



Health, Housing & Community Services  
Mental Health Commission

To: Mental Health Commissioners  
From: Jamie Works-Wright, Commission Secretary  
Date: February 20, 2025

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Health, Housing & Community  
Service Department  
Mental Health Commission

## Berkeley/ Albany Mental Health Commission

### AGENDA

**Regular Meeting**  
**Thursday, February 27, 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. The meeting maybe recorded by staff to review the minutes to get accurate motions on record.*

**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 February 27, 2025 meeting agenda
  - b. Public Comment (non-agenda items)
  - c. Action Item: Approval of the January 23, 2025 meeting minutes
- 3. Action to Vote for Commission Chair**
- 4. Action to Vote for Commission Vice Chair**
- 5. MHSA FY 26 annual update and BHSA – Karen Klatt**
- 6. Update about RDA and Bonita House SCU- Scott Gilman**
- 7. Review Commissioner Prichett' s letter to HHCS Director Scott Gilman**
- 8. Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell**
  - a. MHC Manager Report
  - b. Caseload Statistic February 2025
  - c. BHSA Transition Napa PPT.2.7.25.pdf
- 9. Review, Discuss and Actions regarding the By-Laws for Berkeley Behavioral Health Commission.**

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Health, Housing & Community  
Service Department  
Mental Health Commission

**10. Subcommittee Reports –**

- a. **Membership Subcommittee – welcome package for new members including a manual**
- b. **Financial Subcommittee**
- c. **Care Court Subcommittee**
- d. **Evaluation Subcommittee**
  - i. **Discussion and Possible Action on Mental Health Commission Annual Report**

**11. Discuss Role of MHC in advising on scope of BH (“behavioral health”) services.**

**12. Information concerning current Berkeley Behavioral Health services for children.**

**13. Following five domestic violence homicides, San Mateo County launches co-response pilot.**

**14. Adjournment**

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Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or  
[Jworks-wright@berkeleyca.gov](mailto: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  
January 23, 2025

**Members of the Public Present:** Jonah Markowitz, Shirley Posey, Ann Hawkins, Carole Marasovic

**Staff Present:** Jose Rios, Jamie Works-Wright

### 1) Call to Order at 7:05 pm

**Commissioners Present:** Andrea Prichett, Monica Jones; Edward Opton, Glenn Turner, Maria Sol, Ajay Krishnan; Lisa Teague; Ashley Gu **Absent:** Igor Tregub

### 2) Preliminary Matters

#### a) Approval of the January 23, 2025 agenda

M/S/C (Prichett, Opton) Motion to approve the agenda.

**PASSED**

**Ayes:** Gu, Jones, Krishnan, Opton, Prichett, Sol, Teague, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Tregub

#### b) Public Comment- 2 public comments

#### c) Approval of the November 21, 2024 Minutes – listen to minutes

M/S/C (Prichett, Turner) Motion to clarify the minutes, item 3 and add “the commission chose to omit the December meeting date and accept the November date. In item 8c. change the word of to, about. Move to accept the minute of the meeting amended by Commissioner Opton

**PASSED**

**Ayes:** Gu, Jones, Krishnan, Opton, Prichett, Sol, Teague, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Tregub

### 3) Discussion about the Mental Health Commission Chair and Vice Chair elections, which will be held during the February 27, 2025 Commission Meeting. – No Motion

### 4) Discussion regarding the meeting with COB finance and Mental Health department – by Monica and Glenn

**M/S/C (Turner, Opton)** Motion to set up a subcommittee on finances about the Berkeley Mental Health Division. The members will be commissioners Glenn Turner, Edward Opton and Ashley Gu.

**PASSED**

**Ayes:** Gu, Krishnan, Opton, Sol, Teague, Turner; **Noes:** Jones; **Abstentions:** Prichett; **Absent:** Tregub

**5) Presentation and possible action on self-assessment tool for current commissioners – Jose Rios**

**M/S/C (Prichett, Gu)** The MHC will engage in self-assessment project with HHCS and Jose after the commission receives:

- Comprehensive update on workload and incident statistics on SCU
- Accurate budget information for FY 2022-26 and budget actuals
- Documents and updates related to the progress 911 dispatch of SCU
- Regular attendance by City Council member
- Regular updates to MHD on SCU progress and plan for extending it.
- Plan for SCU launch and publicity plan
- Performance Audit of MHD
- The ability to record our meetings and publicize them on our website for the public's
- Staffing report for the SCU

**PASSED**

**Ayes:** Gu, Krishnan, Prichett, Sol, Teague, Turner; **Noes:** None; **Abstentions:** Jones, Opton; **Absent:** Tregub

**6) Review, Discuss and Actions regarding the By-Laws for Berkeley Behavioral Health Commission. – No Motion**

**7) Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell – No Motion**

- a) MHC Manager Report
- b) Caseload Statistic January 2025

**8) Discussion and Possible Action on Mental Health Commission Annual Report – No Motion**

\*8:58 Meeting extension

**(Gu, Prichett) Motion to extend the meeting by 10 minutes**

**PASSED**

**Ayes:** Gu, Krishnan, Prichett, Jones, Opton, Teague, Turner; **Noes:** None; **Abstentions:** None  
**Absent:** Sol, Tregub

**9) Subcommittee Reports – Discussion about what subcommittee will be renewed and what subcommittee will be removed.**

- a) **Membership Subcommittee – Staying**
- b) **Care Court Subcommittee – Staying**

- c) **Evaluation Subcommittee – Staying**
- d) **SCU Subcommittee – SCU will be put under the evaluation committee**
  - 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. – No motion made – will carry to next meeting**

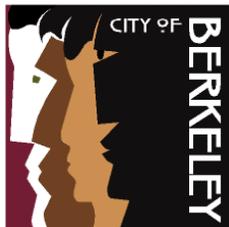
**11. Information concerning current Berkeley Behavioral Health services for children. No motion made – will carry to next**

**12. Following five domestic violence homicides, San Mateo County launches co-response pilot. No motion made – will carry to next**

**13. Adjournment - 9:08 PM**

**Minutes submitted by:** \_\_\_\_\_  
Jamie Works-Wright, Commission Secretary

Internal



Health Housing and  
Community Services Department  
**Mental Health Division**

## MEMORANDUM

**To:** Behavioral Health Commission  
**From:** Jeffrey Buell, Behavioral Health Division Manager  
**Date:** 2/7/2025  
**Subject:** Behavioral Health Manager Report

### Behavioral Health Services Report

Please find the attached report on Behavioral Health Services for January 2024. Also note that fiscal fields continue to not be updated in this template. Commissioners may choose to continue to meet 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 11/18/25).

### Information Requested by Behavioral Health Commission

No new questions were submitted by Commissioners in this time frame. Scott Gilman, Director of HHCS, will plan to attend the 2/27/25 Commission Meeting to address and clarify the current status and updates on the Specialized Care Unit (SCU).

### Mental Health Division Updates

#### **BHSA and Proposition 1**

- Department of Health Care Services (DHCS) has not yet released all drafts of modules of the required manual for the Prop 1 changes. These are still expected in early 2025 to guide jurisdictions on Prop 1 changes to the Behavioral Health Services Act.
- Jurisdictions are still leading their communities through the expected changes to MHSA/BHSA, which are voluminous and complex. Butte County's behavioral health board reportedly heavily utilizes the CALBHBC website (<https://www.calbhbc.org/>) for their needs. Napa County provided a brief summary powerpoint document to review key changes to expect (see attached).
- The 2025/2026 MHSA update is the last annual update before the new BHSA three-year plan and structure will be utilized. Karen Klatt, COB's BHSA coordinator, visits the Commission every year to provide information and

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updates. She continues her standing offer to meet with Commissioners both at Commission meetings and outside of them where more detailed questions and ideas can be addressed.

### **Behavioral Health impacts from Governor's California January Budget Summary**

- The Governor of California is required to propose a state budget by January 10<sup>th</sup> of each year, and the independent Legislative Analyst's Office (LAO) will issue summaries and analyses on a rolling basis after the budget proposal is made. Hearings, reviews, and feedback will be provided until the final budget is approved prior to the new fiscal year in July.
- With a number of impacts still developing, including the devastating fires in Southern California, the proposed budget does not yet fully reflect all of the changes expected for this coming fiscal year's budget. Taxes for those impacted by the fires will be deferred to October instead of April, so there may be a number of adjustments prior to the finalized budget. Here are some expected key notes within this budget:
  - Realignment revenues are expected to remain stable, possibly creeping up a little; MHSA/BHSA revenues are expected to shrink marginally
  - Prop 30 costs will continue to increase costs/responsibility for county behavioral health programs
  - Several County Behavioral Health Mandates instituted by the state continue to be unfunded, even though required: SB 525 (minimum wage increases), additional CARE Act funding for SB 1400 (misdemeanor incompetent to stand trial), CalAIM justice involved linkages, Prop 36 (felony mandated treatment), SB 43 LPS reform implementation (changes to grave disability statute and conservatorship)
  - Medi-Cal revenues will continue to increase (due to increased enrollment), as similarly County Behavioral Health match funding requirements need to rise to cover this increase
  - Prop 35 guidelines for Managed Care Organization spending will be developed
  - Increased Medi-Cal enrollment due to eligibility redeterminations and expansion, thus higher costs
  - CalAIM benefit costs increasing as programs develop and implement (Enhanced Care Management, Community Supports, Providing Access and Transforming Health)
  - Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (CONNECT) Demonstration period, including Workforce development funding
  - BHSA implementation drafts for claiming and reimbursement
  - Grants for Housing and Homelessness, Behavioral Health Continuum Infrastructure Program (BHCIP), etc

- Abolishment of the Council on Criminal Justice and Behavioral Health (CCJBH), CalAIM justice involved services expansion, justice involved capacity building, Department of State Hospitals budget increase (incompetent to stand trial waitlist and budget changes, county bed reimbursement)
- Children and Youth Behavioral Health Initiative (CYBHI) program benefits and implementation (wellness coach services, family urgent response system, family first prevention services), Child Welfare Services, Permanent foster care rates
- 988 continued implementation and expansion, Medi-Cal community-based mobile crisis benefit (reimbursable service for eligible 24/7 services)

### **Specialized Care Unit (SCU) Information**

- Scott Gilman, Director of HHCS, will plan to attend the 2/27/25 Commission Meeting to address and clarify the current status and updates on the SCU. Questions have been posed by the Commission, and responses by the program have not seemed to completely satisfy the Commission.
- The SCU Steering committee had specific intent to separate the Behavioral Health Division from the SCU process, so it is held by HHCS Department rather than the Behavioral Health Division. This intentional split fundamentally alters the SCU's reporting and accountability to the Department over the Division.
- The SCU Pilot program was planned to be a two-year project with a built-in evaluation process, performed by RDA. This evaluation is still ongoing and will also focus on the supporting a long-term sustainability and viability of a crisis team serving the City of Berkeley. Such a crisis team must be able to adhere to basic requirements, meet the needs of the community, and be financially practicable. In California, Alameda County (not the City of Berkeley) is responsible for providing the mobile crisis Medi-Cal benefit: a mobile crisis service team meeting specific benchmarks (2+ person team, operates 24/7, timely response, access to a "licensed practitioner of the healing arts," ability to administer a crisis assessment, ability to administer naloxone, etc). <https://www.dhcs.ca.gov/Documents/Mobile-Crisis-FAQ.pdf>. The current SCU was designed to be a team that meets these requirements, though entirely located/funded within the City of Berkeley. Alameda County currently employs a number of crisis teams to provide crisis service coverage throughout the County, including both local and county-contracted teams. Without a larger economy of scale, the cost to create an entire crisis system for the SCU is challenging in a jurisdiction as small as Berkeley.
- Concerns and questions had been raised with reports that SCU policy had been changed with respect to services provided in encampments. Bonita House reported that several team members had been "verbally threatened and physically menaced" when entering encampments on different occasions. The

SCU continues to provide crisis services outside of encampments, and will enter into encampments when “cleared for safety.”

- Bonita House/SCU staff have reported concerns and complaints about instances of verbal and physical interference, aggressive interactions, “unwanted attention” directed towards female staff, and harassing behaviors coming from members of the public. SCU staff have stated that citizens displaying these behaviors have also included self-identified SCU Steering Committee and/or Mental Health Commission members. Such behaviors have reportedly resulted in various impacts, including interference with crisis assessment services, application of privacy practices, and physical grabbing of staff. Bonita House as an organization is ultimately responsible for safe operations, and some of the precautions taken may also result in impacts to community services and relationships.

### **Behavioral Health Commission**

- As an integral part of our local behavioral health system, the requirements and roles of the Behavioral Health Board/Commission are key to the health and function of services in our ecosystem. A well informed and engaged Board can provide better advocacy, policy recommendations, evaluations and feedback. With good collaboration and relationships, a Board and its local Behavioral Health jurisdiction may be able to create practices and structures that integrate best practice with the needs of the community through an equity lens and framework, supporting those in the most need with the greatest resources.
- An excellent resource exists in the California Association of Local Behavioral Health Boards and Commissions: <https://www.calbhbc.org/>. They include a wealth of resources such as Best Practices, Brown Act rules, Evidence based practices, History, Legislation and WIC information, etc.
- Inherent in this structure is the design for discourse leading to teamwork, collaboration, coordination, policy/services advocacy, and information sharing. Respect, cooperation, building of positive relationships and partnerships therefore also play a large part in the functioning and work that can be accomplished by these entities, together.
- As has been the case, Sub-committees and Behavioral Health Commissioners continue to be welcome to reach out to and request to meet with the Division Manager outside of Commission meetings. It is important to try to make outside discussion space to enhance relationships and understanding, to better understand and support each other.
- It appears that the relationship between the Commission and the Division (and/or other entities) has at times been strained, mistrustful, argumentative, perhaps even adversarial. Language, tone, and relationships can impact the willingness of

participants to engage and create value together. Derogatory language and disrespectful behaviors are unlikely to engender cooperation or participation. The Commission Chair often points out that getting guests to voluntarily come and speak with the Commission can be challenging without treatment and dialogue that is welcoming and cooperative. Organizations will have a duty to protect their staff from unsafe or abusive circumstances, and they may be hesitant to participate (or allow their staff to participate) in situations where they have such concerns. As I have said previously, as the Division Manager, I am interested in building bridges together with the Commission, to find ways we can work collaboratively and respectfully together. This is our City that we support and impact, and it is incumbent upon us and our choices to model what we want the future to hold for ourselves and our community.

### Berkeley Mental Health Caseload Statistics for February 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 February 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	57	\$1,850	Clients: 58 API: 3 Black or African-American: 30 Hispanic or Latino: 1 White: 21 American Indian: 0 Other/Unknown: 3 Male: 36 Female: 19 Missing Gender ID: 0 Unknown: 2 Other: 1 Prefer Not to Answer Gen ID: 0 Multiple Gender ID: 0 Heterosexual: 45 Unknown: 9 Missing Sex Orient: 0 Bisexual: 0 Queer: 0 Prefer Not to Answer Sex Orient: 1 Multiple Sex Orient: 0 Gay: 1 Questioning: 1 Lesbian: 1
Adult FSP Psychiatry (February Stats)	1-100	0 FTE	44		
<b>AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>				\$2,037,600	
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	\$1,816	Clients: 40 API: 1 Black or African-American: 23 Hispanic or Latino: 1 Other/Unknown: 1

**Berkeley Mental Health Caseload Statistics for February 2025**

						White: 14 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
<b>HFPS Psychiatry (February Stats)</b>	1-100	0.5 FTE	19			
<b>HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>						
<b>Comprehensive Community Treatment (CCT)</b> <b>(High level outpatient clinical case management and treatment)</b>	1-20	7 Clinicians 1 Team Lead 1 Clinical Supervisor	163	\$862		Clients: 175 American Indian: 2 Asian: 1 Asian American: 12 Black or African-American: 69 Hispanic or Latino: 9 Other/Unknown: 11 Pacific Islander: 2 White: 69 Male: 84 Female: 83 Other Additional Gender Category: 6 Missing Gender ID: 0 Non-Conforming Gender ID: 0 Prefer Not to Answer Gender ID: 1 Female to Male: 0 Gender Queer: 1

Berkeley Mental Health Caseload Statistics for February 2025

							Unknown: 1 Heterosexual Sex Orient: 124 Unknown: 22 Missing Sexual Orient: 0 Bisexual Sex Orient: 4 Lesbian Sex Orient: 5 Gay Sex Orient: 6 Prefer Not to Answer Sex Orient: 4 Multiple Sexual Orient: 0 Queer Sexual Orient: 3 Other Sexual Orient: 4
<b>CCT Psychiatry (February Stats)</b>	1-200	0.75 FTE	117				
<b>CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>							
<b>Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)</b>	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	81	\$434			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: 77 Unknown: 6 Missing Sexual Orient: 0 Prefer Not to Answer Sexual Orient: 2 Gay: 1 Multiple Sexual Orient: 0 Questioning: 0
<b>FIT Psychiatry (February Stats)</b>	1-200	.25	65				
<b>FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>							
			\$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 February 2025
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	9	\$2,461	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 (February Stats)	1-100	0	2		
<b>CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>					
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) / Educationally Related Mental Health Services (ERMHS)	1-20	2 Clinicians, 1 Clinical Supervisor	57	\$556	Clients: 60 American Indian: 2 Asian American: 1 Black or African-American: 23 Hispanic or Latino: 11 Other/Unknown: 14 White: 9 Female: 26 Male: 25 Missing Gender ID: 4 Unknown: 2 Multiple Gender ID: 0

					Non-Conforming Gender ID: 1 Prefer not to answer: 1 Other Gender ID: 0 Heterosexual: 33 Unknown: 10 Missing Sexual Orient: 4 Gay: 1 Multiple Sexual Orient: 0 Bisexual: 5 Lesbian: 1 Prefer Not to Answer: 1 Other Sexual Orient: 3 Queer Sexual Orient: 1 Questioning Sexual Orient: 1
ERMHS/EPSTD Psychiatry (February Stats)	1-100	0	7		
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: 19 Externally referred: 20 Ongoing tx: 40 Groups: 1 Offered/ 1 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 '25- Dec '25) Demographics – From Mobile Crisis Incident Log (through February 2025)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	<ul style="list-style-type: none"> <li>61 - Incidents</li> <li>19 - 5150 Evals</li> <li>6 - 5150 Evals leading to involuntary transport</li> </ul>	<ul style="list-style-type: none"> <li>34 - Incidents: Location - Phone</li> <li>23 - Incidents: Location - Field</li> <li>0 - Incidents: Location - Home</li> </ul>	Clients: 52 API: 1 Black or African-American: 11 White: 16 Hispanic or Latino: 1 Other/Unknown: 23 Female: 20 Male: 25 Transgender: 2 Unknown: 5
<b>MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>					
\$771,623					
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	• 0 – Incident(s)	N/A	Clients: 0 API: 0 Black or African-American: 0 White: 0 Hispanic or Latino: 0 Other/Unknown: 0 Female: 0 Male: 0 Transgender: 0 Unknown: 0
<b>TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>					
\$272,323					
Crisis, Assessment, and Triage (CAT)	N/A	2 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	• 36 - Incidents	N/A	Clients: 32 API: 0 Black or African-American: 7 White: 6 Hispanic or Latino: 2 Other/Unknown: 17 Female: 13 Male: 12 Transgender: 0 Unknown: 7

**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.

# Behavioral Health Services Act (BHSA)

- **Replaces Mental Health Services Act (MHSA) 2004:** Effective January 2025.
- **Focused on High-Need Populations:** Includes homelessness and system-involved.
- **Promotes Integration:** Funding can be used for SUD services.
- **Changes Funding Categories:** New focus on housing interventions.
- **Expands Planning & Reporting:** 3-Year Integrated Plan, combines all funding sources, broader stakeholder input, outcomes-based accountability

Awaiting further guidance from DHCS



# Funding Categories

Current MHSA Allocation	Current MHSA Percentage	BHSA Allocation	BHSA Percentage
<b>County Allocation</b>	<b>95%</b>	<b>County Allocation</b>	<b>90%</b>
Community Services and Supports	76%	Housing Interventions	30%
Prevention and Early Intervention	19%	Full-Service Partnerships (FSPs)	35%
Innovation	5%	Behavioral Health Services and Supports (BHSS)	35%
<b>State Directed</b>	<b>5%</b>	<b>State Directed</b>	<b>10%</b>
State Administration	5%	Population-Based Prevention	4%
		BH Workforce	3%
		State Administration	3%

**35%**  
Behavioral Health Services and Supports (BHSS)

- Early intervention (51%),
- 51% 25 and under
- Outreach and engagement,
- Workforce education and training,
- Capital facilities, technological needs, and
- Innovative pilots and projects

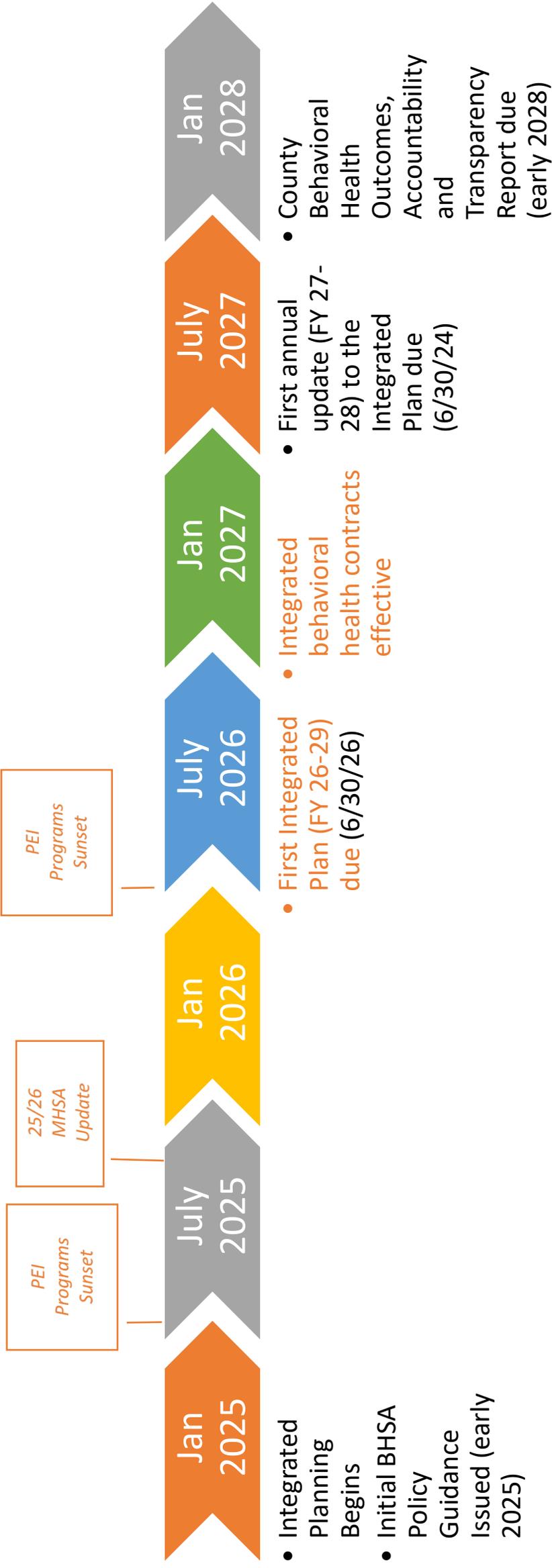
**30%**  
Housing Interventions

- Rental subsidies,
- Operating subsidies,
- Shared and family housing,
- Capital
- Non-federal share for certain transitional rent

**35%**  
Full-Service Partnerships (FSP)

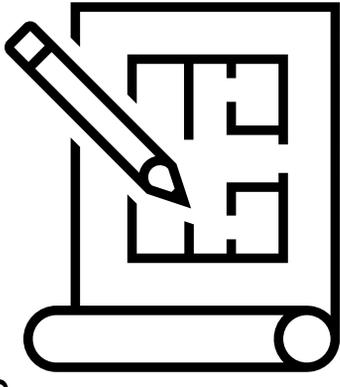
- Mental health,
- Supportive services, and
- Substance use disorder treatment services.

# MHSA → BHSA Timeline



# Key Components to Prepare for...

- Community Planning Process (CPP)
  - Stakeholder engagement to reflect community needs.
  - Transparency in documenting and integrating input.
  - Alignment with other local planning efforts.
- Integrated Plan (IP)
  - Comprehensive 3-year plan for **all** local behavioral health funding.
  - Detailed budget linking funding sources to services.
    - Medi-Cal FFP
    - 1991 Realignment
    - 2011 Realignment
    - PATH
    - MHBG
    - SUBG
    - Commercial/Private Insurance
    - Opioid Settlement County
    - General Fund
- Alignment with state and local goals and measurable outcomes.



# Key Components to Prepare for...

- Program Development
  - Implementation of evidence-based and community-defined practices.
  - Administrative and Service Integration
    - 24/7 access line
    - Screening, assessment, and treatment planning
    - County data storage and data sharing
    - Quality improvement plan
    - Cultural competence plans
    - External Quality Reviews (EQRs), BH audits, and network adequacy certifications
  - Workforce strategies to support a culturally competent and trained workforce.
- Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)
  - Annual reporting on expenditures, outcomes, and disparities.
  - Emphasis on health equity and accountability in reporting.

# Evidenced Based Practices (Begin implementation in July 2026)

## FSP EBPs

- **Assertive Community Treatment (ACT):** A community-based, multidisciplinary team approach designed to provide comprehensive, individualized care to individuals with serious mental illnesses. ACT teams offer services such as case management, psychiatric care, and support with daily living activities to help individuals integrate into the community and reduce hospitalizations.
- **High Fidelity Wraparound (HFW)** – A comprehensive, holistic, youth- and family-driven way of addressing significant mental health challenges in children and youth
- **Forensic Assertive Community Treatment (FACT):** An adaptation of the ACT model tailored for individuals with serious mental illnesses who are involved with the criminal justice system. FACT teams incorporate additional components to address criminogenic risks and needs, aiming to reduce recidivism and support recovery.

## **FSP EBPs - continued**

- **Individual Placement and Support (IPS) Model of Supported Employment:** An evidence-based approach that helps individuals with behavioral health conditions obtain and maintain competitive employment. The IPS model emphasizes rapid job search, integration with mental health services, and personalized support based on individual preferences and strengths.

## **Early Psychosis**

- **Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP):** A team-based, multidisciplinary approach targeting individuals experiencing their first episode of psychosis. CSC provides timely and integrated support, including psychotherapy, medication management, family education, and supported employment or education services, to improve outcomes and prevent further deterioration.

## **Other**

- **Clubhouse Services:** Community-based centers that offer a supportive environment for individuals with mental health conditions. Clubhouses provide opportunities for socialization, skill development, employment, and education, fostering a sense of belonging and purpose among members.

**BYLAWS OF THE  
CITY OF BERKELEY BEHAVIORAL HEALTH COMMISSION**

**ARTICLE I – NAME**

The name of this Commission shall be the **Berkeley Behavioral Health Commission**.

**ARTICLE II - AUTHORITY**

The authority of the **Berkeley Behavioral Health Commission** is established pursuant to California Welfare and Institutions Code (WIC) 5604.

**ARTICLE III - DUTIES**

The duties of the Behavioral Health Commission (as defined in section 5604.2 and 5963.03 of the Welfare and Institutions Code) are as follows:

1. Review and evaluate the community’s public behavioral health needs, services, facilities, and special problems in any facility within the jurisdiction where behavioral health evaluations or services are being provided, including, but not limited to: schools, emergency departments, and psychiatric facilities.
2. Review any City agreements entered into pursuant to Section 5650. The local behavioral health commission may make recommendations to the City Council regarding concerns identified within these agreements.
3. Advise the Berkeley City Council and the Berkeley Behavioral Health Division Manager as to any aspect of the local behavioral health program. Local behavioral health commissions may request assistance from the local patients’ rights advocates when reviewing and advising on mental health or substance use disorder evaluations or services provided in public facilities with limited access.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and/or substance use disorder and their families, community members, advocacy organizations, and behavioral health professionals. It shall also include other professionals that interact with individuals living with mental illnesses/substance use on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
5. Submit an annual report to the City Council on the needs and performance of the behavioral health system of the City of Berkeley.
6. Review and make recommendations on applicants for the appointment of a local director or manager of behavioral health services. The commission shall be included in the selection process prior to the vote of the governing body.

7. Review and comment on the City's performance outcome data and communicate its findings to the California Mental Health Planning Council.
8. Assess the impact of the realignment of services from the state to the City on services delivered to clients and on the local community.
9. Perform such additional duties as may be assigned to the Behavioral Health Commission by the Berkeley City Council.
10. Behavioral Health Services Act (BHSA) Duties from WIC Code Section (5963.03)
  - a. Conduct BHSA Hearing: The Behavioral Health Commission established pursuant to Section 5604 shall conduct a public hearing on the draft three-year integrated plan [optional: "and annual updates"] at the close of the 30-day comment period.
  - b. Review/Recommendations on Adopted BHSA Plan: The Behavioral Health Commission shall review the adopted plan or update and make recommendations to the local mental health agency or local behavioral health agency, as applicable, for revisions. The local mental health agency or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive [see (f) below] recommendations made by the local mental health commission that are not included in the final plan or update.

For purposes of this section, "substantive recommendations made by the local behavioral health commission" means any recommendation that is brought before the commission and approved by a majority vote of the membership present at a public hearing of the local behavioral health commission that has established its quorum.

## ARTICLE IV - MEMBERSHIP

A. **Membership Requirements:** Membership is defined in accordance with California Welfare & Institutions Code (WIC) Section 5604 to include:

1. The Behavioral Health Commission shall consist of 13 members appointed by the City Council.
2. One (1) member shall be the Mayor of the City of Berkeley or a member of the Berkeley City Council designated to serve in the place of the Mayor.
3. Fifty percent (50%) of the commission membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services. Within these categories:
  1. One (1) of these members shall be an individual who is 25 years of age or younger.
  2. At least twenty percent (20%) of the total membership shall be consumers, and at least 20 percent (20%) shall be families of consumers.
4. In counties/cities with a population of 100,000 or more, at least one (1) member of the commission shall be a veteran or veteran advocate.
  1. For purposes of this section, "veteran advocate" means either a parent, spouse, or adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.
  2. To comply with clause (i), the City shall notify its county veterans service officer about vacancies on the commission, if a county has a veterans service officer.
5. At least one member (1) of the commission shall be an employee of a local education agency. (ii) To comply with clause (i), a county/city shall notify its county office of education about vacancies on the commission.
6. Membership should reflect the ethnic, cultural, racial and LGBTQ+ diversity of the clients served in the county/city.
7. The Behavioral Health Commission is encouraged to include individuals who have experience with and knowledge of the mental health system, such as members of the community that engage with individuals living with mental illness 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 departments, city police chiefs, county sheriffs, and community and nonprofit service providers.
8. Except as provided in the next paragraph, a member of the commission or the member's spouse shall not be a full-time or part-time City employee of a City behavioral health service, a full-time or part-time County employee of a County behavioral health service, or an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a behavioral health contract agency.
9. A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the commission. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the commission.
10. If it is not possible to secure membership as specified from among persons who reside in the City, the Berkeley City Council may substitute representatives of the public interest in behavioral health who are not full-time or part-time employees (except as noted below\*) of a City behavioral health service, a full-time or part-time County employee of a County behavioral health service, or an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a

Internal

behavioral health contract agency. \*Section 5604 of the California Welfare and Institutions Code (3) (d) (1) and (2) states that Consumers may be employed by City or county behavioral health services or behavioral health contract agency as long as they don't have any financial or contractual interest, and are not allowed to vote on any financial or contractual issues concerning their employer that may come before the Commission.

11. Terms of Office: Terms for each member of the Behavioral Health Commission shall be three years. Members shall be limited to two consecutive, three year terms unless waived by a majority vote of the Berkeley City Council.
12. Compensation: No member shall be compensated for duties performed as a member of the Behavioral Health Commission. Notwithstanding the previous sentence, a member may be reimbursed for the actual costs of attending meetings, conferences or similar gatherings if attendance at the meeting, conference or similar gathering is approved in advance in writing by the Behavioral Health Commission Chair and the Berkeley Behavioral Health Division Manager.

**B. Process and Participation Requirements:** A member of the Behavioral Health Commission must:

1. Be appointed by the Berkeley City Council.
2. Take the Oath of Office administered by the Clerk of the Berkeley City Council.
3. Maintain a satisfactory meeting attendance record to Behavioral Health Commission meetings and other assignments.
4. Comply with all applicable regulations of the Fair Political Practices Commission, including, but not limited to, preparing and filing FPPC Form 700, if required, within 30 days of appointment and annually prior to April 1<sup>st</sup> of each year.
5. Keep any confidential information obtained while performing duties as a Behavioral Health Commission member confidential.
6. Participate in site visits of a behavioral health facility or program, at least once per year, unless excused by the Executive Committee.
7. The activities and affairs of individual members of the Behavioral Health Commission, when acting as Commission members, shall be conducted, and powers exercised, by and under the direction of the Behavioral Health Commission and these bylaws.

### **C. Recruitment of Members**

1. Responsibility for Recruitment. Recruitment of prospective members of the Berkeley Behavioral Health Commission shall be the responsibility of individual members of the Berkeley City Council and members of the Behavioral Health Commission who may recommend appointees to the City Council. An effort will be made to recruit individuals who have experience with and knowledge of the behavioral health system. This would include members of the community that engage with individuals living with mental illness 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 departments, city police chiefs, county sheriffs, and community and nonprofit service providers.

2. Berkeley City Council Recruitment. City Council members are encouraged to nominate individuals from their respective district to facilitate wider representation across the City of Berkeley, for a total of ten Behavioral Health Commission members to be nominated and appointed by the City Council. The City Council may accept more than one nomination from each district based on interest and willingness of community members to serve.
3. Recruitment by the Behavioral Health Commission- Interview and Recommendation. All applicants, except those nominated directly by the City Council, shall initially be interviewed by at least two members of the Behavioral Health Commission. Names of the applicants recommended shall be presented to the full Behavioral Health Commission for its consideration. Those applicants recommended by the Behavioral Health Commission shall then be referred to the City Council with a recommendation they be appointed to the Berkeley Behavioral Health Commission.

## ARTICLE V - MEETINGS

1. Annual Meetings. There shall be a regular meeting, which shall constitute the annual meeting of the Behavioral Health Commission, to be held on the fourth Thursday of January of each year at which time a meeting schedule (that includes regular meeting day, time and location will be adopted for the next twelve months, and elections held. If the fourth Thursday of January falls on a Holiday, the meeting shall be held on the third Monday of July.
2. Regular Meetings of the Behavioral Health Commission may be held at such time and place as is established by the annual meeting schedule.
3. Special Meetings. Special meetings, for any purpose or purposes related to the business of the Behavioral Health Commission, may be called at any time by the Chair of the Commission or by a majority of the Commission members.
4. Notice of Annual and Regular Meetings. Meeting agendas shall be posted 72 hours in advance on the city's website and given to each member of the Behavioral Health Commission by one or more of the following methods: (a) by personal delivery of written notice; (b) by first class mail, postage prepaid; (c) by fax transmittal or e-mail of written notice; or (d) by telephone, text or email, either directly to the member or to a person at the member's office or home who would reasonably be expected to communicate that notice promptly to the member. Notices sent by first class mail shall be deposited in the U.S. Mail not less than five days before the time set for the meeting. Notice given by personal delivery, fax, E-mail, or telephone shall occur at least 72 hours before the time set for the meeting. The notice shall be posted at least 72 hours prior to the meeting in a location that is freely accessible to members of the public.
5. Notice of Special Meeting. A special meeting may be called at any time by the Chair of the Behavioral Health Commission or by a majority of the Behavioral Health Commission members. Notice of special meetings shall be posted 24 hours in advance on the city's website and shall be provided to each member of the Behavioral Health Commission and to local media that has requested notice. The notice

shall be delivered personally or by any other means and shall be received at least 24 hours before the time of the meeting as specified in the notice. The notice shall specify the time and place of the special meeting and the business to be transacted or discussed. No other business shall be considered at these meetings by the Commission. The notice shall be posted at least 24 hours prior to the special meeting in a location that is freely accessible to members of the public.

## **ARTICLE VI - OFFICERS**

1. Officers of the Commission. The officers of the Commission shall consist of a Chair and Vice-Chair.
2. Election of Officers. The offices of Chair and Vice-Chair shall be elected at the annual meeting of the Commission and those elected shall serve for a term of at least one but not more than two consecutive years. It is the non-binding policy of the Commission that the Vice-Chair will be the person that will normally be elected to serve as Chair in the year following service as Vice-Chair.

If the Chair's office is vacated prior to the end of the one year term, the Vice Chair shall assume the Chair's office and a replacement Vice Chair shall be nominated at the next regularly scheduled meeting. The election vote for the new Vice Chair shall be held at the next regularly scheduled meeting following the nomination meeting.

## **ARTICLE VII - DUTIES OF OFFICERS AND OTHER COMMISSION POSITIONS**

Duties of the Officers of the Commission. The duties of the officers of the Behavioral Health Commission shall be as follows:

1. Chair: It shall be the duty of the Chair to prepare the agenda for and preside over all regular and special meetings of the Commission; to appoint Committee and Work Group chairs; coordinate existing Committees and Work Groups; serve as an ex-officio member of all Committees and Work Groups; call special meetings of the Commission when necessary; and be in regular consultation with the Manager of the Behavioral Health Division.
2. Vice-Chair: It shall be the duty of the Vice-Chair to assist the Chair in the execution of duties and to perform Chair duties during the Chair's absence. In case of the resignation, leave of absence, or the death of the Chair, the Vice-Chair shall perform such duties as are imposed on the Chair until such time as the Behavioral Health Commission elects a new Chair.
3. Upon the expiration of his or her term of office, or in the case of resignation, each Officer shall turn over to his or her successor, without delay, all records and materials pertaining to the office.

## **ARTICLE VIII - COMMITTEES**

1. The following Standing Committee is created:

An Executive Committee. The Executive Committee, will be composed of the current and past Chair, Vice Chair, and three Members-at-Large. The term of Executive Committee members shall coincide with their terms as members of the Commission. The Executive Committee shall be responsible for the overall management of the activities and business of the Behavioral Health Commission. This includes, but is not necessarily limited to, the following:

- a. Establishing and overseeing of Ad Hoc Committees (short term workgroups); coordinating selection and implementation of site visits; approving Behavioral Health Commission agendas; drafting policies and procedures for Behavioral Health Commission approval; and selecting Work Group and Committee chairs on the recommendation of the Behavioral Health Commission Chair.
  - b. Selection of Members-at-Large. Any member of the Behavioral Health Commission, other than the Chair, Vice-Chair and past Chair, can potentially be a Member-at-Large. In July of each year, the Chair, Vice-Chair and past Chair, will make recommendations for three Members-at-Large to be approved by vote of the Behavioral Health Commission each August. Prior to the vote on these recommendations, the floor will be open to Commission members for additional nominations. Members-at-Large will attend and participate in Executive Committee meetings. Members-at-Large will have voting rights during Executive Committee meetings.
2. Standing Committees may be established or eliminated by the Behavioral Health Commission. Standing Committees have ongoing responsibilities concerning a particular subject matter that is not time limited. Committees and Work Groups will conduct meetings in accordance with the Brown Act (Government Code Section 54950 et seq.) to the extent applicable.

#### **ARTICLE IX - ATTENDANCE & VACANCIES ON THE COMMISSION**

1. All Behavioral Health Commission members are required to contact the Behavioral Health Commission Chair or staff liaison to the Behavioral Health Commission prior to a meeting if they are unable to attend. Failure to do so will result in an unexcused absence.
2. A Commission member may be deemed by the Executive Committee to have ceased their duties as a Behavioral Health Commission member based on attendance and/or performance of other assigned duties. If after review the Executive Committee determines the member should be removed, a recommendation will be made to the full Behavioral Health Commission. Upon a two thirds vote, the Behavioral Health Commission may recommend the removal of the member to the Commission of Supervisors.
3. When a vacancy occurs, the staff liaison to the BHB shall advise the Commission of Supervisors and the Executive Committee will commence the recruitment for a replacement.

#### **ARTICLE X - RESIGNATIONS AND LEAVES OF ABSENCE**

1. Any member may resign effective upon giving notice to the Chair, the Vice Chair or the staff liaison to the Behavioral Health Commission.
2. A Commission Member who does not wish to resign and who needs leave from Commission commitments, may request a leave of absence for personal reasons. The request must be submitted in writing to the Chair of the Behavioral Health Commission. The Executive Committee may approve his or her request for a period of time that does not exceed 6 months.

## **ARTICLE XI - MEETINGS, QUORUMS, AND RULES OF ORDER**

1. The Behavioral Health Commission shall meet monthly or as scheduled on the Commission's approved annual calendar of meetings.
2. A quorum shall consist of 50% plus one of the appointed members. Members who are on an approved leave of absence will not count toward establishing a quorum.
3. Meetings of the Behavioral Health Commission shall be governed by Rosenberg's Rules of Order and shall comply with the Brown Act.

## **ARTICLE XII - AMENDMENTS TO BYLAWS**

These bylaws may be amended at any meeting of the Behavioral Health Commission by a two-thirds vote of its membership when reasonable advance notice has been given as described below.

The Behavioral Health Commission shall use the following procedure when amending the Bylaws.

1. Proposals for change shall be noticed on the Behavioral Health Commission agenda and a written copy sent to all [Example] County Behavioral Health Commission members a minimum of five days prior to the meeting date on which proponents wish consideration and a vote on the change.
  - a. The Behavioral Health Commission must approve the change by a two-thirds majority of those members in attendance at a regular or special meeting at which a quorum is present.
  - b. The change, as approved, is to be signed and dated by the Behavioral Health Commission Chair.
  - c. The changed and revised copy of the Bylaws is then forwarded to the [Example] County Commission of Supervisors for their review and approval.
  - d. A copy of approved changed Bylaws is to be provided to each [Example] County Behavioral Health Commission member at the next regularly scheduled meeting.
  - e. Approved Bylaws are to be filed with the Behavioral Health Agency staff liaison. Additionally, an appropriate historical log of all Bylaw changes and the date of the change are to be maintained by the

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behavioral health agency staff liaison. The historical log is to be distributed to all Behavioral Health Commission members whenever “Proposals for Changes” are distributed.

- f. All members will be provided with a set of the current Behavioral Health Commission Bylaws and Policies and Procedures.

### **ARTICLE XIII - POLICIES AND PROCEDURES**

The Behavioral Health Commission may establish Policies and Procedures on matters not covered by these Bylaws.

**Works-Wright, Jamie**

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**From:** Office of the Director of Police Accountability  
**Sent:** Wednesday, February 19, 2025 1:28 PM  
**To:** Berkeley/Albany Mental Health Commission  
**Subject:** RSVP for "Honoring Black Voices, Advancing Justice"  
**Attachments:** BHM Community Visioning Session Flyer .pdf

Dear Mental Health Commission Members,

As we continue to honor Black History Month, we are excited to invite you to an important community visioning session, **Honoring Black Voices, Advancing Justice**—hosted by the Office of the Director of Police Accountability. This event will offer an opportunity for reflection and discussion on the future of police accountability and public safety in Berkeley, with insights from **Equity in Policing Expert Carlton Mayers** and **City of Berkeley Diversity, Equity, and Inclusion Officer Rex Brown**.

We believe this session is a great opportunity for Mental Health Commission members to engage with crucial conversations around justice and equity, and we encourage you to participate in this vital community dialogue.

**Location:** Office of the Director of Police Accountability, 1900 Addison Street, 3rd Floor

**Date & Time:** Wednesday, February 26, 2025 | 6:00 PM – 8:30 PM

**Space is limited:**

- In-person attendance: 35 participants
- Virtual (Zoom): 40 participants (Zoom link provided upon registration)

To ensure your participation, please RSVP by Monday, February 24, 2025.

**RSVP here:** <https://tinyurl.com/odpabhm>

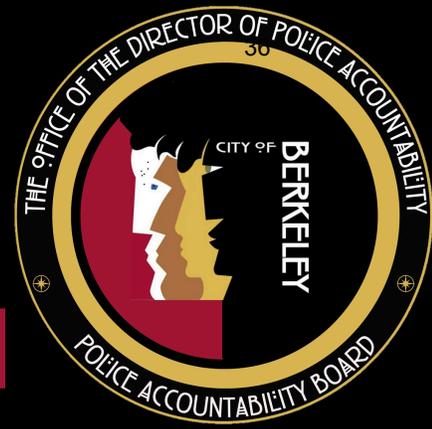
We hope you will join us as we work together to create a more just, accountable, and inclusive future for all.

In Solidarity,

Office of the Director of Police Accountability  
1900 Addison Street, 3rd Floor  
Berkeley, CA 94704  
(510) 981-4950

CONFIDENTIALITY NOTICE: This message, including any attachments, is intended solely for the use of the intended recipient(s) and may contain confidential information. If you are not the intended recipient or an authorized agent thereof, you are hereby notified that any dissemination, disclosure, or copying of this message, or any attachment, is strictly prohibited. If you have received this message in error, please immediately notify the sender by reply email and delete the message from your files.

# HONORING BLACK VOICES, ADVANCING JUSTICE: COMMUNITY VISIONING SESSION



BLACK COMMUNITIES & POLICE ACCOUNTABILITY: LESSONS FROM THE PAST, ACTION FOR THE FUTURE

Join the Office of the Director of Police Accountability (ODPA) for a community visioning session in honor of Black History Month.

We want to hear your thoughts on how to improve oversight and build trust with the Berkeley Police Department.

MODERATED BY



CARLTON MAYERS,  
EQUITY IN POLICING EXPERT  
CEO FOR MAYERS STRATEGIC SOLUTIONS, LLC\*



REX BROWN  
DEI OFFICER FOR THE CITY OF  
BERKELEY

TO REGISTER:  
CLICK THE LINK

<https://tinyurl.com/odpabhm>, OR  
SCAN THE QR CODE, OR  
EMAIL [DPA@BERKELEY.GOV](mailto:dpa@berkeley.gov)



## DATE & TIME

Wednesday, February 26  
6:00 PM- 8:30 PM

## ZOOM



Link will be emailed to registered participants before the event starts

## LOCATION

1900 Addison Street,  
3rd Floor,  
Berkeley, CA 94704

PROMOTING PUBLIC TRUST THROUGH INDEPENDENT, OBJECTIVE, CIVILIAN OVERSIGHT OF THE BERKELEY POLICE DEPARTMENT

✉ [dpa@berkeleyca.gov](mailto:dpa@berkeleyca.gov) ☎ 510-981-4950 🌐 <https://berkeleyca.gov/dpa>

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Monday, February 3, 2025 11:42 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Meeting Notice: Performance Outcomes Committee Meeting | February 12, 9 am - 10:30 am  
**Attachments:** Performance-Outcomes-Committee-February-2025-Agenda.pdf

Hello Commissioners,

Please see the information and flyer attached to the email

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](mailto:JWorks-Wright@berkeleyca.gov)  
 Office: 510-981-7721 ext. 7721  
 Cell #: 510-423-8365




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**From:** CAL BHBC <cal@calbhbc.com>  
**Sent:** Monday, February 3, 2025 11:38 AM  
**Subject:** Meeting Notice: Performance Outcomes Committee Meeting | February 12, 9 am - 10:30 am

**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.

Dear Board/Commission Members and Agency Staff,

Below is meeting information from the "CA Behavioral Health Planning Council". They are involved in approving performance outcome measures, and are holding a meeting that will include a presentation regarding the measure selection process.

Please note related CALBHB/C information:

[Performance Outcomes Issue Brief](#)  
[Performance Outcomes Web Pages](#)

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## *From* The CA Behavioral Health Planning Council

CBHPC Performance Outcomes Committee Meeting

February 23, 9 am - 10:30 am

Agenda is Attached

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Greetings Partners,

The California Behavioral Health Planning Council's (CBHPC) Performance Outcomes Committee will be holding an interim meeting on **February 12, 2025**, from **9:00 a.m. – 10:30 a.m.** The purpose of this meeting is to receive information from the Department of Health Care Services about the measure selection process of the **Quality and Equity Advisory Committee** (QEAC), and to provide input to the Department on behavioral health measures. You can find more information about the QEAC, such as meeting materials from their past meetings, at this [BHT Stakeholder Engagement](#) page on the DHCS website.

We invite you to join our meeting and provide public comment on this topic. Public comment is scheduled for 10:05 am on the agenda.

The agenda for the meeting is posted on the [committee website](#), and is attached for your convenience as well.

Details to access this meeting are below:

Join by clicking on the Zoom [link](#)

Call-in: (669) 900-6833

Meeting ID: 846 3251 0318

Passcode: 986978

If you would like to attend the meeting in person, please notify Justin Boese at [Justin.Boese@cbhpc.dhcs.ca.gov](mailto:Justin.Boese@cbhpc.dhcs.ca.gov).

Thank you for your ongoing collaboration. We hope to see you at our meeting!

# California Behavioral Health Planning Council

## Performance Outcomes Committee Agenda

Wednesday, February 12, 2025

9:00 am to 10:30 am

Virtual Meeting

[Zoom Meeting Link](#)

Call-in #: 1 669 900 6833

Meeting ID: 846 3251 0318

Passcode: 986978

- |                 |   |              |
|-----------------|---|--------------|
| <b>9:00 am</b>  | <b>Welcome, Introductions, and Housekeeping</b><br><i>Noel O'Neill, Chairperson</i>   |              |
| <b>9:05 am</b>  | <b>Address from the Executive Officer</b><br><i>Jenny Bayardo, Executive Officer</i>  |              |
| <b>9:10 am</b>  | <b>Quality and Equity Advisory Committee<br/>Behavioral Health Measure Selection Process</b><br><i>Anna Naify, Department of Health Care Services</i> | <b>Tab 1</b> |
| <b>9:40 am</b>  | <b>Member Q&amp;A / Discussion</b><br><i>All Committee Members</i>  |              |
| <b>10:05 am</b> | <b>Public Comment</b>   |              |
| <b>10:15 am</b> | <b>Discussion / Planning Next Steps</b><br><i>Noel O'Neill, Chairperson and All</i>   |              |
| <b>10:30 am</b> | <b>Adjourn</b>  |              |

*The scheduled times on the agenda are estimates and subject to change.*

**Public Comment: Limited to a 2-minute maximum to ensure all are heard**

### **Performance Outcome Committee Members**

**Chairperson:** Noel O'Neill

**Chair-Elect:** Don Morrison

#### **Members:**

Karen Baylor

Steve Leoni

Susan Wilson

Uma Zykofsky

Erin Franco

Catherine Moore

**If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 5 working days prior to the meeting date.**

**Invited External Partners**

Theresa Comstock, CA Association of Local Behavioral Health Boards/Commissions  
Samantha Spangler, Behavioral Health Data Project

**Council Staff**

Justin Boese

Linda Dickerson

TAB 1

**California Behavioral Health Planning Council**  
**Performance Outcomes Committee**  
**Wednesday, February 12, 2025**

**Agenda Item:** Quality and Equity Advisory Committee Measure Selection Process

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item is related to the evaluation of the behavioral health system through the development of statewide performance outcomes measures.

**Background/Description:**

The Department of Health Care Services has convened the Behavioral Health Transformation (BHT) Quality and Equity Advisory Committee to support the development of a quality and equity strategy and advise the Department in improving behavioral health statewide. This committee provides the Department with guidance and recommendations on proposed statewide population behavioral health goals and associated measures. A subset of members of the Quality and Equity Advisory Committee are involved on the Technical Sub-Committee, which meets on a more frequent basis to provide DHCS with recommendations based on their expertise in behavioral health data and measurement, population health, quality improvement, and equity.

The Performance Outcomes Committee has identified that the activities of the Quality and Equity Advisory Committee regarding performance outcomes measures align with the committee's duties and interests. Several members and partners of the Performance Outcomes Committee are on the Quality and Equity Advisory Committee including Noel O'Neill, Theresa Comstock, and Samantha Spangler. Samantha is also on the Quality and Equity Advisory Committee Technical Sub-Committee.

Anna Naify, BHT Quality and Equity Workstream Lead for the Department of Health Care Services, will present to the committee on the Quality and Equity Advisory Committee. This will include a summary of the work completed so far and where the committee is currently in the measure selection process. This presentation will be followed by Q&A with the committee.

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Thursday, January 30, 2025 1:41 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Attached Handout for Commissioners  
**Attachments:** MHC\_Proposed Survey Handout.pdf

Hello Commissioners,

Please see the email below from Jose regarding the document that Jose presented at the last commission meeting.

Jamie,

I wanted to follow up about the presentation handout for the commissioners. I've attached the document. The goal is to ensure members understand this is a tool for learning and continuous improvement.

Thank you,



Jose Rios, MPA

Division Program Evaluator

Health, Housing & Community Services Department

*Mental Health Division*

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](mailto:JWorks-Wright@berkeleyca.gov)

*Office: 510-981-7721 ext. 7721*

*Cell #: 510-423-8365*



## Annual Member Continuous Improvement Survey (Commission-led)

### Survey Purpose

**Develop an annual survey** as a tool focused on learning and adapting for continuous improvement in training, support, and overall member experience. *This survey is meant to identify what's working, where support is needed, and how to ensure the commission is set up for success.*

The purpose of collecting this feedback is not to evaluate individual members but to understand the commission's experience and improve its effectiveness.

### Objectives

Commissioners will identify their own areas of focus.

For Example based on themes from last responses:

1. *Training & Onboarding Support* – Do members feel equipped to fulfill their roles?
2. *Collaboration & Engagement* – What is working well, and how can we improve interactions with external stakeholders?
3. *Impact & Effectiveness* – Do members feel their work is making a difference?

### Using Data for Actionable Insights

**Track Progress Over Time:** Each survey cycle builds on previous results.

**Ensure Transparency:** Survey results will be used to inform decisions and decide who to share it with.

### How Results Will Be Shared

**Timeline for Review & Discussion:** Decided by the Commission.

**Format of Reporting:** Electronic Survey, 10-15 questions, and summarized by themes rather than individual responses.

**Feedback Loop:** *Each year, the commission will review the results together, discuss key takeaways, and identify 1-2 priority areas that members want to focus on improving.*

Participation is completely voluntary, and all responses will remain anonymous.

### Commissioners have a Role in the Process

To ensure this process reflects the commission's needs, members are encouraged to help shape the questions or review the results before they're shared.

*This is about making sure every commissioner feels heard, supported, and has the tools they need to be effective in their role. The results will be shared with the commission to guide discussions on potential improvements and future planning.*

We appreciate your time and input in making the commission stronger and more impactful for everyone involved.

In December 2024, a self-assessment survey was sent to former Mental Health Commission members to gather feedback on their experiences while serving on the commission. The goal was not only to understand their perspectives but also to find opportunities to strengthen recruitment, improve retention.

## Themes from Responses

### Communication and Meeting Management

Challenges were raised about the clarity of expectations, and accountability.

- *"The lack of clear objectives made meetings feel aimless."*
- *"The commission's activities lacked structure, and our voices weren't being heard."*
- *"Leadership was ineffective in managing conflict, and there was a dominance of certain voices."*
- *"The local mental health system did not meaningfully consider input provided by the commission."*

### Training and Onboarding Support

While external training opportunities exist, members noted for more structured onboarding to empower members.

- *"There was no basic training provided for running effective meetings."*
- *"The commission lacked adequate training in mental health policy education."*
- *"Better onboarding is necessary to prepare new members for the responsibilities."*

### Collaboration and Interactions

Conflicts arose from unresolved concerns and repeated discussions, which prevented resolution and progress.

- *"Conflict due to personal agendas rather than the commission's goals."*
- *"Difficulties resolving disagreements caused progress to stall on several occasions."*

### Support and Resource Accessibility

Balancing commission duties with personal challenges

- *"The hybrid meeting format was inadequate and left many feeling excluded."*
- *"There was limited support for childcare, disability accommodations, and technology issues."*
- *"The lack of remote access options made participation difficult for those with disabilities."*

### Positive Community Impact and Lived Experience

Creating Opportunities for Engagement

- *"Serving on the commission allowed me to engage deeply with my community."*
- *"It was rewarding to help shape mental health policies for the community."*
- *"I valued connecting with other commissioners to discuss meaningful mental health improvements."*
- *"Learning how the mental health system works was a positive experience."*
- *"The opportunity to influence policy decisions was empowering."*
- *"Being a part of the commission allowed me to share my lived experiences for change."*

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Wednesday, January 29, 2025 2:52 PM  
**To:** Works-Wright, Jamie  
**Cc:** Harris, Shelialanna; Klatt, Karen; Buell, Jeffrey  
**Subject:** FW: Inviting the Berkeley Mental Health Commission to Forging the Future Conference on BHSA / Prop. 1  
**Attachments:** ACCESS\_Forging the Future Flyer.pdf

Internal

Hello Commissioner,

Please read below about the opportunity to attend a conference about BHSA/ Prop 1.

Let me know if you have any questions

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](mailto:JWorks-Wright@berkeleyca.gov)

*Office: 510-981-7721 ext. 7721*

*Cell #: 510-423-8365*




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**From:** Clare Cortright <ccortright@calvoices.org>  
**Sent:** Wednesday, January 29, 2025 2:37 PM  
**To:** Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>  
**Cc:** ACCESS California <access@calvoices.org>  
**Subject:** Inviting the Berkeley Mental Health Commission to Forging the Future Conference on BHSA / Prop. 1

**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.

Dear Mental Health Commission Liaison,

I am writing to cordially invite members of the Berkeley Mental Health Commission to attend the Cal Voices' Annual Statewide ACCESS Conference, *Forging the Future*, on **Friday, February 28th, 2025 in Sacramento.**

ACCESS is a program of Cal Voices funded by the Commission for Behavioral Health (formerly known as the Mental Health Services, Oversight and Accountability Commission).

As you know, the world of behavioral health is in major flux. Behavioral Health Boards are expanding. Prop. 1 (2024) created a new, County Integrated Three-Year Plan, and that process will encompass all sources of revenue for mental illness and substance use disorder services whether local, State, or Federal. Rules for spending Behavioral Health Services Act (BHSA) dollars are being overhauled in an upcoming Department of Health Care Services BHSA Policy Manual. CalAIM and BH-CONNECT have expanded mandatory and optional Medi-Cal services, and Counties are implementing CARE Act and conservatorship laws. All these factors and more will be part of the fast-approaching BHSA Community Planning Process to create Integrated Three-Year Plans.

*Forging the Future* will give conference attendees a foundation to understand these complex changes as we head into the Community Planning Process. Cal Voices will provide a policy update that spells out the major components of California's Behavioral Health Transformation. Expert panel discussions will drill down into the real world effects of pivotal changes and choices. Attendees will have an opportunity to give feedback directly to the California Behavioral Health Planning Council at a listening session to close the day.

We'd love to see you there. Please also feel free to circulate this announcement to any person or organization who may also be interested.

For questions, please feel free to reach out to the ACCESS team at [ACCESS@calvoices.org](mailto:ACCESS@calvoices.org) or 916-573-0522.

Regards,

Clare

**Clare Cortright, Esq.**  
ADVOCACY DIRECTOR



**EMAIL** | [ccortright@calvoices.org](mailto:ccortright@calvoices.org)

**OFFICE** | (916) 366-4600

**CELL** | (707) 653-2490

**WEB** | [www.calvoices.org](http://www.calvoices.org)

**PRONOUNS** | she/her

**\*\*\* PRIVACY NOTICE \*\*\***

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# FORGING THE FUTURE

INFORMING BEHAVIORAL HEALTH ADVOCACY FOR THE PROP 1 ERA

FRIDAY, FEBRUARY 28, 2025 • 9:00 AM – 5:00 PM • THE CENTER AT 2300 • 2300 SIERRA BLVD, SACRAMENTO, CA 95825



*ACCESS California is a program of Cal Voices funded by the Mental Health Services Act (MHSA) and administered by the Commission for Behavioral Health (CBH).*

Friday, February 28, 2025  
9:00 AM - 5:00 PM

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The Center at 2300  
2300 Sierra Boulevard  
Sacramento, CA 95825

Join Cal Voices' ACCESS California program for a full-day event that explores the state's goals for Behavioral Health Transformation and its ongoing efforts to implement the Behavioral Health Services Act/Proposition 1, approved by voters in March 2024. Guest speakers will discuss how recent legislation and new policy priorities are changing California's Public Behavioral Health System, and how these changes are likely to affect key stakeholder constituencies, particularly behavioral health clients/consumers. The California Behavioral Health Planning Council will conduct an afternoon listening session with attendees.

## Event Highlights

- Free breakfast, lunch, snacks, and refreshments
- Free parking
- Listening session hosted by the California Behavioral Health Planning Council
- Continuing Education training hours for Certified Medi-Cal Peer Support Specialists
- Activities and prizes

## Registration Info

- Space is limited
- Registration is required
- Register by Wednesday, February 19, 2025
- Registration fee: \$75.00
- Discounts, fee waivers, and travel stipends are available to eligible individuals

**Register Here:**

<https://survey.alchemer.com/s3/8142821/ACCESS-2025-Conference-Registration>



CONTACT US:

(916) 573-0522

ACCESS@calvoices.org

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Monday, January 27, 2025 9:41 AM  
**To:** Works-Wright, Jamie  
**Subject:** Agenda items and questions for presenters Feb MHC meeting

Hello Commissioners,

The next commission meeting will take place on Thursday, February 27, 2025

If you would like to add anything to the agenda please submit your items by **February 7<sup>th</sup>** and if you would like to add anything to the packet, please send by **February 14**.

Karen Klatt will be attending the meeting to provide up-to-date information on the MHSA FY26 Annual Update and BHSA. If there is specific information that you all are hoping she can cover at the meeting, please have those questions to me by February 7th so she has time to prepare.

If you have questions for Jeff please submit by **February 7<sup>th</sup>** as well.

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](mailto:JWorks-Wright@berkeleyca.gov)

*Office: 510-981-7721 ext. 7721*

*Cell #: 510-423-8365*



## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Monday, January 27, 2025 7:58 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Mental Health Advisory Board Meeting (January 27, 2025)  
**Attachments:** MHAB Main Board Agenda (January 2025).pdf; MHAB Main Board Meeting UNAPPROVED Minutes (November 2024) .pdf; MHAB Amended Bylaws 2025 (DRAFT).pdf; MHAB Annual Report FY 2023-2024 (DRAFT).pdf; BHCIP Update (December 2024).pdf; MHAB Calendar 2025 .pdf

Please see the information below about the meeting today.

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](mailto:JWorks-Wright@berkeleyca.gov)

*Office: 510-981-7721 ext. 7721*

*Cell #: 510-423-8365*




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

**Sent:** Friday, January 24, 2025 3:02 PM

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

**Subject:** Mental Health Advisory Board Meeting (January 27, 2025)

**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 meeting scheduled for **Monday, January 27, 2025 at 3:00 PM.**

This will be an in-person meeting to be held at 2000 Embarcadero Cove, Suite 400 (*Gail Steele Conference Room*) in Oakland. 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/84285334458?pwd=bURyU1JqS2YvVGhRU2g4SW5yL0xRQT09>

**Webinar ID: 842 8533 4458**

**Passcode: 269505**

Or Telephone:

(404) 443-6397

(877) 336-1831

**Conference code: 988499**



Alameda County  
Mental Health Advisory Board

# Mental Health Advisory Board Agenda

January 27, 2025 | 3:00 PM – 5:00 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/84285334458?pwd=bURyU1JqS2YvVGHrU2g4SW5yL0xRQT09>

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

Webinar ID: 842 8533 4458 | Webinar code: 269505

<b>MHAB Members:</b>	<b>Brian Bloom</b> (Chair, District 4) <b>Terry Land</b> (Vice Chair, District 1) <b>Jennifer DeGroat-Penney</b> (District 1) <b>Carolynn Gray</b> (District 2) <b>Gina Lewis</b> (District 2)	<b>Thu Quach</b> (District 2) <b>Ashlee Jemmott</b> (District 3) <b>Shannon Johnson</b> (District 3) <b>Yuliana Wiser-Leon</b> (District 3) <b>Warren Cushman</b> (District 4)	<b>Mary Hekl</b> (District 4) <b>Larry Brandon</b> (District 5) <b>Olivia Daprile</b> (District 5) <b>Juliet Leftwich</b> (District 5)
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**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. Approval of Minutes
- 3:05 PM III. Public Comment
- 3:10 PM IV. MHAB Chair’s Report
- 3:15 PM V. MHAB Announcements
- 3:20 PM VI. ACBHD Director’s Report
- 3:25 PM VII. Approve MHAB Amended Bylaws (**Action Item**)
- 3:45 PM VIII. Site Visit to Cherry Hill Sobering Center & Detox Facility Report
- 4:05 PM IX. Approve MHAB FY 2023-2024 Annual Report Recommendations (**Action Item**)
- 4:40 PM X. Committee and Liaison Reports
  - A. Adult Committee
  - B. Criminal Justice Committee
  - C. Children’s Advisory Committee
  - D. Care First, Jails Last Ad Hoc Committee
  - E. MHSA Stakeholder Committee
  - F. Budget Stakeholder Advisory Committee
  - G. Berkeley Mental Health Committee
- 4:50 PM XI. Public Comment
- 5:00 PM XII. Adjournment

Contact the Mental Health Advisory Board at [ACBH.MHBCcommunications@acgov.org](mailto:ACBH.MHBCcommunications@acgov.org)



**Mental Health Advisory Board UNAPPROVED Minutes**  
**Monday, November 18, 2024 | 3:00 PM - 5:00 PM**

Meeting Conducted In-Person and through Video/Telephone Conference



**Alameda County**  
**Mental Health Advisory Board**

<p><b>MHAB Members:</b></p>	<p> <input checked="" type="checkbox"/> <b>Brian Bloom</b> (Chair, District 4)                    <input checked="" type="checkbox"/> <b>Thu Quach</b> (District 2)                    <input checked="" type="checkbox"/> <b>Mary Heki</b> (District 4)  <input checked="" type="checkbox"/> <b>Terry Land</b> (Vice Chair, District 1)                    <input checked="" type="checkbox"/> <b>Ashlee Jemmott</b> (District 3)                    <input type="checkbox"/> <b>Lawrence Brandon</b> (District 5)  <input checked="" type="checkbox"/> <b>Jennifer DeGroat-Penny</b> (District 1)                    <input checked="" type="checkbox"/> <b>Shannon Johnson</b> (District 3)                    <input checked="" type="checkbox"/> <b>Juliet Leftwich</b> (District 5)  <input checked="" type="checkbox"/> <b>Carolynn Gray</b> (District 2)                    <input checked="" type="checkbox"/> <b>Yuliana Wiser-Leon</b> (District 3)                    <input checked="" type="checkbox"/> <b>Olivia Daprile</b> (District 5)  <input checked="" type="checkbox"/> <b>Gina Lewis</b> (District 2)                    <input checked="" type="checkbox"/> <b>Warren Cushman</b> (District 4)                    <input checked="" type="checkbox"/> <b>Amy Shrago</b> (BOS Representative)             </p>
<p><b>ACBH Staff:</b></p>	<p> <input checked="" type="checkbox"/> <b>Dr. Karyn Tribble</b> (ACBHD Director)                    <input checked="" type="checkbox"/> <b>Dainty Castro</b> (MHAB Liaison)  <input checked="" type="checkbox"/> <b>James Wagner</b> (ACBHD Deputy Director, Clinical Operations)                    <input checked="" type="checkbox"/> <b>Asia Jenkins</b> (ACBHD Admin Support)  <input checked="" type="checkbox"/> <b>Vanessa Baker</b> (ACBHD Deputy Director, Plan Administration)             </p>
<p><b>Excused Absences:</b></p>	<p></p>

Meeting called to order at 3:05 PM by Chair Brian Bloom.

ITEM	DISCUSSION	DECISION/ACTION
<p><b>Roll Call / Introductions</b></p>	<p>Roll call was completed.</p>	
<p><b>Approval of Minutes</b></p>	<p>The meeting minutes from October 21, 2024 were adopted with two revisions and unanimously approved.</p>	
<p><b>Public Comments</b></p>	<p>There were no public comments given.</p>	
<p><b>MHAB Chair's Report</b></p>	<p>MHAB Chair Bloom provided the following report:                       Main Board Meeting for 2025: Due to county holiday observances in January and February 2025, the MHAB main board meeting will be rescheduled to the fourth Mondays of both months: January 27 and February 24, 2025.</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p><u>Revision of MHAB Bylaws</u>: Modifications to the bylaws will be made in advance and will be presented to the full board at the next meeting for review and approval.</p> <p><u>Future Agenda Topics</u>: Mobile Crisis and the Full-Service Partnership Assessments that were mandated by the Disability Rights Settlement is expected to be completed the beginning of 2025. It might be a worth</p> <p><u>MHAB Website</u>: A follow-up reminder for members who have not yet submitted their headshots and biographies for the MHAB webpage.</p> <p><u>Board Committee Sign-up Sheet</u>:</p> <ul style="list-style-type: none"> <li>• <i>Children’s Advisory</i>: Members Members Jemmot, Gray, Lewis, De-Groat Penney, Heckl, Daprile, and Wisser-Leon expressed their interest in this committee. Chair Bloom encouraged the committee to decide a monthly meeting time and provide and update report at the next meeting.</li> <li>• <i>Criminal Justice</i>: Chair Bloom, Vice Chair Land and Members Leftwich, Brandon, and Johnson expressed interest in participating in this committee. This committee is on hold as the members are devoting their energy to the Care First, Jails Last Ad Hoc Committee.</li> <li>• <i>Care First, Jails Last Ad Hoc</i>: Chair Bloom, Members Jemmott, Leftwich, Heckl, Daprile and Johnson expressed interest in participating. This committee meets in-person every first Thursday of the month from 1:00 PM to 2:30 PM in the ACBHD Office located at 2000 Embarcadero Cove, 5<sup>th</sup> Floor.</li> <li>• <i>Site Visit</i>: Member Gray has volunteered to pursue the Substance Use Disorder (SUD) facility site visit and is encouraged to connect with ACBHD Deputy Director, James Wagner for assistance.</li> <li>• <i>Berkeley Mental Health Commission</i>: There are currently no member interested in liaising for this committee. Chair Bloom encouraged the members to reconsider.</li> <li>• <i>ACBHD Budget Stakeholder Advisory Committee (BSAC)</i>: Member Lewis volunteered to be the board’s liaison.</li> </ul>	

ITEM	DISCUSSION	DECISION/ACTION
	<ul style="list-style-type: none"> <li>• <i>M/BHSA Stakeholders Committee</i>: Vice Chair Land and Member Gray are the liaison to this committee.</li> </ul> <p><u>Annual Report</u>: The draft letter to the Board of Supervisors regarding MHAB's Annual Report is included in the material packet for this meeting. Member Quach highlighted the need for additional time to discuss and plan the report. To further discuss the contents of the recommendation, Chair Bloom indicated that a special meeting will be held and a doodle poll will be sent to determine member's availability.</p> <p>Other Meeting Announcements:</p> <ul style="list-style-type: none"> <li>• BOS Public Protection Committee is scheduled for November 21, 2024 at 10:30AM.</li> <li>• Agenda items to be discussed are</li> <li>• CARE Court continuing education session is scheduled for November 21, 2024</li> <li>• BOS Meeting is scheduled for December 10, 2024 at 10:00 AM.</li> </ul>	
<b>MHAB Announcements</b>	No announcements were given.	
<b>ACBHD Director's Report</b>	<p>Alameda County Behavioral Health Department (ACBHD) Director, Dr. Karyn Tribble provided the following update/announcements:</p> <p><u>Behavioral Health Collaborative of Alameda County</u>: Dr. Tribble encouraged the group to review of Behavioral Health Collaborative of Alameda County's 2024 Impact Report. This report discusses the number of individuals served in specific areas. Copies were provided at the meeting.</p> <p><u>SB 43 BOS Update</u>: The BOS presentation scheduled for December 10, 2024 may be rescheduled per AC Health. An update will be shared once the date and time has been confirmed by the BOS Office.</p> <p><u>CARE Court</u>: Officially begins on December 1, 2024. However, since the day falls on a Sunday, it will begin on Monday, December 2<sup>nd</sup>. The court has already begun accepting community/petioners' filings ahead of time. The first court date hearing is scheduled for December 12, 2024.</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p><u>Psychiatric Advance Directives (PADs)</u>: This directives are similar to health care directives and are required by CARE Court legislation. They ensure individuals can make decisions about their psychiatric or mental health care in advance of an emergency when they're unable to do so themselves. PADs must be in place before discharge from the CARE Court program and will support ongoing treatment, services, and housing in the community for long-term recovery. The state defines PADS as tools to guide care during future episodes of impairing illness, aligned with the individuals' expressed interests, and to protect against negative outcomes. These directives will remain with individuals for use in any future crises.</p>	
<p><b>Data Notebook</b></p>	<p>Chair Bloom shared that the Executive Committee discussed the Data Notebook survey in its entirety and recommends that the full board approves its submission as it is due back to the state on November 30, 2024.</p> <p>There was a robust discussion, specifically regarding Question 16, but ultimately a motion has been presented. The motion proposed the deletion of B (Criminal Justice Involvement); C (Housing Status) and F (Lanterman-Petris-Short Conservatorship); and the addition of G (Rates of Self-Harm and Suicide) and H (School-Based Wellness for Children/Youth). The board confirmed the selection of A, D E, G and H.</p> <p>The motion was approved with all in favor, except for one opposition.</p>	
<p><b>Committee &amp; Liaison Reports</b></p>	<p><i>Adult Committee</i>: Matthew Madaus, Executive Director of Behavioral Health Collaborative of Alameda County provided a presentation regarding CalAIM. The meeting was recorded and can be viewed on the MHAB website. This committee meets every fourth Tuesday of the month from 4:00PM to 5:00 PM.</p> <p><i>Criminal Justice Committee</i>: This committee is on hiatus while its members focuses on the Care First, Jails Last Ad Hoc committee.</p> <p><i>Children's Advisory Committee</i>: The committee members met to discuss their focus for 2025. Although a confirm meeting date and time have not been set, a doodlepoll will be sent to gauge the members' availability. More updates to follow.</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p><i>Care First, Jails Last Ad Hoc Committee:</i> The committee reviewed the slides presented to the BOS, discussed the general areas of recommendations, and identified the agencies involved in their implementation. Considerable time was spent determining the best way to divide and track the recommendations among the various agencies. The committee meets in person every first Thursday of the month from 1:00 PM to 3:00PM.</p> <p><i>M/BHSA Stakeholders Committee:</i> The committee went over the MHSA Community Input Survey and discussed the priorities. It was also noted that anyone interested in participating in the survey may still do so. Additional details can be found on the website.</p> <p><i>Berekley Mental Health Committee:</i> There is currently no MHAB liaison for this committee.</p>	
<p><b>Prevention and Early Intervention Presentation and Discussion</b></p>	<p>Member Thu Quach welcomed the presenters and expressed gratitude for their time. Five groups provided presentations on the Prevention and Early Intervention (PEI) funded programs. The groups were:</p> <ul style="list-style-type: none"> <li>• Korean Community Center of the East Bay (KCCEB)</li> <li>• La Familia</li> <li>• Richmond Area Multi Services (RAMS)</li> <li>• South Asia Community Health</li> <li>• Center for Empowering Refugees &amp; Immigrants</li> </ul> <p>Key points from the presentation and discussions:</p> <ul style="list-style-type: none"> <li>• Presenters shared their program models and services, emphasizing the importance of sustaining PEI with implementation of Proposition 1.</li> <li>• The common goal is to stabilize underserved communities and immigrants, helping them achieve wellness and empowerment over time.</li> <li>• Loss of resources will reinforce stigma, exacerbate mental health disparities and deepen systemic inequities. Individuals may become reluctant to seek help, increasing the risk of crisis.</li> </ul>	
<p><b>Public Comment</b></p>	<p>Public comments were given.</p>	
<p><b>Adjournment</b></p>	<p>This meeting was adjourned at 5:02 PM.</p>	

**ALAMEDA COUNTY ~~MENTAL~~ BEHAVIORAL HEALTH**  
**ADVISORY BOARD BYLAWS**

**ARTICLE I**

**SECTION I - NAME**

The name of this Board shall be the Alameda County ~~Mental~~ Behavioral Health Advisory Board. "Board" shall reference the ~~Mental~~ Behavioral Health Advisory Board, and the Board of Supervisors shall be referenced as such in full.

**SECTION II - AUTHORITY AND PURPOSE**

The authority of the Board is established by Welfare and Institutions Code Section 5604 et seq. In accordance with Welfare and Institutions Code Section 5604.2, the Board shall:

- A. Review and evaluate the community's public ~~mental~~ 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.
- B. Review any county agreements entered into pursuant to Welfare and Institutions Code Section 5650 and make recommendations **to the Board of Supervisors** regarding concerns identified within those agreements.
- C. Advise the Board of Supervisors and the Alameda County Behavioral Health Care Services Director as to any aspect of the local ~~mental~~ behavioral health program. The Board may request assistance from the local patients' rights advocates when reviewing and advising on mental health **or substance use disorder** evaluations or services provided in public facilities with limited access.
- D. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
- E. Submit an annual report to the Board of Supervisors on the needs and performance of the county's ~~mental~~ behavioral health system.
- F. Review and make recommendations on applicants for the appointment of the Alameda County Behavioral Health Care Services Director. The Board shall be included in the selection process prior to the vote of the Board of Supervisors.
- G. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.

- H. Assess the impact of the realignment of services from the state to the county on services delivered to clients and on the local community.
- I. Perform such additional duties as may be assigned to the Board by the Board of Supervisors.
- J. Pursuant to Welfare and Institutions Code section 5963.03, the Board shall conduct a public hearing on the draft integrated plan and annual updates mandated by the Behavioral Health Services Act. This hearing shall take place at the close of the 30-day public comment period. The Board shall review the integrated plan (or update) and make recommendations to the Alameda County Behavioral Health Care Services Department for revisions.

### SECTION III — RELATIONSHIP TO BOARD OF SUPERVISORS

The Board of Supervisors shall appoint members to the Board in accordance with Chapter 2.68 of the Alameda County Administrative Code and shall rely on the collective judgement of the Board for input on ~~mental~~ behavioral health-related issues.

### SECTION IV — MEMBERSHIP

The Board shall be composed of 16 members, one of whom shall be the Chair of the Board of Supervisors or the Chair's designee. In accordance with Welfare and Institutions Code Section 5604:

- A. The Board may recommend appointees to the Board of Supervisors. The Board's membership should reflect the diversity of the client population in Alameda County to the extent possible, and represent all geographic regions in the county and their demographics.
- B. Fifty percent of the Board members shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers. **At least one of these members shall be an individual who is 25 years of age or younger.**
- C. In addition to consumers and family members referenced in Paragraph B, the Board of Supervisors is encouraged to appoint individuals who have experience with and knowledge of the ~~mental~~ behavioral health system. This would include members of the community that engage with individuals living with mental illness 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 departments, city police chiefs, county sheriffs, and community and nonprofit service providers.
- D. **At least one member of the Board shall be a veteran or a veteran advocate. For purposes of this section, "veteran advocate" means either a parent, spouse, or adult child of a veteran, or an individual who is part of a veteran's organization, including the Veterans of Foreign Wars or the American Legion.**
- E. **At least one member of the Board shall be an employee of a local education agency. To comply with this section, the Board of Supervisors or its designee shall notify its county office of education about vacancies on the Board.**
- F. Except as provided in Paragraph F, a Board member or the member's spouse shall not be a full-time

or part-time county employee of Alameda County Behavioral Health Care Services, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental **behavioral** health contract agency.

- G. A consumer of ~~mental~~ **behavioral** health services who has obtained employment with an employer described in Paragraph E and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the Board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the Board.
- H. Board members shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.
- I. Board members shall reside in Alameda County. If it is not possible to secure membership as specified in this section from among persons who reside in the county, the Board of Supervisors may substitute representatives of the public interest in mental health who are not full-time or part-time employees of Alameda County Behavioral Health Care Services, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a ~~mental~~ **behavioral** health contract agency.
- J. The term of each Board member shall be three years. The Board of Supervisors shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year. **The appointment of any member shall designate the expiration date of that member's term. The Board of Supervisors may reappoint any member whose term has expired or may appoint another qualified person to succeed any member whose term has expired. Any vacancies on the Behavioral Health Advisory Board shall be filled by appointment by the Board of Supervisors. All appointments shall be for a period of three years except that appointment to fill an unexpired term shall be for the unfilled duration of that term.**
- K. Board members shall not serve more than four **complete three-year** consecutive terms. If prior to the expiration of a term of appointment a member ceases to retain the status which qualified such member for appointment to the Board, such membership shall terminate and there shall be a vacancy.
- L. **In the performance of their duties, Board members shall abide by the Code of Ethics set forth in section 2.02.200 of the Alameda County Administrative Code.**

## SECTION V - MEETINGS

**General** Board meetings shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part I of Division 2 of Title 5 of the Government Code, relating to meetings of local agencies (The Brown Act).

**General** Board meetings shall be held **once a month and** at least 10 times a year. Special **Board** meetings shall be convened at the request of the Chair or a majority of Board members and public notification of such meetings shall be sent at least 24 hours in advance of the meetings.

## SECTION VI — OFFICERS

Board officers shall consist of a Chair and Vice-Chair. Officers shall serve for a term of two years, or until their successor is elected.

## SECTION VII — ELECTION OF OFFICERS

A Nominating Committee shall be appointed by the Chair in July of ~~each year~~ **the year elections for officers are to be held**. The Chair and Vice-Chair shall ~~not sit as ex-officio members of~~ **be on** the Nominating Committee. The Nominating Committee shall seek nominations and propose a slate of officers for the coming ~~year~~ **term**, secure the verbal consent to serve of those nominated and report back to the Board in August. The Chair of the Nominating Committee shall assume the duties of the Board Chair to accept further nominations and conduct the election of officers during the August **General Board** meeting.

## SECTION VIII — TERMS OF OFFICE

New officers shall begin their terms on September 1 and serve for two years, or until their successor is elected. No member shall serve more than three consecutive terms in the same office.

## SECTION IX — VACANCIES IN OFFICE

In the event during the Chair's term there is a vacancy in the office, the Vice-Chair shall become Chair for the remainder of the term. In the event during the Vice-Chair's term there is a vacancy in the office, the Board shall hold an election to fill the vacancy for the remainder of the term.

## SECTION X — POWERS & RESPONSIBILITIES OF OFFICERS

The Board Chair shall be the principal executive officer and carry out the policies of the Board and the Executive Committee. The Chair shall prepare the agenda for and preside over all regular and special Board meetings, appoint Committee Chairs, and be in regular consultation with the Director of Behavioral Health Care Services.

The Vice-Chair shall assist the Chair in the performance of the Chair's duties. The Vice-Chair shall exercise all the powers of the Chair in the event of the Chair's absence.

## SECTION XI — REMOVAL OF OFFICERS

An officer may be removed from office, for cause, by the majority vote of all members of the Board at an ~~official~~ **General** Board meeting at which a quorum is present. Adequate formal notice, in writing and in person or by U.S. certified mail, must be given to any officer of such an impending removal action.

## SECTION XII — VACANCIES

When a vacancy occurs, other than in an elective officer position, the Chair shall contact the Board of Supervisors to determine if there is a candidate for the vacancy and/or if the Board of Supervisors would consider recommendations from the ~~Mental~~ **Behavioral** Health Advisory Board. All such vacancies shall be filled by appointment by the Board of Supervisors.

## SECTION XIII — QUORUM

A quorum is one person more than one-half of the appointed members of the Board.

## SECTION XIV — COMMITTEES

- A. Committees shall be created as needed to do the work of the Board. Each Board member shall serve on at least one committee and/or serve as a Board liaison to another entity or organization.
- B. The existing standing committees are the Executive Committee, which plans the Board agenda and may act on behalf of the Board under emergency circumstances or as directed by the majority of the Board; the Adult Committee; the Children **and Young Adult** Committee; and the Criminal Justice Committee. Other standing committees may be created with the approval of the Board as needed to fulfill its statutory responsibilities.

- C. The Executive Committee is composed of the Chair, Vice-Chair and Chairs of the standing committees of the Board. Any Board member may attend the Executive Committee meetings as a member of the public.
- D. Each standing committee shall be chaired by a Board member and conducted in accordance with the Brown Act.
- E. Ad hoc committees shall be created or dissolved by the Board Chair to reflect the Board's interests and responsibilities.
- F. The Board Chair shall appoint the Chair or Co-Chairs of each standing and ad hoc committee. Board members may choose the committee upon which they wish to serve or shall be appointed to a committee or liaison role by the Board Chair. Committees must include at least two Board members, but may not include more than a quorum of the Board.
- G. Committee goals will be discussed by the Board at its annual strategy meeting. The function of a committee is to study an issue and advise the Board of its findings and recommendations. Committees shall not make recommendations directly to the Board of Supervisors.
- H. The Chair may appoint a member of the Board as a liaison to another entity or organization to reflect the Board's interests and responsibilities.
  - i. The Chair, with the approval of the Board, may appoint a non-voting representative from another entity or organization to the Board to reflect the Board's interests and responsibilities not already represented by members appointed by the Board of Supervisors. Such a non-voting representative may provide reports or presentations to the Board at its meetings, in compliance with the Brown Act, and shall serve for a one-year term, subject to annual renewal by the Board.

## SECTION XV — REMOVAL FROM THE BOARD

Board members shall contact the Chair and staff designated by the Director of Behavioral Health Care Services to serve as secretary to the Board prior to a meeting if they are unable to attend. ~~Failure to do so will result in an unexcused absence.~~

Absence at ~~three~~ a total of four General consecutive Board meetings without just cause and advance notice within a calendar year shall be grounds for the Board to recommend removal of the member to the Board of Supervisors. Board members who anticipate the need for a lengthy absence from the Board may obtain approval from the Supervisor who appointed them.

A ~~Mental~~ Behavioral Health Advisory Board member may be removed by the Board of Supervisors in accordance with Section 2.68.060 of the Alameda County Administrative Code, which states: "In cases of misconduct, inability or willful neglect in the performance of his duties, any member may be removed by the affirmative vote of four members of the Board of Supervisors. Such member sought to be removed shall be given an opportunity to be heard in his own defense at a public hearing, and shall have the right to appear by counsel and to have process issued to compel the attendance of witnesses, who shall be required to give testimony, if such member of the advisory board so requests.

A full and complete statement of the reasons for such removal, if such member be removed, together with the findings of fact made by the Board of Supervisors, shall be filed by the Board of Supervisors, with the County Clerk and made a matter of public record.”

## **SECTION XVI — CONFLICT OF INTEREST**

Appointments to the Board will be subject to state and federal conflict of interest laws.

## **SECTION XVII — RULES OF ORDER**

**General** Board meetings shall be conducted in accordance with the Brown Act, the Board bylaws, and Robert's Rules of Order to allow open participation. The Chair may also set discussion time limits as appropriate. If in conflict, the Brown Act will take precedence, followed by the Board bylaws. and then Robert’s Rules of Order, respectively.

## **SECTION XVIII — EXPENSES**

Pursuant to Welfare and Institutions Code Section 5604.3 and the Alameda County Administrative Code **section 2.68.080**, the Board of Supervisors may pay from any available funds the actual and necessary expenses of the Board members incident to the performance of their official duties and functions. The expenses of Board members may include travel, lodging, child care, and meals for Board members while on official business as approved by the Behavioral Health Care Services Director and the Board, except that expenses related to travel outside of the Bay Area counties must be authorized by the Board of Supervisors pursuant to Section 2.68.080 of the Alameda County Administrative Code. A yearly finance report shall be presented to the Board so that expenses can be reviewed and approved.

Welfare and Institutions Code Section 5604.3 states further that: “Governing bodies are encouraged to provide a budget for the local mental health board, using planning and administrative revenues identified in subdivision (c) of Section 5892, that is sufficient to facilitate the purpose, duties, and responsibilities of the local mental health board.”

## **ARTICLE II**

### **SECTION I — AMENDMENTS TO THE BYLAWS**

These bylaws may be amended by a two-thirds vote of the appointed membership during any Board meeting and adoption by the Board of Supervisors. The bylaws shall be reviewed periodically to ensure that they comply with state law and adequately address the needs of the Alameda County community.

**SECTION II — EFFECTIVE DATE**

Once approved by the Board, these bylaws shall be submitted to the Board of Supervisors for its approval and final adoption. The bylaws shall be effective concurrent with the effective date of an ordinance amending Chapter 2.68 of the Alameda County Administrative Code to make changes corresponding with the revisions in these bylaws.

These bylaws were approved by the Board on January 27, 2025 and adopted by the Board of Supervisors on \_\_\_\_\_. The effective date of these bylaws is \_\_\_\_\_.

Signed:

\_\_\_\_\_  
Brian Bloom, Chair, Alameda County Behavioral Health Advisory Board

\_\_\_\_\_  
Terry Land, Vice-Chair, Alameda County Behavioral Health Advisory Board

\_\_\_\_\_  
Supervisor David Haubert, President, Alameda County Board of Supervisors

DRAFT

FY 2023-2024 Annual Report  
(DRAFT)

(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 is 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.<sup>1</sup>

### 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.<sup>2</sup>

Welfare & Institutions Code Section 5604 sets forth specific requirements for the composition of local behavioral health boards.<sup>3</sup> Pursuant to Proposition 1, effective January 1, 2025, board

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<sup>1</sup> 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.

<sup>2</sup> 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/>.

<sup>3</sup> Section 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.

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. With respect to the education agency employee 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 are 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 from the office of the Supervisor who chairs the Health Committee 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. Near the end of the year, we re-launched our Children/Young Adult Committee, which has been dormant for the past few years.

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(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.

(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

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 Car 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.

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 behavioral health services:

**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 behavioral 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).**

The new Presidential Administration is expected to make some significant changes, including eligibility around public benefits, immigration threats, reproductive health care access, and LGBTQ+ health care access. These changes may have major mental health impact on

vulnerable communities, including but not limited to immigrants and refugees, LGBTQ+, and reproductive age women. At the same time, there will likely be chilling effects for health care access and utilization, including mental health services. Many vulnerable individuals may be fearful of seeking services at health care facilities, despite the increased need for such services. PEI programs provide critical community-based prevention services, and are out in the community settings, often meeting the community where they are at. Furthermore, for some services, these programs do not require collecting personal identifying information on clients. As a result, these programs can help offer support to these vulnerable communities in a time of heightened fear and increased chilling effects. Thus, it is vital that we continue to keep the PEI programs intact. The MHAB urges the county to: (1) 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; (2) identify other sources of funding to maintain the core PEI programs; and (3) provide support to PEI programs so that they can effectively respond to the needs of vulnerable communities who may more likely to experience chilling effects of use of behavioral health services.

**2) Invest in an 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 for the purposes of behavioral health care services only (and not for any other purpose).**

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. For instance, 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 the same HER system. With the jail systems having the same system used by these other entities, 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. Information on the clients should not be shared with outside entities, including federal immigration enforcement, as they are for purposes of health care services only.

**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. The MHAB urges the county to 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 programs<sup>4</sup> 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 healthy life.

**5) The County should implement the expanded definition of “gravely disabled” brought about by the passage of SB43<sup>5</sup> as soon as possible to get more individuals into early and**

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<sup>4</sup> “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.” (Welfare and Institutions Code sec. 5835)

<sup>5</sup> SB 43 expands the definition of “grave disability” and defines it as (new definition in italics):

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

In October 2023, Governor Newsom signed SB 43, which expands the definition of “grave disability” under California law. The bill passed with unanimous support in both the state Senate and Assembly. SB 43 marks a significant attempt to address the state’s behavioral health crisis in that it aims to improve access to care for those with severe and debilitating serious mental illness and substance abuse disorders. The new definition was to go into effect January 1, 2024, but the law allowed the governing body of a county to postpone implementation until, but no later than, January 1, 2026. Like the vast majority of California counties, the Board of Supervisors in Alameda County decided in December 2023 to postpone implement of the new definition “no later” than January 1, 2026. The Board reasoned that the County needed sufficient time to both build out treatment capacity and to train law enforcement and other mental health professionals who are designated to impose and lift 5150 holds.

Since the Board’s decision to postpone implantation of SB 43 over a year ago, there has been little information about how the county is preparing to treat the expanded population of people who will be deemed “gravely disabled” under the new definition.

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

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

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.

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

“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.

definition and how the County intends to apply. 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 individuals who are diagnosed with a SMI, if identified as an appropriate level of care.**

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. Despite Alameda County Behavioral Health Department efforts, far too often this population accepts and benefits from 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 for individuals who require this level of care is to have a single point of contact (care coordinator/case manager) 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 care coordinator/case manager 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 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.<sup>6</sup> 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 straight forward 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, we cannot improve what we do 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

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<sup>6</sup> 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](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)

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 to support effective cross-system collaboration.

Finally, system transformation of this nature will require adequate funding. 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.

**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 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 Therapeutic Behavioral Services (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.

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. The MHAB acknowledges there will be many changes in 2025, including a new federal administration that will have significant implications on our state and our county, in terms of our residents' collective and individual safety, health and well-being, and economic stability. We offer our recommendations, recognizing the many uncertainties and the need to remain flexible and nimble, while still pushing forth on a comprehensive approach that promotes mental health and well-being for County residents.

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

DRAFT

# 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

