the Behavioral Health Continuum Infrastructure Program (BHCIP), BHSA is especially important. Homekey+ and BHCIP primarily fund the buildings and infrastructure, but don't necessarily cover the services and operations needed to keep projects stable long-term. BHSA can potentially fill those funding gaps. However, it is recognized that the timing is tricky, as these infrastructure projects may be underway while the new BHSA plans won't take effect until July

2026. That mismatch means some projects could be up and running before BHSA dollars are available to ensure funding for services or other supports, leaving a funding gap.

Still, this is a major opportunity. Demonstrating how BHSA funding can keep existing or upcoming projects running by covering services, filling operating cost gaps, or ensuring sustainability is critical. Counties must make every dollar stretch — so projects or other services that leverage other state or private funding, fill a clear community need, and demonstrate strong partnerships could have a strong chance of being considered.

How much will my county receive in BHSA funds?

The amount of BHSA funding your county receives depends on various factors, including population size. For BHSA housing intervention dollars, DHCS estimates the total annual statewide housing component will be **approximately $950 million** to be distributed among all counties for FY 2026-27. DHCS released example county estimates for BHSA housing interventions based on county size:

- Very Large (Population 9.6 million): Los Angeles $254.09 million
- Large (Population 1.6 million): Sacramento, $34.99 million
- Medium (Population 263K): Santa Cruz $6.79 million
- Small (Population 133K): Humboldt $3.3 million

It's important to note that funding levels fluctuate each year because they are tied to a variable revenue stream — a millionaire's tax that voters approved in 2004 to support mental health services. Counties must account for this uncertainty when developing Integrated Plans and committing to projects with ongoing costs.

How does BHSA intersect with other funding sources, like Transitional Rent?

BHSA dollars are intended to complement existing funding streams and interventions like Transitional Rent or local flex pools. It can help fill funding gaps for housing supports, tenancy services, or capital projects. However, counties must first use Medi-Cal housing-related services if the local Medi-Cal Managed Care Plans (MCPs) offer them. BHSA funds can only be used if MCPs decline to provide services, the individual is ineligible, or if their benefits have been exhausted.

Because of this, ongoing communication between housing developers, homelessness service providers, county behavioral health departments, and MCPs is essential. Early coordination can align funding sources, prevent service gaps, and ensure housing units are paired with the right supportive services — maximizing the impact of BHSA and Medi-Cal dollars. Without early collaboration, services could be delayed, underfunded, or missed entirely.

Divya Shiv is a senior policy advocate focused on homelessness at Housing California. Adriana Ramos-Yamamoto also contributed to this publication.

California Budget & Policy Center

1107 9th Street, Suite 310
Sacramento, CA 95814

(916) 444-0500

In 2025, we celebrate 30 years of advancing equity and opportunity for Californians with low and middle incomes. For three decades, the Budget Center has been a trusted source of budget analysis, shaping policies that reflect our shared values and priorities.