



Health, Housing & Community Services
Mental Health Commission

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

Documents Pertaining to 1/23/25 Agenda items:

Agenda Item	Description	Page
2. a.	Approval of the January 23, 2025 Meeting Agenda	1
2. c.	Approval of the November 21, 2024 Meeting Minutes	3
7.	Mental Health Manager Report – Jeff Buell	
	a. MHC Manager November Report b. MH. Caseload Stats November 2024	5 7
Email Correspondence	<p>Memo: [FASMI Discussion] Treatment Beds Still Elusive as County Enacts Conservatorship Expansion Voice of San Diego</p> <p>Attachment: BHCIP Update Dec. 2024.pdf</p> <p>Memo: Agenda Items for MHC 1.23.25</p> <p>Memo: Reminder to Register - January 17th / 18th Meeting/Training (Hybrid: Zoom/La Jolla) (CALBHB/C)</p> <p>Memo: Sharing Forward: Special Announcement from CA DHCS</p> <p>Memo: Prop 1 Behavioral Transformation Manual (Draft) for Public Comment</p> <p>Memo: Mental Health Advisory Board SPECIAL Meeting (December 2, 2024)</p> <p>Attachment: MHAB Main Board SPECIAL Meeting Agenda December 2024.pdf</p> <p>Attachment: FY 2023-2024 MHAB Annual Report DRAFT Recommendations.pdf</p> <p>Attachment: FY 2023-2024 MHAB Annual Report DRAFT Narrative.pdf</p>	14 15 16 17 20 23 25 27 28 34



Health, Housing & Community
Service Department
Mental Health Commission

Berkeley/ Albany Mental Health Commission

AGENDA

Regular Meeting
Thursday, January 23, 2025

All Agenda Items are for Discussion and Possible Action

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.*

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

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

- 1. Roll Call (1 min)**
- 2. Preliminary Matters**
 - a. Action Item: Approval of the January 23, 2025 meeting agenda
 - b. Public Comment (non-agenda items)
 - c. Action Item: Approval of the November 21, 2024 meeting minutes
- 3. Discussion about the Mental Health Commission Chair and Vice Chair elections, which will be held during the February 27, 2025 Commission Meeting.**
- 4. Discussion regarding the meeting with COB finance and Mental Health department – by Monica and Glenn**
- 5. Presentation and possible action on self-assessment tool for current commissioners – Jose Rios**
- 6. Review, Discuss and Actions regarding the By-Laws for Berkeley Behavioral Health Commission.**
- 7. Mental Health Manager’s Report and Caseload Statistics – provided by Jeff Buell**
 - a. MHC Manager Report
 - b. Caseload Statistic January 2025
- 8. Discussion and Possible Action on Mental Health Commission Annual Report**



9. Subcommittee Reports – Discussion about what subcommittee will be renewed and what subcommittee will be removed.
 - a. Membership Subcommittee
 - b. Care Court Subcommittee
 - c. Evaluation Subcommittee
 - d. SCU Subcommittee
 - i. Liaison between Bonita House and Police Department re Special Care Unit staff.
10. Discuss Role of MHC in advising on scope of BH (“behavioral health”) services.
11. Information concerning current Berkeley Behavioral Health services for children.
12. Following five domestic violence homicides, San Mateo County launches co-response pilot.
13. 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.

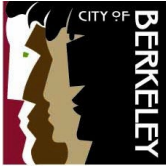
Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or Jworks-wright@berkeleyca.gov



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. Thankyou.**

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 Minutes – Regular Meeting

7:00 pm
North Berkeley SC 1901 Hearst

Regular Meeting
November 21, 2024

Members of the Public Present: Lisa Teague, Shirley Posey, Ann Hawkins, Ian D. hunt

Staff Present: Jeff Buell, Jamie Works-Wright

1) Call to Order at 7:10 pm

Commissioners Present: Edward Opton, Glenn Turner, Maria Sol, Ajay Krishnan;
Absent: Cecilia Lunaparra; Andrea Prichett, Monica Jones

2) Preliminary Matters

a) Approval of the November 21, 2024 agenda

M/S/C (Opton, Turner) Motion to approve the November 21, 2024 agenda.

PASSED

Ayes: Krishnan, Opton, Sol, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Jones, Lunaparra, Prichett

b) Public Comment- 1 public comments

c) Approval of the October 24, 2024 Minutes

M/S/C (Jones, Turner) Motion to accept the October meeting minutes

PASSED

Ayes: Krishnan, Opton, Sol, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Jones, Lunaparra, Prichett

3) Review and vote on dates for commission meetings for year 2025

a) Review potential dates for 2025

M/S/C (Opton, Turner) Motion to accept the meeting schedule as presented and choose to omit the December meeting holiday and accept the 3rd Thursday in November (11/20/25)

PASSED

Ayes: Krishnan, Opton, Sol, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Jones, Lunaparra, Prichett

b) Review religious holidays for 2025 – No Motion Made

- 4) **Interview and vote on nomination of Lisa Teague to the Mental Health Commission**
M/S/C (Opton, Turner) Move to nominate Lisa Teague to be accepted on the Mental Health Commission.
PASSED
Ayes: Krishnan, Opton, Sol, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Jones, Lunaparra, Prichett
- 5) **Review Commission by-laws and make any updates – No motions made**
- 6) **Discussion regarding the meeting with COB finance and Mental Health department – Report will be submitted by Monica and Glenn in January 2025**
- 7) **Mental Health Manager’s Report and Caseload Statistics – provided by Jeff Buell**
 - a. MHC Manager Report November
 - b. Caseload Statistic November 2024
- 8) **Subcommittee Reports**
 - a) **Checklist for scheduling subcommittee meetings – No Motion Made**
 - b) **Scheduling reports on subcommittee meetings—contents and timing**
 - c) **Membership Subcommittee**
 - i. **Update membership and recruitment plan**
M/S/C (Opton, Turner) Move to postpone the conversation of the by-laws and changes until January 2025.
PASSED
Ayes: Krishnan, Opton, Sol, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Jones, Lunaparra, Prichett
 - d) **Evaluation Subcommittee – No motion made**
 - ii. **Annual Report: Brainstorm items for inclusion in the report. Commissioners are invited to identify/write/suggest items that they would like to have included in this year's annual report.**
 - e) **Care Court Subcommittee - No motion made**
- 9) **How can the MHC be most useful to BH and to City Council? – No Motion Made**
 - a) **Timing of information to be included in MHC meeting agendas**
- 10) **Adjournment – 8:58 PM**
M/S/C (Krishnan, Opton) Commission.
PASSED
Ayes: Krishnan, Opton, Sol, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Jones, Lunaparra, Prichett

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: 1/14/2025
Subject: Mental Health Manager Report

Mental Health Services Report

Please find the attached report on Mental Health Services for December 2024. Also note that fiscal fields continue to not be updated in this template. Commissioners may continue to meet with the Division Manager and HHCS Fiscal Services Manager to discuss helpful data and structure for future service reports.

Information Requested by Mental Health Commission

- 1) Are there updates on the evaluation being done by RDA? When will it be complete?

A: My understanding is that RDA is still in process of completing its contracted evaluation of the SCU program services. They have had several focus groups with community partners and I do not have a current estimated date for the completion of their final report.

- 2) When will the project officially launch?

A: The Bonita House SCU pilot program went into service on 9/5/2023. While I remember Katie Hawn describing it as a “soft launch,” I did not receive/find any information or plans for a second launch date.

- 3) What progress has been made in getting 911 dispatch to direct calls to the SCU?

A: I have received no new information has about discussions regarding 911 dispatch calls being able to be sent directly to SCU. Since this request was sent to the Mental Health Manager recently, more information will continue to be sought.

- 4) Are there statistics about
- Numbers of calls responded to

A Vibrant and Healthy Berkeley for All

- types of calls responded to
- staffing levels
- budget updates

A: Directly from the SCU regarding the past three months of 2024:

- Numbers of calls responded to: October 140, November 110, December 116
- types of calls responded to: Community members, unhoused, crisis hotline, law enforcement, behavioral health service providers, on-views
- staffing levels: Fully staffed except for Program Manager (no applicants), and a couple of staff left the agency (clinician and peer). Staff took vacations typical of the holiday season, a couple of medical absences.
- budget updates: Currently at predicted budget levels

5) What is the plan to further fund, maintain and continue the SCU?

A: RDA has been contracted to evaluate financial sustainability of the SCU pilot program. Their report is currently in process.

Mental Health Division Updates

Proposition 1

The Department of Health Care Services (DHCS) is still in process of developing and refining its Behavioral Health Transformation Policy manual for Proposition 1. They have released two draft modules of this manual for community feedback and plan to release a third draft module soon for a similar process. No final modules have yet been released after receiving community feedback. This manual contains the granular details regarding how Behavioral Health Service Act (BHSA) funds and programs will be allowed to operate with the passage of Proposition 1.

While DHCS continues to accept feedback from the public, they continue to stress that all feedback is welcome and important, regardless of source. They have also indicated during discussions with County/City jurisdictions that they would like all feedback in writing, even if the initial discussion was verbal. It is vital to continue encouraging members of the community to participate in these public feedback processes, even if the content may not be as accessible or comprehensible as would be preferred.

<https://www.dhcs.ca.gov/BHT/Pages/Public-Comment.aspx>

Berkeley Mental Health Caseload Statistics for January 2025

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 2025 (July '24-June '25) Demographics as of January 2025
Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	4 Clinicians, 1 Non-Licensed Clinician, 1 Clinical Supervisor	58	\$1,997	Clients: 58 API: 3 Black or African-American: 30 Hispanic or Latino: 1 White: 21 American Indian: 0 Other/Unknown: 3 Male: 37 Female: 19 Missing Gender ID: 0 Unknown: 2 Prefer Not to Answer Gen ID: 0 Multiple Gender ID: 0 Heterosexual: 46 Unknown: 9 Missing Sex Orient: 0 Bisexual: 0 Queer: 0 Prefer Not to Answer Sex Orient: 1 Multiple Sex Orient: 0 Gay: 1 Questioning: 0 Lesbian: 1
Adult FSP Psychiatry (January Stats)	1-100	0 FTE	45	\$2,037,600	
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)					
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	1 Clinicians, 2 Non-Licensed Clinician, 1 Clinical Supervisor	42	\$2,078	Clients: 40 API: 1 Black or African-American: 23 Hispanic or Latino: 1 Other/Unknown: 1 White: 14

Berkeley Mental Health Caseload Statistics for January 2025

	1-100	0.5 FTE	19	Male: 23 Female: 14 Missing Gender ID: 0 Unknown: 3 Prefer No to Answer: 0 Multiple Gender Identities: 0 Heterosexual: 29 Missing Sex Orient: 0 Bisexual: 1 Unknown: 8 Other Sex Orient: 1 Gay: 0 Questioning: 0 Multiple Sex Orient: 0 Prefer Not to Answer: 1 Lesbian: 0
HFPS Psychiatry (January Stats)				
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)				
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	1-20	7 Clinicians 1 Team Lead 1 Clinical Supervisor	167	Clients: 172 American Indian: 2 Asian: 1 Asian American: 12 Black or African-American: 68 Hispanic or Latino: 8 Other/Unknown: 11 Pacific Islander: 2 White: 68 Male: 83 Female: 82 Other Additional Gender Category: 5 Missing Gender ID: 0 Non-Conforming Gender ID: 0 Prefer Not to Answer Gender ID: 1 Female to Male: 0 Gender Queer: 1 Unknown: 0

Berkeley Mental Health Caseload Statistics for January 2025

									Heterosexual Sex Orient: 122 Unknown: 22 Missing Sexual Orient: 0 Bisexual Sex Orient: 4 Lesbian Sex Orient: 5 Gay Sex Orient: 6 Prefer Not to Answer Sex Orient: 2 Multiple Sexual Orient: 0 Queer Sexual Orient: 3 Other Sexual Orient: 3
CCT Psychiatry (January Stats)	1-200		0.75 FTE		114				
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)									
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		0 Licensed Clinician 1 CHW Sp./ Non- Degreed Clinical, 1 Clinical Supervisor		82	\$486			Clients: 86 API: 6 Black or African American: 30 Hispanic or Latino: 5 Other/Unknown: 0 White: 45 Male: 49 Female: 35 Intersex: 1 Missing Gender ID: 0 Unknown ID: 1 Heterosexual: 78 Unknown: 1 Missing Sexual Orient: 0 Prefer Not to Answer Sexual Orient: 2 Gay: 1 Multiple Sexual Orient: 0 Questioning: 0
FIT Psychiatry (January Stats)	1-200		.25		65				
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 2025 (July '24-June '25) Demographics as of January 2025
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	10	\$2,056	Clients: 10 American Indian: 0 Asian: 1 Black or African-American: 6 Hispanic or Latino: 1 Other/Unknown: 2 White: 0 Female: 5 Male: 4 Missing Gender ID: 0 Unknown: 1 Non-Conforming Gender ID: 0 Heterosexual: 3 Missing Sexual Orient: 0 Bisexual: 2 Unknown/Not Available: 5 Gay: 0 Other Sexual Orient: 0 Questioning Sexual Orient: 0
CFSP Psychiatry (January Stats)	1-100	0	4		
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)					
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) / Educationally Related Mental Health Services (ERMHS)	1-20	2 Clinicians, 1 Clinical Supervisor	59	\$606	Clients: 58 American Indian: 2 Asian American: 1 Black or African-American: 23 Hispanic or Latino: 11 Other/Unknown: 13 White: 8 Female: 25 Male: 24 Missing Gender ID: 4 Unknown: 1 Multiple Gender ID: 0

							Non-Conforming Gender ID: 1 Prefer not to answer: 1 Other Gender ID: 0 Heterosexual: 31 Unknown: 11 Missing Sexual Orient: 4 Gay: 1 Multiple Sexual Orient: 0 Bisexual: 5 Lesbian: 1 Prefer Not to Answer: 1 Other Sexual Orient: 2 Queer Sexual Orient: 1 Questioning Sexual Orient: 1
ERMHS/EPSTD Psychiatry (January Stats)	1-100	0	11				
EPSTD/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)							
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: 15 Externally referred: 18 Ongoing tx: 50 Groups: 3 Offered/ 3 Conducted				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 '24- Dec '24) Demographics – From Mobile Crisis Incident Log (through January 2025)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	<ul style="list-style-type: none"> 48 - Incidents 11 - 5150 Evals 2 - 5150 Evals leading to involuntary transport 	<ul style="list-style-type: none"> 24 - Incidents: Location - Phone 17 - Incidents: Location - Field 0 - Incidents: Location - Home 	Clients: 524 API: 24 Black or African-American: 107 White: 135 Hispanic or Latino: 15 Other/Unknown: 243 Female: 241 Male: 226 Transgender: 4 Unknown: 53
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)	<ul style="list-style-type: none"> 0 – Incident(s) 	N/A	Clients: 20 API: 1 Black or African-American: 4 White: 13 Hispanic or Latino: 0 Other/Unknown: 2 Female: 12 Male: 8 Transgender: 0 Unknown: 0
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)					
			\$272,323		
Crisis, Assessment, and Triage (CAT)	N/A	2 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	<ul style="list-style-type: none"> 36 - Incidents 	N/A	Clients: 525 API: 13 Black or African-American: 97 White: 70 Hispanic or Latino: 34 Other/Unknown: 323 Female: 186 Male: 179 Transgender: 3 Unknown: 169

**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.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, January 7, 2025 2:06 PM
To: Works-Wright, Jamie
Subject: FW: [FASMI Discussion] Treatment Beds Still Elusive as County Enacts Conservatorship Expansion | Voice of San Diego
Attachments: BHCIP Update (Dec. 2024).pdf

Hello All,

Here is the PDF that Glenn wanted to share.

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: Glenn Turner <glennt13@gmail.com>
Sent: Tuesday, January 7, 2025 1:15 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Fwd: [FASMI Discussion] Treatment Beds Still Elusive as County Enacts Conservatorship Expansion | Voice of San Diego

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

I'm forwarding Brian's email with the attachment about ART - Adult Residential Beds

Glenn Turner

BHCIP Application Updates

Property	Location	Applicant	Funding Source	Status	Uses	Capacity	Capital Funds	Annual Ops Costs (new)	Estimated FFP
Galindo	Oakland	La Familia	BHCIP	Awarded	ART and Outpatient for Justice-involved or at-risk TAY	16 ART beds	\$5,132,883	\$5M	\$2.5M
Gladman	Oakland	Telecare	BHCIP	Awarded	CRT for Justice-involved individuals	16 CRT beds	\$4,348,706	\$5M	\$2.5M
Mocine	Hayward	La Familia	BHCIP	Awarded	CSU/CRT	16 CSU beds 16 CRT beds	\$3,853,298	\$7M	\$3.5M
Livermore	Livermore	La Familia	BHCIP	Awarded	Sobering, Detox, Residential	16-20 SUD beds	\$7,609,820	\$5M	\$2M
St. Regis	Hayward	BACS	BHCIP	Awarded	Mental Health Urgent Care, SUDS residential	44 SUDS beds	\$18.65M	\$6M/TBD	\$2M/TBD
Depot Rd	Hayward	BACS	DSH-IST BHCIP Bond	DSH-IST Awarded; Resubmit BHCIP Bond R1	Additional funds to support MHRC development	100 total MHRC beds (36 DSH-IST)	\$18.5M	TBD	\$0
TBD	TBD	TBD	DSH-IST	Awarded	2- 16 bed ARTs for Felony IST diversion	32 ART beds	\$3M	\$2.6M	TBD
TBD	TBD	TBD	DSH-IST	Awarded	Supported Housing with Clinical Services	20 beds	\$1.875M	\$1.6M	TBD
Telegraph Ave	Oakland	Horizon Services	BHCIP Bond	Resubmit BHCIP Bond R1	Sobering, Detox, Residential	~ 100 beds	\$22.4M	\$4M	\$2M
St. Rose Hospital	San Leandro	AHS	BHCIP Bond	BHCIP Bond R1	Med/Psych Hospital Unit, Med Detox (6 beds), Geropsych	TBD	TBD	TBD	TBD
Alameda	Alameda	La Familia	BHBH/INN	Awarded	Forensic Peer Respite	6 Peer Respite	450,000	\$1.7M	N/A
Children's Hospital	Oakland	UCSF/CHO	BHCIP	BHCIP Bond R1	Children's medical psych unit locked	20 beds (ACBH purchase up to 4)	NA	NA	NA

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, January 7, 2025 9:44 AM
To: Works-Wright, Jamie
Subject: Agenda Items for MHC 1.23.25

Happy New Year Commissioners,

We will have our first commission meeting on January 23, 2025. In February we will need to vote on Chair and Vice Chair, so that discussion will be on this months agenda. If you would like to add anything to the agenda please submit by Friday, January 10, 2025. If you would like to add anything into the packet, please send by Tue, January 14, 2025.

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: Tuesday, January 7, 2025 9:34 AM
To: Works-Wright, Jamie
Subject: FW: Reminder to Register - January 17th / 18th Meeting/Training (Hybrid: Zoom/La Jolla) (CALBHB/C)

Hello Commissioners,

Please see the information below about a training that is coming up online.

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



WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

On Mon, Jan 6, 2025, 11:38 AM CAL BHBC <cal@calbhbc.com> wrote:

We wish you a happy new year, and remind you to [register](#) for CALBHB/C's January 17/18 hybrid meeting/training! (*Thanks to those who have already registered.*)

Please Note:

- There is no fee to register for virtual or in-person attendance
- In-person attendees are asked to register by January 9th.
- *Details are below.*



California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Quarterly Meeting and/or Training - Open Statewide

Hybrid: Zoom / In-Person (La Jolla)*

January 17, 2025 (Meeting) / January 18, 2025 (Training)

We invite you to register! Registration is open to all local mental/behavioral health board/commission members and staff. *There is no fee to register.*

Please Register at: www.calbhbc.org/registration

Friday, January 17, 2025, 1:30 pm - 5:30 pm

1:30 pm*: **Welcome & Introductions**

Bill Stewart, President, CALBHB/C

Theresa Comstock, Executive Director, CALBHB/C

1:45 - 4:30 pm **Updates/Presentations** from statewide organizations:

- Substance Use Disorder: Effective Practices for Prevention and Treatment
- CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C)
- CA Behavioral Health Planning Council (CBHPC)
- Mental Health Services Oversight & Accountability Commission (MHSOAC)
- Level Up NorCal (is an MHSOAC Advocacy Contractor)
- Peer Provider Certification Update

4:30 pm - 5:30 pm - Issue-Based Discussion: Local Board/Commission Members are asked to introduce themselves and briefly discuss local successes and/or challenges related to behavioral health in their local communities.

Saturday, January 18, 2025, 9 am* - 12 pm

9 am* - 12 pm: Mental/Behavioral Health Board/Commission Training includes:

- **Unconscious Bias**

- **Community Engagement**, including BHSA Integrated Plan/Annual Update Requirements and Cultural Requirements
- **How to Be an Effective Behavioral Health Board/Commission**

* In-Person Registrants:

- Coffee & Pastries will be available at 8:30 am on Saturday.
- Location information is provided through registration confirmations to attendees.
- Expenses: CALBHB/C will pay travel & lodging expenses for one*** MH/BH board/commission member per county in the **L.A./Southern** Regions** (but more are welcome to attend.)
- Hotel Room-Block Deadline - Please notify us re: lodging needs by December 16th: info@calbhbc.com (CALBHB/C will pay the hotel directly for guests on our rooming list.)
- Registration Deadline: *In-person* attendees are asked to register by January 9th, 2025.

The LA/Southern Regions include: Imperial, Los Angeles, Kern, Orange, Riverside, San Bernardino, San Diego***, San Luis Obispo, Santa Barbara, Ventura***, and Tri-City Boards/Commissions*

****In counties with CALBHB/C Governing Board Members, CALBHB/C will pay expenses for an additional member.*

The California Association of Local Behavioral Health Boards/Commissions (CALBHB/C) supports the work of CA's 59 local Mental/Behavioral Health Boards and Commissions

www.calbhbc.org [facebook/CALBHBC](https://facebook.com/CALBHBC)

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, December 23, 2024 12:22 PM
To: Works-Wright, Jamie
Subject: FW: Sharing Forward: Special Announcement from CA DHCS

Internal

Hello Commissioners,

Please see the information 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: CAL BHBC <cal@calbhbc.com>
Sent: Friday, December 20, 2024 3:17 PM
Subject: Sharing Forward: Special Announcement from CA DHCS

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

California Secures Federal Approval for Groundbreaking Behavioral Health Initiative

The Centers for Medicare & Medicaid Services (CMS) [approved](#) the Department of Health Care Services' (DHCS) Section 1115 demonstration, California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment ([BH-CONNECT](#)), to increase access to and strengthen the continuum of community-based services for Medi-Cal members living with significant behavioral health needs.

The [BH-CONNECT initiative](#) will standardize and scale evidence-based models so Medi-Cal members with the greatest needs can receive upstream, field-based care delivered in the community; avoid unnecessary emergency department visits, hospitalizations, and stays in inpatient and residential facilities; reduce involvement with the justice system; and report improved status. It will also provide up to six months of rental support for eligible Medi-Cal members transitioning from institutions, congregate settings, or homelessness; and creates a \$1.9 billion behavioral health workforce initiative that will be managed by the Department of Health Care Access and Information (HCAI).

TRANSFORMATIVE FEATURES: BH-CONNECT represents a strategic shift in how California addresses behavioral health care. In partnership with county behavioral health plans, BH-CONNECT strengthens California’s behavioral health workforce, incentivizes measurable outcomes, and fills critical service gaps to create a more equitable and effective system of care. Key features include:

- **Workforce Investments:** Supports a \$1.9 billion robust and diverse behavioral health workforce initiative that includes scholarships, loan repayment programs, recruitment incentives, residency and fellowship expansions, and professional development. The workforce initiative will be managed by the Department of Health Care Access and Information (HCAI).
- **Transitional Rent Assistance:** Provides up to six months of rental support, through a member’s Managed Care Plan, for eligible Medi-Cal members transitioning from institutions, congregate settings, or homelessness. This support is crucial in stabilizing individuals during vulnerable periods, significantly reducing the risk of returning to institutional care or experiencing homelessness. Transitional Rent will serve as a bridge to permanent housing for members who need it. For members with significant behavioral health needs, the Behavioral Health Transformation funding dedicated to Housing Interventions will provide permanent rental subsidies and housing following Transitional Rent, providing seamless continuity, and supporting members in achieving long-term housing stability.
- **Support for Children and Youth:** Includes activity funds to improve access and outcomes for youth involved in child welfare receiving specialty mental health services.
- **Incentives for Counties:** Supports a \$1.9 billion Access, Reform, and Outcomes Incentive Program to reward county behavioral health plans for improving access, reducing disparities, and strengthening behavioral health quality improvement.
- **Community Transition In-Reach Services:** Supports members transitioning from long-term institutional stays to ensure continuity of care and successful reintegration into the community.
- **Short-term Inpatient Psychiatric Care:** Provides new flexibility for federal Medi-Cal funding for short-term mental health care provided in inpatient and residential

treatment settings that meet the federal institution for mental diseases (IMD) criteria.

Additional details are available on the [DHCS BH-CONNECT website](#).

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Wednesday, December 4, 2024 8:52 AM
To: Works-Wright, Jamie
Subject: FW: Prop 1 Behavioral Transformation Manual (Draft) for Public Comment

Importance: High

Hello Commissioner,

Please see the information below from Jeff. Please review and add any comments.

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: Buell, Jeffrey <JBuell@berkeleyca.gov>
Sent: Tuesday, December 3, 2024 6:05 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Cc: Gilman, Scott <SGilman@berkeleyca.gov>; Klatt, Karen <KKlatt@berkeleyca.gov>
Subject: RE: Prop 1 Behavioral Transformation Manual (Draft) for Public Comment
Importance: High

Hi Jamie, here is a copy of the BHT Module 2 draft:

<https://policy-manual.mes.dhcs.ca.gov/home/Draft-Module-2-Version-0.2.0/>

The public is able to review and make comments until 12/23/24. If you would please share with the Commission again, I'd be grateful that they get the opportunity to review and add any public comments. Even with a short timeline or some of the challenge of the material, I'd still like to make sure we share this widely. Thanks so much.

Jeffrey Buell, LCSW
he/him

Manager of Mental Health Services
Health, Housing & Community Services
jbuell@berkeleyca.gov or jbuell@cityofberkeley.info
Tel: 510.981.7682
Fax: 510.981.5265

Please note that I'm out of the office every other Monday.

Please be aware that e-mail communication can be intercepted in transmission or misdirected. The information contained in this message may be privileged and confidential. If you are NOT the intended recipient, please notify the sender immediately with a copy to HIPAAPrivacy@cityofberkeley.info and destroy this message immediately.

From: Buell, Jeffrey
Sent: Monday, November 18, 2024 5:00 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Cc: Gilman, Scott <SGilman@berkeleyca.gov>; Klatt, Karen <KKlatt@berkeleyca.gov>
Subject: Prop 1 Behavioral Transformation Manual (Draft) for Public Comment
Importance: High

Hi Jamie, DHCS sent out a draft of its policy manual (part 1 at least) for Behavioral Health Transformation in the wake of the passage of Prop 1. **It is open to public comment until 5pm PST on 12/2/24.** Can you please share with the Behavioral Health Commission so they can read and add in any feedback to the state that they might wish? I realize the timeline is short, and I want them to have the option to review and comment. Counties and other jurisdictions are doing similarly right now, and we do want our own community to have the opportunity as well. Thank you, kindly.

Here's the DHCS letter: [24-38-County-BHT-Policy-Manual-Module1](#)

And the link to the manual itself: [Behavioral Health Transformation \[DRAFT\] Policy Manual](#)

Jeffrey Buell, LCSW
he/him
Manager of Mental Health Services
Health, Housing & Community Services
jbuell@berkeleyca.gov or jbuell@cityofberkeley.info
Tel: 510.981.7682
Fax: 510.981.5265

Please note that I'm out of the office every other Monday.

Please be aware that e-mail communication can be intercepted in transmission or misdirected. The information contained in this message may be privileged and confidential. If you are NOT the intended recipient, please notify the sender immediately with a copy to HIPAAPrivacy@cityofberkeley.info and destroy this message immediately.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, December 2, 2024 2:35 PM
To: Works-Wright, Jamie
Subject: FW: Mental Health Advisory Board SPECIAL Meeting (December 2, 2024)
Attachments: MHAB Main Board SPECIAL Meeting Agenda (December 2024).pdf; FY 2023-2024 MHAB Annual Report DRAFT Recommendations.pdf; FY 2023-2024 MHAB Annual Report DRAFT Narrative.pdf

Hello All,

Sorry for the late notice this meeting is happening in the next 30 minutes. Please attend if you are able to.

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: Wednesday, November 27, 2024 3:20 PM

Cc: MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>

Subject: Mental Health Advisory Board SPECIAL Meeting (December 2, 2024)

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Good afternoon,

Please see attached materials for the Mental Health Advisory Board **SPECIAL** meeting scheduled for *Monday, December 2, 2024, at 3:00 PM.*

This will be an in-person meeting to be held at 2000 Embarcadero Cove, Suite 400 (*Gail Steele Conference Room*), Oakland CA. Members of the public are invited to observe and participate in person or remotely via Zoom.

To participate via Zoom, please click on the meeting link below:

<https://us06web.zoom.us/j/82005912499?pwd=lxJc9VbSw8nhfJhRAzFtNLCbsU1rM.1>

Webinar ID: 820 0591 2499

Passcode: 517155

Or Telephone:

USA 404 443 6397 US Toll

USA 877 336 1831 US Toll-free

Conference Code: 988499



Alameda County
Mental Health Advisory Board

Mental Health Advisory Board Agenda SPECIAL MEETING

December 2, 2024 | 3:00 PM – 4:30 PM

2000 Embarcadero Cove, Suite 400 (Gail Steele Room) Oakland

This meeting will also be conducted through videoconference and teleconference

<https://us06web.zoom.us/j/82005912499?pwd=IxJc9VbSw8nhfJhRAzFtNlCbsUIrM.1>

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

Webinar ID: 820 0591 2499 | Webinar code: 517155

MHAB Members:	Brian Bloom (<i>Chair, District 4</i>)	Thu Quach (<i>District 2</i>)	Mary Hekl (<i>District 4</i>)
	Terry Land (<i>Vice Chair, District 1</i>)	Ashlee Jemmott (<i>District 3</i>)	Larry Brandon (<i>District 5</i>)
	Jennifer DeGroat-Penney (<i>District 1</i>)	Shannon Johnson (<i>District 3</i>)	Olivia Daprile (<i>District 5</i>)
	Carolynn Gray (<i>District 2</i>)	Yuliana Wisner-Leon (<i>District 3</i>)	Juliet Leftwich (<i>District 5</i>)
	Gina Lewis (<i>District 2</i>)	Warren Cushman (<i>District 4</i>)	Amy Shrago (<i>BOS Representative</i>)

Committees

Adult Committee

Terry Land, Co-Chair
Thu Quach, Co-Chair

Children’s Advisory Committee

Ashlee Jemmott, Co-Chair
Warren Cushman, Co-Chair

Criminal Justice Committee

Brian Bloom, Co-Chair
Juliet Leftwich, Co-Chair

MHAB Mission Statement

The Alameda County Mental Health Advisory Board has a commitment to ensure that the County’s Behavioral Health Care Services provide quality care in treating members of the diverse community with dignity, courtesy, and respect. This shall be accomplished through advocacy, education, review, and evaluation of Alameda County’s mental health needs.

- 3:00 PM I. Call to Order and Roll Call
- 3:05 PM II. MHAB Annual Report Recommendations Review and Discussion (*Action Item*)
- 4:15 PM III. Public Comment
- 4:30 PM IV. Adjournment

Contact the Mental Health Advisory Board at ACBH.MHBCommunications@acgov.org



ALAMEDA COUNTY

Board of Supervisors



Behavioral Health Department
Alameda County Health

MHAB 2024 Annual Report

Recommendations (Draft)

1) With the passing of Proposition 1 and upcoming significant reduction in Prevention, Education, and Intervention (PEI) funding, the County should proactively find ways to ensure that effective community-based prevention programs remain intact to continue to provide culturally- and equitably- responsive mental health services, especially to marginalized communities that may not otherwise show up in the mental health system due to social and structural barriers (e.g., stigma, language access, disabilities).

- Identify ways in which current PEI programs can be eligible under the new Prop 1 Early Intervention and Housing programs and support their transitions into the new work.
- Identify other sources of funding to maintain the core PEI programs.

2) Invest in Epic Electronic Health Record (EHR) system for Santa Rita jail and other county-operated entities that require sharing of medical and mental health services information across multiple health care providers.

- As patients/ clients may utilize different health care providers, it is important that these providers are able to share patient information safely and in real-time across the entities (e.g., hospitals, jails, community health centers) in order to provide timely and informed care.
- During our visit to Santa Rita jail, we heard from their staff that it is important for health care providers working in the jail system to be able to access and share health information to other providers in order to provide effective care that take into consideration the patient's medical history.
- Currently, most of the health care entities, including the county hospitals (e.g., Highland hospital), Alameda Health Systems, John George, and federally qualified health centers are using Epic. With the jail systems having Epic, health care providers working in the jails are able to obtain the patient's full medical history as they provide care for the individual while they are in the jails. Furthermore, providers outside the jail system can also obtain medical history for the individuals while they are in the jail system.

3) With CalAIM requiring the County to adopt a new payment reform system, continue to support network mental health providers during the transition and ensure the new payment system promotes provider sustainability to continue to provide services to underserved communities.

- Transitioning from a unit-based to visit-based payment system requires calculating the right rate to ensure financial sustainability for the network providers.
- Work collaboratively with network providers to determine payment rate that includes the different costs required to provide services at each visit.

4) The County should prioritize evaluating the need for early psychosis and mood disorder treatment programs¹ and expand providers and locations to meet the need.

In addition, the County should work with the Felton Institute to solve challenges that may be preventing them from seeing more patients and increase the client base age limit beyond 24 years old. It should be a priority to provide intensive treatment for those experiencing early psychosis to improve outcomes, avoid the prevalence of self-medication with drugs and alcohol, avoid prolonged detrimental psychosis, and prevent relapse. It is very important to connect people with programs early on where they can learn how to manage their illness, be stabilized on a medication that works for them and be connected with a support network including a psychiatrist, therapist, social worker and care coordinator who can help them address challenges and barriers as they arise. This type of program provides individuals with the best shot at having a sustained positive outcome and chance of normal life.

The Felton Institute is the only provider listed in the entire MHSA Plan that mentions early psychosis in their description. In Alameda County, they have one location on Alameda Island, and they are contracted to serve 100 clients (18–24 years old) per year but are only serving 47. The County should evaluate and help overcome the barriers to seeing more clients, including location accessibility. In addition, they should consider expanding to treat people over 24 years old, as many experience their first psychotic break in their later twenties.

The County should ensure that they have robust early psychosis programs that meet this important need. The County should also increase awareness of the early signs of psychotic disorders and how early treatment can enable a person to live a normal life.

5) The County should implement the expanded definition of “gravely disabled” brought about by the passage of SB43² to get more individuals into early and sustained treatment

¹ “Early psychosis and mood disorder detection and intervention refers to a program that utilizes evidence-based approaches and services to identify and support clinical and functional reducing the severity of first, or early episode psychotic symptoms, other early illness, such as mood disorders, keeping individuals in school or at work and better health and wellness.” (citation)

² With the passage of SB 43, “grave disability” is now defined as (amended language is in italics):
 “A condition in which a person, as a result of a mental health disorder, *a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder*, is unable

programs that will improve their outcomes and reduce cycling in and out of psychiatric facilities.

Currently the County plans to implement in January 2026 due to infrastructure that needs to be developed for the SUD aspects. However, the infrastructure for the SMI aspects exists and could be implemented now and the SUD component could be phased in, in 2026. Many people who suffer from psychotic disorders are not able to see that they need help, as they may be lost in their own reality. This is a really important tool to get people into treatment programs and off the streets.

SB43 will enable involuntary treatment for those that need it most. It will be extremely important to train police, first responders, ER's, psychiatric hospitals etc. on the new definition and how the County intends to apply it – we want to make use of this legislation now to get people into treatment! The County policy and training materials should be reviewed by MHAB and families while being developed to ensure that it helps solve the real-life challenges that they have experienced in getting help for their loved ones.

6) Improve ongoing Continuity of Care for the SMI and SUD Population with the goal of getting people into sustained treatment programs and preventing relapse. We recommend implementing a pro-active Care Coordinator for all individuals that are diagnosed with a SMI to start.

From the work the MHAB has done this past year, the Board has learned that Alameda County faces inordinate challenges serving the treatment needs of those who have serious mental illness, a severe substance use disorder, and/or a co-occurring mental health disorder and a severe substance use disorder. Far too often this population receives minimal services and cycles in and out of acute psychiatric facilities, jail, and homelessness. One way to improve outcomes for those living with SMI and SUD and to reduce the chance of relapse and cycling in and out of facilities is to have a single point of contact (care

to provide for their basic personal needs for food, clothing, shelter, *personal safety*, or *necessary medical care*.” (citation)

SB 43 also added the following definitions:

“Severe substance use disorder” means a diagnosed substance-related disorder that meets the diagnostic criteria of “severe” as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders. (citation)

“Personal safety” means the ability of one to survive safely in the community without involuntary detention or treatment pursuant to this part. (citation)

“Necessary medical care” means care that a licensed health care practitioner, while operating within the scope of their practice, determines to be necessary to prevent serious deterioration of an existing physical medical condition which, if left untreated, is likely to result in serious bodily injury as defined in [Welfare and Institutions] section 15610.67. (citation)

coordinator) who actively reaches out to ensure the individual has ongoing access to psychiatric services, medical care, social services and housing.

Individuals living with SMI and/or SUD have many challenges and it is very difficult to navigate the system of care, insurance, housing, transportation, a job or volunteering, and social services. When individuals run into barriers in accessing these services, they are more likely to relapse and cycle in the system. Having a case worker actively engaged with each person and proactively ensuring ease of access could significantly improve outcomes and prevent cycling. It would also help Alameda County better understand the issues and make targeted improvements. We recommend adding in a care coordinator for the SUD population when the infrastructure is ready, and we can apply the lessons learned from having already implemented for the SMI population.

7) The County should implement a single point of contact (office) for people with SMI and SUD seeking shelter including affordable and section 8 housing.

Navigating affordable, and section 8 housing programs are extremely confusing and complicated. It is made worse as the County housing support options are managed under different organizations and there is a lack of communication and coordination. There is no clear picture of how many housing units the County has access to and how one can gain access to these units. Many of the units are project based and a person has to sign up to be on that project waiting list. Since each project is separate an individual may need to fill out and submit many applications (in the teens!). The waiting lists can often be years!

The County should create a unified system that has a single-entry point that enables a person with SMI or SUD to access ALL housing options that apply to them. The office should assist with filling out and submitting applications and ensure that the individual finds suitable housing in a timely manner.

8) Implement the Recommendations of the Care First, Jail Last Task Force

In 2021, the Board of Supervisors unanimously approved a county-wide “Care First, Jails Last” policy resolution. The fundamental goal of this policy is to “develop a continuum of care that includes a full spectrum of treatment and housing ... in order to reduce the number of people with mental illness, substance abuse, and co-occurring disorders in jail.” As such, a Care First policy in Alameda County is aimed at significantly changing the current system in which people living with mental illness and substance use disorders, a disproportionate number of whom are Black and Brown, are incarcerated rather than receiving medically appropriate treatment in non-jail settings.

The Care First Resolution called for the creation of a 25-member Task Force (including a representative from the MHAB) which was charged with developing specific recommendations to achieve Care First goals. Completing over two years of work in May

2024, the Task Force submitted 58 recommendations to the Board of Supervisors.³ On August 6, 2024, the Board of Supervisors unanimously approved the recommendations and requested the MHAB to monitor the implementation of the recommendations and to report to the Board of Supervisors multiple times per year about the extent to which Care First goals are being met.

To create a county-wide system of care that truly places care first and significantly reduces reliance on the criminal-legal system to address complex behavioral healthcare needs, the MHAB urges the Board of Supervisors to insist that the Care First recommendations be implemented as soon as is practically possible. The MHAB will do everything it can to determine whether Care First goals are being met and will report its findings in a straightforward and ongoing manner to the Board of Supervisors.

The kind of system transformation envisioned by the Care First resolution will require consistent measurement, assessment and adjustment. In short, Alameda County cannot improve what it does not measure. To carry out its mandate, the MHAB will track pertinent metrics over time to assess whether people with behavioral health challenges are receiving care at the appropriate level, are being diverted from jail and into treatment, and are receiving the kind of reentry services that address all of their needs. Obtaining the necessary data will require the active cooperation of and partnership with the District Attorney's Office, the Sheriff's Office, the Superior Court, the Behavioral Health Department, as well as other related agencies. The MHAB urges the Board of Supervisors to do everything in its power to ensure that such cooperation occurs.

The Board of Supervisors should also insist that county agencies work together to develop an integrated plan to implement Care First policies. This effort should be situated under the County Administrator's Office both to support effective cross-system collaboration and to address funding priorities.

Finally, system transformation of this nature will require sufficient financial investment. Accordingly, the Board of Supervisors should commission a study to identify potential funding sources and to develop strategies for reallocating current expenditures towards a Care First system of behavioral health care.

9) The County should increase the levels of care for children/teens and provide funds for school-based prevention programs and health education programs.

In the children/teen system of care, children/teens can receive outpatient or inpatient care, but the levels of care in between are not available for mental health. For example, a teen

³ The Final Report of the Care First Task Force, including a detailed description of each of the 58 recommendations, can be found at:

https://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_6_26_24/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item_1_Care_First_Jails_Last_rpt.pdf

struggling significantly with mental health issues would need to participate in outpatient therapy but would not have access to an intensive outpatient program (where they would receive twice weekly individual therapy in addition to group therapy) or partial hospitalization (PHP) which is slightly more intense.

This leads to the clinics holding cases that are very severe, with limited resources to support the child/teen. The only option for additional support is TBS, which is difficult to access due to stringent criteria.

The County has shifted funds away from prevention programs and health education programs in the schools that help to educate children/teens about mental health and SUD concerns.

DRAFT

(Draft)

[Letterhead]

(Date)

Alameda County Board of Supervisors
1221 Oak St., #536
Oakland, CA 94612

Re: Mental Health Advisory Board Annual Report FY 2023-2024

Dear Alameda County Board of Supervisors,

In accordance with Welfare and Institutions Code Section 5604.2, the Alameda County Mental Health Advisory Board (MHAB) is pleased to provide the Board of Supervisors (BOS) with this Annual Report for FY 2023-2024. The Report contains: 1) an overview of the MHAB’s statutory mandate and current composition, highlighting significant upcoming changes to state law; 2) a summary of our work over the last year; and 3) our list of [#] recommendations regarding ways to improve Alameda County’s provision of mental health services.

As set forth below, the MHAB is composed of a diverse group of dedicated individuals who have worked diligently over the last year to fulfill the Board’s statutory obligations. Our recommendations are the result of thoughtful discussions with a variety of providers and other experts, site visits to mental health facilities, and input from community members and advocates. We ask that you give the recommendations your serious consideration.

MHAB Statutory Mandate and Composition

Statutory Mandate: 2025 Update

Proposition 1, approved by California voters in March of 2024, makes significant changes to state law. The measure has two parts: 1) the Behavioral Services Act, which replaces the Mental Health Services Act and expands it to include treatment of substance use disorders (SUD); and 2) the Behavioral Services Bond, which authorizes \$6.4 billion in bonds to finance behavioral health treatment facilities and provide supportive housing.

Proposition 1 amended the Welfare and Institutions Code in several ways. Among other things, effective January 1, 2025, local mental health boards will be referred to as “local behavioral health boards.” Accordingly, the MHAB will be amending its bylaws to change its name to the Alameda County Behavioral Health Board. The broad statutory mandate of the boards under Section 5604.2 remains essentially the same, although as noted in bold below, some of the terminology will change on January 1, 2025. Among other things, local boards are required to:

- Review and evaluate the community’s public **behavioral** health needs, services, facilities, and special problems in any facility within the county where mental health or **substance use disorder** evaluations or services are provided, including but not limited to, schools, emergency departments, and psychiatric facilities.

- Advise the Board of Supervisors and the Alameda County Behavioral Health Care Services Director as to any aspect of the local **behavioral** health program.
- Review any county agreements entered into pursuant to Welfare and Institutions Code Section 5650 and make recommendations regarding concerns identified within those agreements.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Submit an annual report to the Board of Supervisors on the needs and performance of the county's **behavioral** health system.
- Perform such additional duties as may be assigned to the Board by the Board of Supervisors.¹

Board Composition

Following many years of Board vacancies, the MHAB made recruitment an important goal last year. We are grateful to the BOS for its recent appointments of several new members. With all but one of the vacancies now filled, the MHAB is currently composed of 14 individuals with unique backgrounds and perspectives, including clinicians, consumers, family members and attorneys.²

Welfare & Institutions Code Section 5604 sets forth specific requirements for board composition. Pursuant to Proposition 1, effective January 1, 2025, board members must include an individual who is: 1) 25 years of age or younger; and 2) an employee of an education agency, in addition to including consumers, family members of consumers and others.³ With respect to the education agency employee

¹ State law also authorizes the MHAB to review and make recommendations on applicants for the appointment of the Alameda County Behavioral Health Care Services Director, review and comment on the county's performance outcome data, and assess the impact of the realignment of services from the state to the county on services delivered to clients and on the local community.

² This number does not include the BOS representative. Short bios of each member of the MHAB can be found at: <https://www.acbhcs.org/mental-health-advisory-board/>.

³ 5604(2) (A) (i) The board shall serve in an advisory role to the governing body, and one member of the board shall be a member of the local governing body.
(ii) Local behavioral health boards may recommend appointees to the county supervisors.
(iii) The board membership shall reflect the diversity of the client population in the county to the extent possible.
(B) (i) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services. At least one of these members shall be an individual who is 25 years of age or younger.
(ii) At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.
(C) (i) In a county with a population of 100,000 or more, at least one member of the board shall be a veteran or veteran advocate. In a county with a population of fewer than 100,000, the county shall give a strong preference to appointing at least one member of the board who is a veteran or a veteran advocate.
(ii) To comply with clause (i), a county shall notify its county veterans service officer about vacancies on the board, if the county has a veterans service officer.
(D) (i) At least one member of the board shall be an employee of a local education agency.
(ii) To comply with clause (i), a county shall notify its county office of education about vacancies on the board.
(E) (i) In addition to the requirements in subparagraphs (B), (C), and (D), counties are encouraged to appoint individuals who have experience with, and knowledge of, the behavioral health system.

representative, state law requires counties to notify its county office of education about vacancies on the board.

The MHAB recommends that the BOS application form for appointments asks individuals to indicate which of the various statutory categories they fall into and that BOS track board composition to ensure compliance with state law. We will be amending our bylaws to reflect the state law changes.

The MHAB notes that in the past, the BOS has complied with the requirement that a member of the BOS serve on the MHAB by designating a staff member to serve in that capacity. The BOS may wish to seek an opinion from County Counsel regarding whether such a designation is permissible under state law.

Finally, the MHAB would like to extend its thanks to Amy Shrago, Supervisor Carson's staff member, who represented the BOS at our meetings last year and regularly provided helpful information and guidance.

Overview of MHAB Activities in FY 2023-2024

Meetings and Site Visits

Last year, as in prior years, the MHAB heard from a wide array of mental health experts and stakeholders, including Alameda County Behavioral Health Care staff, providers, consumers, family members, organizations advocating for the mentally ill, and other key community leaders. The MHAB held regular monthly meetings, convened an annual strategy meeting, and held regular meetings of its Executive Committee, Criminal Justice Committee and Adult Committee.⁴

The MHAB also conducted two site visits – one at Santa Rita Jail and the other at Villa Fairmont – both of which were very informative. We have found site tours to be invaluable, and will continue to integrate them into our future activities.

External Committee Work

MHAB members continued to serve on the Mental Health Services Act (MHSA) Stakeholder Committee, and the MHSA Budget Stakeholder Advisory Committee. In addition, the MHAB provided comments and recommendations regarding the MHSA FY 2024-25 Plan Update in a letter to the Board of Supervisors dated July 25, 2024, attached.

Care First, Jails Last Taskforce and New Oversight Duties

In 2021, the BOS unanimously passed a Care First, Jails Last (CFJL) Policy Resolution with the goal of reducing the number of people with mental illness, substance use and co-occurring disorders who are incarcerated. A CFJL Task Force met for two years to develop recommendations to support this goal. The MHAB's Chair served on the Task Force, together with service providers, impacted community members and representative of County agencies.

(ii) This would include members of the community who engage with individuals living with mental illness or substance use disorder in the course of daily operations, such as representatives of county offices of education, large and small businesses, hospitals, hospital districts, physicians practicing in emergency

⁴ The MHAB Children's Committee is currently on hiatus.

On August 6, 2024, the BOS voted to approve 58 CFJL Task Force recommendations, involving 9 strategy areas and 8 Alameda County agencies. Significantly, the BOS directed the MHAB to oversee implementation of the recommendations and to report back to the Joint Health/Public Protection Committee twice a year, and to the full BOS annually. In response to this enormous task, the MHAB has created an Ad Hoc CFJL Committee which includes Board members, other Task Force members and community members who have been deeply involved in this issue for many years. The Ad Hoc Committee has begun to meet and strategize about plans to most effectively fulfill its oversight duties.

MHAB Recommendations

After careful analysis and consideration, the MHAB makes the following recommendations regarding ways for Alameda County to improve local mental health services:

Conclusion

As discussed above, the MHAB has spent another year considering the very complex and challenging issues associated with the provision of mental health services in Alameda County. We look forward to the opportunity to present the Annual Report to the Health Committee of the BOS and to hearing the County's response to the recommendations provided herein.

Sincerely,

Brian Bloom, MHAB Chair

Terry Land, MHAB Vice-Chair