



Health, Housing & Community Services  
Mental Health Commission

To: Mental Health Commissioners  
From: Jamie Works-Wright, Commission Secretary  
Date: October 17, 2024

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Health, Housing & Community  
Service Department  
Mental Health Commission

## Berkeley/ Albany Mental Health Commission

### AGENDA

Regular Meeting  
Thursday, October 24, 2024

*All Agenda Items are for Discussion and Possible Action*

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

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

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

1. **Roll Call (1 min)**
2. **Preliminary Matters**
  - a. Action Item: Approval of the October 24, 2024 meeting agenda
  - b. Public Comment (non-agenda items)
  - c. Action Item: to Approve the September 26, 2024 minutes
3. **Specialized Care Unit (SCU) Update – Katie Hawn**
4. **Cares First, Jails Last update – Sasha Gayle-Schneider**
5. **Discuss BHCIP (Behavioral health continuum infrastructure) grant applications**
6. **Review and discuss Prop 1 laws including by-laws, resolution and application and new name of Mental Health Commission**
7. **Mental Health Manager’s Report and Caseload Statistics – provided by Jeff Buell**
  - a. MHC Manager Report October
  - b. Caseload Statistic October 2024
8. **Subcommittee Reports**
  - a. **Membership Subcommittee**
    - i. **Update membership and recruitment plan**
  - b. **Evaluation Subcommittee**
  - c. **Care Court Subcommittee**



## 9. Adjournment

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

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

### **SB 343 Disclaimer**

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



Department of Health,  
Housing & Community Services  
Mental Health Commission

**Berkeley/Albany Mental Health Commission  
Draft Minutes – Regular Meeting**

7:00 pm  
North Berkeley SC 1901 Hearst

Regular Meeting  
September 26, 2024

**Members of the Public Present:** Maria Sol, Peter Dinsmore, Paul Kealoha -Blake, Ashley Gu, Shirley Posey, Ann Hawkins

**Staff Present:** Jeff Buell, Scott Gilman, Sasha Gayle-Schneider, Jamie Works-Wright

**1) Call to Order at 7:00pm**

**Commissioners Present:** Andrea Prichett, Monica Jones (Chair), Edward Opton, Glenn Turner (Vice Chair) Ajay Krishnan (7:09) **Absent:** Cecilia Lunaparra

**2) Preliminary Matters**

**a) Approval of the September 26, 2024 agenda**

**M/S/C (Jones, Prichett)** Motion to approve the agenda

**PASSED**

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

**b) Public Comment-** 1 public comments

**c) Approval of the July 25, 2024 Minutes**

**M/S/C (Jones, Turner)** Motion that we approve the July 25, 2024 minutes

**PASSED**

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

**3. Specialized Care Unit (SCU) Update – Katie Hawn**

**M/S/C (Prichett, Turner)** Motion that we create a SCU subcommittee to design questions and frame out a performance review.

**PASSED**

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

**M/S/C (Prichett, Jones)** Motion that Glenn Turner, Edward Opton and Andrea Prichett will be the members of the SCU subcommittee.

**PASSED**

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

**4. Cares First, Jails Last update – Sasha Gayle-Schneider – No Motion Made**

**5. Interview and vote on nomination of Maria Sol to the Mental Health Commission**

**M/S/C (Prichett, Opton)** Motion that we move to recommend Maria Sol to the city council for the mental health commission.

**PASSED**

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

**6. Interview and vote on nomination of Ashley (Jiahao) Gu to the Mental Health Commission**

**M/S/C (Prichett, Turner)** Motion that we move to recommend Ashley (Jiahao) Gu to the city council for the mental health commission.

**PASSED**

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

**\*Motion to extend the meeting to 9:10**

**M/S/C (Prichett, Turner)**

**PASSED**

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

**7. Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell –**

No motions made

- a. MHC Manager Report September
- b. Caseload Statistic September 2024

**8. Subcommittee Reports –**

**a. Membership Subcommittee**

**i. Discuss new application changes and WIC requirements**

**M/S/C (Jones, Turner)** Motion for the membership subcommittee to meet regarding the by-laws. The membership committee will consist of Glenn Turner, Ajay Krishnan and Monica Jones as well as non-voting members.

**PASSED**

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

**b. Evaluation Subcommittee**

- c. Berkeley’s participant in reorganization and, potentially, to make recommendations concerning Berkeley’s implementation of the reorganization**

**M/S/C (Prichett, Turner) Motion that we change the name of this subcommittee to the Care Court sub-committee**

**PASSED**

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

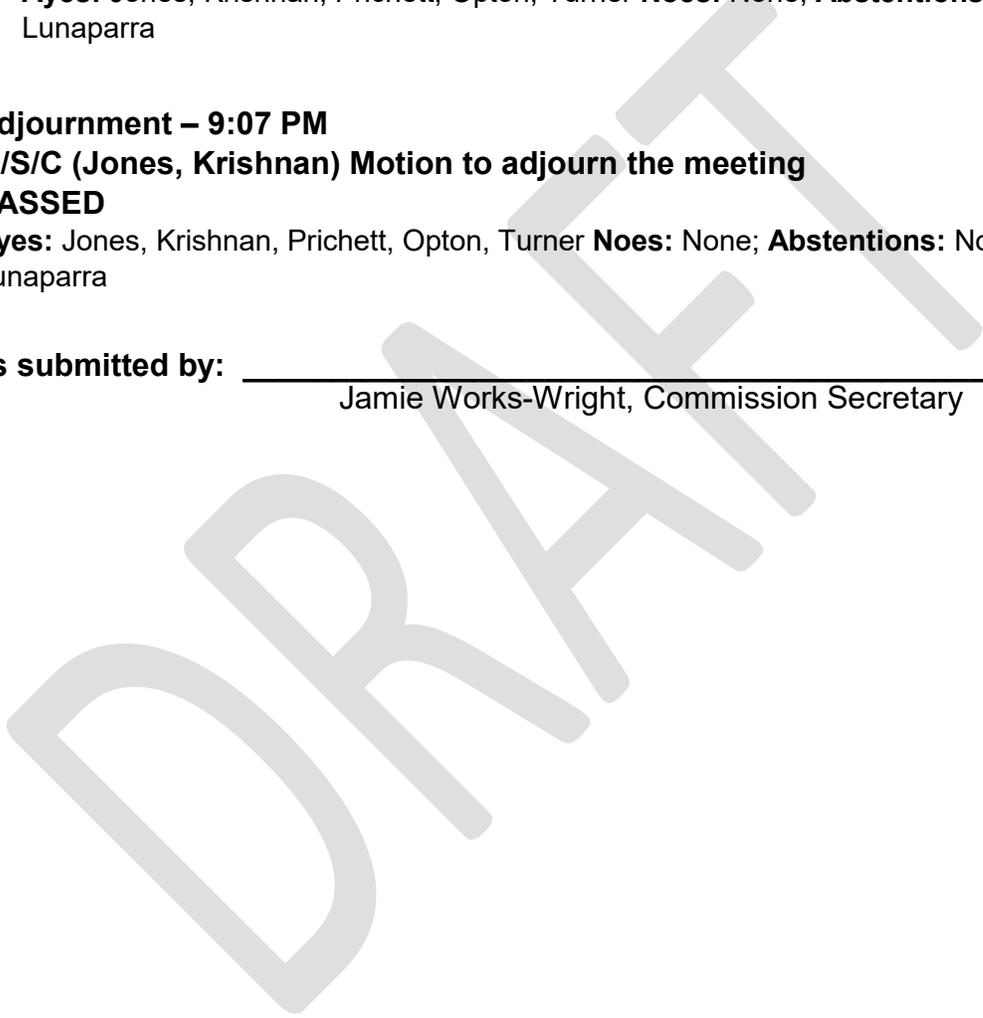
**9. Adjournment – 9:07 PM**

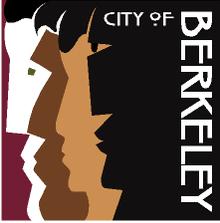
**M/S/C (Jones, Krishnan) Motion to adjourn the meeting**

**PASSED**

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

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





Health Housing and  
Community Services Department  
Office of the Director

## MEMORANDUM

**To:** Mental Health Commission  
**From:** Katherine “Katie” Hawn, Special Projects Coordinator  
**Date:** 10/24/2024  
**Subject:** Specialized Care Unit Update Report

### SCU Program Updates

The Specialized Care Unit currently operates 24 hours per day on Sundays through Tuesdays. The SCU operates from 12am to 4pm and 8pm through 11:59pm on Wednesdays through Saturdays. The SCU can be reached by calling (510) 948-0075. Additional program updates are below:

- A) SCU continues to recruit, hire, and train staff to fully ramp up to the 24 hour, 7 days per week model. Bonita House is hosting the fall Crisis Academy from October 15 to 19, 2024 to train newly hired staff. These newly hired staff will support the team in moving closer to the full 24/7 model.
- B) Advertising for the SCU is anticipated to increase in mid-October through posters on the electronic kiosks around the City of Berkeley. This advertising of the SCU was made possible through partnership with the City’s Office of Economic Development and HHCS. See Attachments 1 and 2 for samples.
- C) Program updates about the Specialized Care Unit, as well as other projects within the Reimagining Public Safety Initiative, will be presented at a Special Council Meeting on Tuesday, October 29 at 3:30pm. Interested community members can find the Special Meeting Agenda on the City’s website here: <https://berkeleyca.gov/your-government/city-council/city-council-agendas>. Agendas are typically posted closer to the date of the Special Meeting and may not be immediately listed. See Attachment 3 for additional information.
- D) Bonita House continues to refine their data collection procedures to assist the City with grant reporting, as well as answer questions about the services the team provides. The following data was collected for the Crisis Care Mobile Units grant report from July 1 through September 30, 2024. A summary of key data points is below. Please note that some numbers have been aggregated according to healthcare privacy regulations.

*A Vibrant and Healthy Berkeley for All*

- a. Throughout the last quarter, 300 brochures and postcards were distributed in the City of Berkeley. The HHCS team will be increasing future publicity for the SCU using the electronic kiosks and additional postcard and brochure orders.
- b. From July through September, the SCU received nearly 600 calls for service. A breakdown of these calls is below:
  - i. The SCU team dispatched **and** provided services to 246 calls. Services were provided to 200 unduplicated clients.
  - ii. The SCU also dispatched a team to 145 calls, but no services were provided. The SCU may not provide services to a client for a variety of reasons including that the individual was not found, refused services, or another first responder agency responded first and declined SCU support (PD and Fire).
  - iii. 207 calls for service were resolved without dispatching an SCU team.
- c. Over this last quarter, the average response time for the SCU was approximately 20 minutes.
- d. The SCU provided a variety of services to clients including 13 clinical assessments, less than 11 referrals to medical and outpatient services, less than 11 safety plans, 14 welfare checks, and 14 5150/5585 assessments. Additional services provided included transportation and peer support services.

#### HHCS Staff Transition

The project manager for the SCU, Katie Hawn, has accepted a job offer at another agency. Katie's last day with the City of Berkeley will be Friday, October 25. Once Katie transitions, HHCS Director, Scott Gilman, will be the primary point of contact for the Specialized Care Unit program.

#### Attachments:

Attachment 1: Reimagining Public Safety Flyer (vertical)

Attachment 2: Reimagining Public Safety Flyer (horizontal)

Attachment 3: Electronic Kiosk Poster



# CITY OF BERKELEY Specialized Care Unit (510) 948-0075

Are you or someone you know experiencing a substance use or mental health crisis?

Common symptoms include:

- Anxiety
- Anger
- Depression
- Confusion
- Suicidal thoughts

Services offered:

- De-escalation
- Assessment
- Referrals to community resources

The Specialized Care Unit (SCU) is Berkeley's non-police mental health and substance use crisis response team, implemented in partnership with Bonita House.

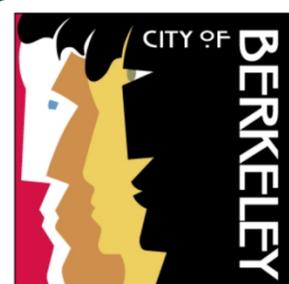
## SCU HOURS OF OPERATION:

- **Sun-Tues:**  
24hrs/day
- **Wed-Sat:**  
12am-4pm &  
8pm-11:59pm

For more info, visit [berkeleyca.gov](http://berkeleyca.gov) and search "crisis services" or scan the QR code:



Questions? Email  
[HHCS@berkeleyca.gov](mailto:HHCS@berkeleyca.gov)



Health, Housing, and  
Community Services

# CITY OF BERKELEY Specialized Care Unit (510) 948-0075

*The Specialized Care Unit (SCU) is Berkeley's non-police mental health and substance use crisis response team, implemented in partnership with Bonita House.*

**Are you or someone you know experiencing a substance use or mental health crisis?**

Common symptoms include:

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- De-escalation
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## SCU HOURS OF OPERATION:

- **Sun-Tues:** 24hrs/day
- **Wed-Sat:** 12am-4pm & 8pm-11:59pm

For more info, visit [berkeleyca.gov](http://berkeleyca.gov) and search "crisis services" or scan the QR code:



**CITY OF BERKELEY**  
Reimagining Public Safety



**FALL 2024  
STATUS UPDATE**



SCAN THE QR CODE TO  
BE DIRECTED TO THE  
CITY COUNCIL AGENDA

**SAVE  
THE  
DATE**

**PRESENTATION  
OCTOBER 29, 2024  
3:30PM**



# Reimagining Public Safety

## RPS Guiding Principles



**REIMAGINE**  
a new public safety paradigm.



**IMPROVE**  
efficiency and equity in our public safety model(s).



**REINVEST**  
in community and sustain reimagining efforts.

**Role:** Initiative lead and project manager for all RPS-related work.

**Background:** Leadership roles in education, administration, and community arts organizations, with over a decade of hands-on project management expertise.

**Vision Statement:** To cultivate a sustainable and effective initiative through dedicated partnerships, community engagement, operational excellence, and collaboration.



Carianna "Cari" Arredondo (she/they)  
**Assistant to the City Manager**  
**Reimagining Public Safety**  
[carredondo@berkeleyca.gov](mailto:carredondo@berkeleyca.gov)





**California Department of Health Care Services  
Proposition 1:  
Behavioral Health Infrastructure  
Bond Act of 2024:**

**Behavioral Health Continuum  
Infrastructure Program  
Round 1 (2024): Launch Ready  
Request for Applications**

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## Part One: Overview

### 1.1. Introduction to the Grant Opportunity and State Priorities

The California Department of Health Care Services (DHCS) launched the [Behavioral Health Continuum Infrastructure Program](#) (BHCIP) to address historic gaps in the behavioral health care continuum and meet the growing demand for services and support across the life span of vulnerable individuals in need. This Request for Applications (RFA) reflects the addition of the Behavioral Health Infrastructure Bond Act of 2024 (BHIBA).

The State priorities for BHCIP are:

- Address urgent needs in the care continuum for people with mental health or substance use conditions, including unhoused people, veterans, older adults, adults with disabilities, and children and youth.
- Invest in behavioral health and community care options that advance health equity of behavioral health care and community options.
- Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization.
- Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing unsheltered homelessness and justice involvement.
- Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy.
- Leverage county and Medi-Cal investments to support ongoing sustainability.
- Leverage the historic state investments in housing and homelessness.

In addition, DHCS is prioritizing regional models or collaborative partnerships, including public-private partnerships, aimed at constructing, renovating, and/or expanding community-based services, as well as projects using a campus-type model that collocate multiple levels of care on the continuum, with a focus on residential treatment facilities.

### 1.2. Purpose

In March 2024, California voters passed Proposition 1, which includes the Behavioral Health Services Act (Senate Bill 326) and the Behavioral Health Infrastructure Bond Act (BHIBA) of 2024 (Assembly Bill 531), authorizing DHCS to make additional BHCIP grant funding available to eligible entities. The BHIBA is a \$6.38 billion general obligation bond to develop a wide range of behavioral health treatment, residential care settings, and supportive housing to help provide appropriate care facilities for Californians experiencing mental health conditions and substance use disorders. Of the total bond amount, DHCS is authorized to award up to \$4.4 billion “to construct, acquire, and rehabilitate real estate assets or to invest in needed infrastructure to expand the continuum of behavioral health treatment resources to build new capacity or expand existing capacity for short-term crisis stabilization, acute and subacute care, crisis residential, community-based mental

health residential, substance use disorder residential, peer respite, community and outpatient behavioral health services, and other clinically enriched longer term treatment and rehabilitation options for persons with behavioral health disorders in the least restrictive and least costly setting.”<sup>1</sup> Of these funds, \$1.5 billion of competitive grant funding will be exclusively available to cities, counties, city and counties, and tribal entities and \$30 million will be specifically designated to tribal entities. The balance of the funds, up to \$2.893 billion, is available to cities, counties, tribal entities, and nonprofit and for-profit organizations. The BHCIP portion of the bond is estimated to fund 6,800 residential treatment beds and provide behavioral health outpatient treatment for 26,700 slots and will build on other major behavioral health initiatives in California. The Department of Housing and Community Development (HCD) will oversee the remaining BHIBA available funding—up to \$2 billion in total. There will be a separate Notice of Funding Availability for that portion of the BHIBA.

### 1.3. BHCIP to Date

DHCS was authorized through 2021 [legislation](#) to establish BHCIP and award grant funding to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health. DHCS has been releasing these funds through multiple grant rounds targeting various gaps in the state’s behavioral health facility infrastructure. Forty-nine counties have been [awarded BHCIP](#) funding through Round 1 to Round 5.

BHCIP funding rounds:

- Round 1: Crisis Care Mobile Units, \$205 million (\$55 million Substance Abuse and Mental Health Services Administration grant funding)
- Round 2: County and Tribal Planning Grants, \$16 million
- Round 3: Launch Ready, \$518.5 million
- Round 4: Children and Youth, \$480.5 million
- Round 5: Crisis and Behavioral Health Continuum, \$430 million

BHCIP funding has allowed eligible entities in all regions of the state to develop an unparalleled array of new and expanded behavioral health treatment facilities for residential/inpatient and outpatient care. However, inequities across the health care system remain seen in California. Statewide, a 6,000-plus behavioral health bed shortfall is contributing to the unmet need among people experiencing homelessness who have mental illness and/or substance use disorders.<sup>2</sup>

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<sup>1</sup> [AB-531. The Behavioral Health Infrastructure Bond Act of 2023.](#)

<sup>2</sup> [BHSA Fact Sheet \(ca.gov\).](#)

## 1.4. Timeline

Table 1. Timeline for Bond BHCIP Round 1: Launch Ready

Request for Applications (RFA) release	July 17, 2024
Pre-recorded enhanced technical assistance presentations	Available beginning May 2024 <a href="#">BHCIP website</a>
Application portal opens	August 9, 2024
Informational webinar— <a href="#">please register here</a>	August 7, 2024; 1–2 p.m. Pacific Time (PT)
Tribal informational webinar— <a href="#">please register here</a>	August 8, 2024; 2–3 p.m. PT
Pre-Application Consultation (PAC) registration opens (accessible <a href="#">here</a> ) <b>Deadline to <u>schedule</u> a required PAC</b> PAC window period	<b>October 15, 2024</b> August 9, 2024, through November 14, 2024
Office Hours (Recommend PAC to be completed)	Wednesdays and Thursdays, 10-11 a.m. PT (ends December 13, 2024)
<b>Application due date</b>	<b>December 13, 2024</b> , at 5 p.m. PT (no exceptions)
Award announcements	May 2025 (anticipated)

## 1.5. Total Grant Amounts

**Bond BHCIP Round 1: Launch Ready:** Up to of \$3.3 billion will be available to construct, acquire, and rehabilitate real estate assets to expand the continuum of behavioral health treatment and service resources for Californians (see section 2.4) in this round of Bond BHCIP funding. Of that amount, \$1.47 billion is designated for cities and counties; another \$30 million is designated for tribal entities. The remaining \$1.8 billion is available to all eligible entities, including cities, counties, and tribal entities. Bond BHCIP Round 1: Launch Ready funds are not intended to preserve existing service capacity. Bond BHCIP Round 1: Launch Ready grantees must commit to serving Medi-Cal beneficiaries.

For purposes of Bond BHCIP Round 1: Launch Ready funding, a project is defined as “launch ready” when some essential predevelopment design, planning, site control, and budgeting details have been professionally formalized; the project meets the minimum threshold requirements as listed in section 2.1 (“Project Readiness”); and construction for the requested project is not currently underway.

## Part Two: Project Requirements

### 2.1. Eligibility Requirements

1. [Pre-Application Consultation](#)
2. [Eligible Applicants](#)
3. [Medi-Cal Services](#)
4. [Licensing, Certification, and Accreditation](#)
5. [Project Readiness](#)

6. [Building Use Restriction](#)
7. [Community Needs and Support](#)

## Pre-Application Consultation

All prospective applicants will be required to engage in a pre-application consultation (PAC) with Advocates for Human Potential, Inc. (AHP), the BHCIP administrative entity, to discuss their potential project and application (see section 3.2).

## Eligible Applicants

Counties, cities, tribal entities (“tribal entity” shall mean a federally recognized Indian tribe, tribal organization, or urban Indian organization, as defined in [Section 1603](#) of Title 25 of the United States Code), nonprofit organizations, and for-profit organizations whose projects reflect the State priorities and align with facility types listed in Table 2 are eligible to apply for this funding, noting the following stipulations:

- Projects must make a commitment to serve Medi-Cal beneficiaries.
- Recipients of BHCIP awards in prior rounds are eligible to apply. Any additional Bond BHCIP funding awarded must be used to further expand or create new facility capacity. To be considered, applications must clearly explain the funding request for additional behavioral health project expansion and how it meets the statewide continuum of care. Bond BHCIP funding will not fund budget shortfalls or cost overruns for any previously awarded BHCIP projects.
- For joint applications, all co-applicants must be named in the grant application and must submit letters of commitment that are included with the application.
- For-profit organizations with no prior behavioral health experience must apply with a partner, such as a nonprofit organization, tribal entity, city, or county, with the requirement that the partner organization have relevant experience with the target population reflected in the successful development, ownership, or operation of a comparable project. A memorandum of understanding (MOU) or other agreement with the nonprofit organization, tribal entity, city, or county to confirm the organization’s role in the project, including that they are working on behalf of the service provider, is also required.

## Medi-Cal Services

Applicants must describe the payor mix that will pay for and sustain behavioral health services once project construction is complete. Examples of payors include private health insurance, Medi-Cal, private pay, grants, and county funds. Applicants must provide a description of their contingency plan for funding any potential cost coverage beyond the grant award.

Awarded applicants that offer Medi-Cal behavioral health services will be expected to have a contract in place with their county to ensure the provision of Medi-Cal services once the funded facility’s expansion or construction is complete. Community wellness centers and youth behavioral

health prevention centers, which are only eligible facility types for tribal entities, do not provide Medi-Cal reimbursable behavioral health treatment services and thus are not required to have a contract to provide Medi-Cal behavioral health services; however, they must provide services to Medi-Cal beneficiaries and describe how their services will be sustainably funded.

## Licensing, Certification, and Accreditation

Applicants must also indicate the applicable behavioral health licensing, certifications, and accreditations required to operate their Bond BHCIP-funded program by the State and/or at the local level. Applicants with facilities that do not require licenses or certifications, such as community wellness centers, need to indicate this in their application. Tribal entities that are exempt from state licensing and/or requirements must describe the basis for their exemption and their plan for meeting programmatic requirements. As part of the technical assistance (TA) that will be made available, applicants may receive information and guidance about the licensure and certification process and timelines for application submission.

## Project Readiness

To be eligible for Bond BHCIP Round 1: Launch Ready funding, a project must demonstrate “project readiness.” At a minimum, the fundamental threshold requirements for “project readiness” are as follows (items noted with an asterisk must be submitted with the application):

- **Site control.\*** Any one of the following must be used to prove site control (other documentation demonstrating site control may be submitted for DHCS consideration):
  - Title vested to applicant demonstrated with current title report (ownership).
  - Executed purchase and sale agreement (PSA).
  - Mutually executed Letter of Intent (LOI).
  - Preexisting long-term lease (acceptance of a Bond BHCIP award will require a lease extension of no fewer than 30 years).
  - Executed exclusive negotiation agreement (ENA).
  - *Note:* An MOU does *not* constitute site control. Please be sure to discuss any other proposed site control documentation during your required pre-application consultation (PAC).
- **A preliminary title report.\***
- **A sustainable business plan\*** (pro forma) with five-year projections (Form 9) within existing available funding (income and expenses) of future objectives and strategies for achieving them.
- **A conceptual/schematic site plan\*** with a forecast of the developmental potential of the property. The closer the construction drawings are toward “permit ready,” the higher the application will be scored, all other items being equal.

- **Stakeholder support\*** as demonstrated by letters of support from internal boards of directors, tribal councils or advisory boards, and professional/community partners, as relevant. City, nonprofit, or for-profit applicants must also include a letter of support from their county behavioral health agency.
- **Demonstration of county and Medi-Cal investments** to support ongoing sustainability.
- **Match** amount and source identified in Budget (Form 2).
- **Board Authorizing Resolution (BAR)\*** to confirm signing authority for the contract. Eligible entities may use the BAR template provided (Form 10). Local government entities can use their specific authorizing resolution document.

## Building Use Restriction

A commitment to the provision of behavioral health services and building use restriction for a 30-year period through a deed restriction placed on the property title is required (see section 2.6). After a conditional award is issued to an applicant, the 30-year encumbrance period must officially be approved by the applicant's board (and property owner, if applicant is a lessee), as indicated through the submission of an official BAR.

## Community Needs and Support

All applicants must describe the local needs based on the "[Assessing the Continuum of Care for Behavioral Health Services in California](#)" report and any local needs assessments used to justify the proposed expansion. All applicants will be required to demonstrate how the proposed project will advance equity. Projects will be required to certify that they will not exclude certain populations outside their mission or scope, such as those who are justice-involved or children and youth in foster care.

Organizational support and community engagement, including the active involvement of applicable stakeholders in the project design, are required. Insights from the community must be included in project planning, design, implementation, and evaluation. All applicants must complete application Form 7: Community Engagement and provide any relevant letters of support for the project. All letters must be signed and dated no more than six months before the date of application submission.

At the time of application, city, nonprofit, or for-profit applicants must also include a letter of support from their county behavioral health agency or, if a tribal entity, the tribal board. The letter must indicate that applicants providing Medi-Cal behavioral health services will have in place a contract with their county to ensure the provision of Medi-Cal services once the financed facility's expansion or construction is complete. Bond BHCIP grant awards do not guarantee county contracts.

All applicants governed by a CEO or board must submit a letter of support from the CEO or board.

## 2.2. Eligibility Considerations

All applicants must demonstrate how their infrastructure project will expand community-based facility capacity exclusively for behavioral health services in the continuum of care. Regional models or collaborative partnerships aimed at construction, renovation, and/or expansion of community-based services are eligible, as are projects using a campus-type model that collocates multiple levels of care on the continuum are strongly encouraged. Regional model is defined as two or more entities partnering to create established networks of organized systems of care. In addition, scoring will take into consideration a focus on the State's priorities, including efforts to advance equity and to expand services in regions and counties that currently do not have an adequate number of treatment options for behavioral health facilities. In an effort to be consistent with the bond proposal to expand 6,800 residential treatment beds, applicants proposing residential facilities will be prioritized for funding award. Expanded residential treatment beds will also assist counties with the implementation of the Community Assistance, Recovery and Empowerment (CARE) Act.

All applicants must describe the local needs based on the statewide needs assessment report and any local needs assessment used to justify the proposed expansion. All applicants will be required to demonstrate how the proposed project will advance equity. Projects will be required to certify that they will not exclude certain populations outside their mission or scope, such as those who are justice-involved or children and youth in foster care. Grantees with behavioral health facilities that offer Medi-Cal behavioral health services will be required to have a contract in place with their county to ensure the provision of Medi-Cal services once the funded facility's expansion or construction is complete.

In addition, inclusion of a professionally bid development budget, including all local prevailing wage rates, one for each phase, and a total budget for acquisition and construction, will increase an applicant's score. However, it will not guarantee an award.

Three phases of project development will be considered during the evaluation of each application. Applicants must be in one of the three phases; applicants in later phases will be scored higher. All projects must meet the minimum threshold of project readiness to be awarded grant funds. Applicant projects are considered to be in a given phase of development only after they have met all of the requirements in the previous phase. Required documentation will be reviewed with each applicant during the PAC process and must be submitted as part of the application.

Funding is intended for planning, preconstruction, permitting, and construction; allowable costs include those activities identified in the development phases below.

- *Phase 1: Planning and predevelopment*
  - Development team established; includes attorney, architect, and/or design-build team.

- Site control, defined as ownership, an executed PSA, an executed LOI, a long-term lease, or an executed ENA (see section 2.1).
- Basic schematic design site plan, with basis of design; includes architectural and engineering narratives.
- Property-specific site investigation report and due diligence.
- Budget with cost estimates based on site plan/drawings.
  
- *Phase 2: Design development*
  - Site control, defined as ownership, an executed PSA, an executed LOI, a long-term lease, or an executed ENA (see section 2.1).
  - Site plan established with a schematic plan with architectural and engineering specifications, including architectural design drawings.
  - Stakeholder support established as demonstrated by a letter from city/county/board of directors/tribal entity.
  - Able to gain building permits within six months of funding.
  - Able to close on land and gain building permits within six months of funding.
  - Able to start construction within nine months of funding.
  
- *Phase 3: Shovel ready*
  - Ownership of real estate site.
  - Preliminary plan check completed, with comments received.
  - Construction drawings completed or near completion.
  - General contractor (builder) selected and ready for hire.
  - Ninety percent of construction drawings ready for submission for building permit.
  - Building permit ready for issue.
  - Able to start construction within 60 days or less.
  
- *Final Phase: Construction*
  - Projects that rehabilitate or renovate an existing facility are allowable as long as they result in an expansion of behavioral health services for the target population.

Full funding of a proposed development project will be contingent on completion of all three phases of development planning. The planning and predevelopment phase, which includes the submission of construction documents for building permit review, must be completed within six months of grant funding award.

### **2.3. Site Identification and Feasibility Analysis**

Applicants will be expected to develop a competitive and itemized professional budget for all development costs, including legal, insurance, permits and fees, and performance and payment bonds, which will be scored alongside applications for projects of similar setting types and sizes.

DHCS, AHP, and AHP's subcontractors will conduct a financial viability assessment (as demonstrated through a five-year pro forma business plan) (Form 9), considering continued fluctuations in construction and other costs. Through various TA activities, such as the PAC and

financial document review, the State will assess long-term operational sustainability once the capital project is complete and in use for its intended purpose.

## 2.4. Eligible Facility Types

The following facility types may be considered for project funding **only** if they are expanding behavioral health infrastructure.

Table 2. Eligible Facility Types

Bond BHCIP Round 1: Launch Ready Eligible Facility Types
Acute Psychiatric Hospital
Adolescent Residential Substance Use Disorder (SUD) Treatment Facility
Adult Residential SUD Treatment Facility
Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)*
Chemical Dependency Recovery Hospital
Children’s Crisis Residential Program (CCRP)
Community Mental Health Clinic (outpatient)
Community Residential Treatment System (CRTS)/Social Rehabilitation Program (SRP)
Community Treatment Facility (CTF)
Community Wellness/Prevention Center (tribal entities only)
Crisis Stabilization Unit (CSU)
General Acute Care Hospital (GACH) for behavioral health services only
Hospital-Based Outpatient Treatment (outpatient detoxification/withdrawal management)
Mental Health Rehabilitation Center (MHRC)
Narcotic Treatment Program (NTP)
NTP Medication Unit
Office-Based Opioid Treatment (OBOT)
Outpatient Treatment for SUD
Partial Hospitalization Program
Peer Respite
Perinatal Residential SUD Facility
Psychiatric Health Facility (PHF)
Psychiatric Residential Treatment Facility (PRTF)
Short-Term Residential Therapeutic Program (STRTP)
Skilled Nursing Facility with Special Treatment Program (SNF/STP)
Sobering Center (funded under the Drug Medi-Cal Organized Delivery System [DMC-ODS] and/or Community Supports)
Social Rehabilitation Facility (SRF)

\*For purposes of this funding, a BHUC facility, also known as MHUC, is a walk-in center with voluntary stabilization-oriented services specific to individuals experiencing behavioral health or mental health crisis for less than 24 hours. This community-based option is typically designed to

provide an alternative to emergency department visits for urgent medical needs. BHUCs/MHUCs must focus on serving individuals in need of crisis services, commit to serving Medi-Cal beneficiaries, and offer some or all of the following:

- Multidisciplinary health assessment
- Psychiatric evaluation, diagnosis, and treatment
- Crisis stabilization and intervention, mental health counseling, and medication evaluation
- Direct referrals for treatment of care
- Linkage to community-based solutions
- Peer support

Facility types that are not eligible for funding:

- Correctional settings
- Schools

Applicants will be expected to define the types of facilities they will operate and explain how they will expand service capacity exclusively for community-based behavioral health facilities. Regional models, collaborative partnerships, and public-private partnerships are strongly encouraged.

## 2.5. Post-Award Expectations

Grantees must commit to executing Bond BHCIP contracts within 90 days of receipt of conditional award notice. Failure to fully execute contracts within the required time frame may result in the rescinding of Bond BHCIP funding awards. DHCS will not accept any changes to Bond BHCIP contracts.

Grantees must have a financial management system to track and project funding usage and perform any required data reporting. Bond payment processes and funding cycle will be subject to bond funding requirements. Additional guidance and TA will be provided to grantees in order to comply with bond requirements.

Awarded grant funding for Bond BHCIP Round 1: Launch Ready must be fully expended within five years of receipt of conditional award notice.

## 2.6. Encumbrance and Use Restrictions

In accordance with section 5960.15 of the California Welfare and Institutions Code (WIC), applicants will be required to commit to operating services in the financed facility for the intended purpose for a minimum of 30 years within existing funding for behavioral health services. Bond BHCIP funding may not be used to fund services. The approved building use restriction will be detailed in the Bond BHCIP contract.

## 2.7. Match Requirements

Mandatory match guidelines are required by statute and will be set according to applicant type. Cash match must be deposited into the project bank account (see section 5.2).

Project Funding Awarded	Local Government and Nonprofit Organization	For-Profit Organization
under \$150 million	10 percent	25 percent
above \$150 million	10 percent	25 percent
	Higher priority for applicants that include a higher local match	

Tribal entities (regardless of funding awarded) = 5 percent match.

For-profit organizations that have no prior behavioral health experience are required to partner and apply with an experienced service provider in order to leverage their partner’s behavioral health experience. The partner’s entity type will determine the percentage that will be used to calculate the match requirement. The match requirement will be based on the partner with the lowest match amount.

For-profit applicants with prior experience and no partnerships will be required to pledge a 25 percent match.

The match amount will be calculated using the following formula:

(total project award request - total calculated budget contingencies) x required match percentage

### Types of Eligible Match Sources

Applicants must document the match source being pledged for the project. Three types of sources are eligible to satisfy the match requirement: (1) cash, (2) in-kind property, and (3) sunk costs (i.e., capital expenses already incurred on the project). All match sources must be approved by DHCS.

#### a. Cash

Cash is the strongest form of match and can come from a variety of sources, depending on the applicant. Applicants must document their ability to pledge the required match in cash, including providing bank statements and investment statements showing available cash on hand. Applicants seeking to pledge public or private grant funds must document the funds are eligible for use on the proposed project. Cash sources for the delivery of services are not an eligible source of cash match. The list below provides additional examples of eligible cash sources:

- Local funding
- Mental Health Services Act (MHSA) funds from Community Services and Supports and Capital Facilities and Technological Needs (CFTN) components
- Behavioral Health Services Act (BHSA) funds from the Behavioral Health Services and Supports
- Foundation/philanthropic support
- [Opioid settlement funds](#) for SUD facilities
- Loans or investments
- Incentive payments from managed care plans; or
- Another source.

### **b. In-Kind Property Equity**

Applicants may pledge the in-kind equity value of property if the property being pledged is the actual property where the facility will be located and the entire assessor's parcel number (APN) of the property being pledged for match is dedicated to the new development project. ***Only the equity value of the APNs that will be encumbered by the 30-year encumbrance restriction can count as an in-kind property match source and must be validated by a certified appraisal of the specific APN.***

In order to document the equity value of the pledged property, applicants must submit a certified appraisal dated within five years of the date of application. The certified appraisal must only give a value for the specific APN to be encumbered. The equity value of the property will be used to determine if the applicant can meet the match requirement.

If the applicant has an outstanding mortgage on the property that it pays on a regular basis, it must submit a copy of the most recent mortgage statement, including the outstanding mortgage value. The outstanding mortgage amount will be subtracted from the certified appraisal to determine the equity value:

$$\text{certified appraisal value} - \text{outstanding loan amount} = \text{equity value}$$

If an applicant has purchased the property outright and has clear title in hand, the applicant must submit either the grant deed or the payoff letter to indicate there is nothing outstanding that would reduce the equity value. Property valuations will be approved at the discretion of DHCS.

### **c. Sunk Costs**

To satisfy the match requirement, DHCS may approve on a case-by-case basis sunk costs directly related to the development project. Sunk costs may be established with documentation of paid invoices including date and address of service and proof of payment (e.g., cancelled checks, online bank records, invoices) for professional services related to predevelopment of the proposed Bond BHCIP project. Eligible sunk costs may include the purchase of real property and

construction or renovation/rehabilitation costs, including project planning or project management; appraisals; inspections; preconstruction costs such as permitting, surveying, architectural, and engineering fees; hardscaping and/or landscaping costs essential to the completion of the project (may not exceed 5 percent of the total grant award); and furniture, fixtures, and equipment (FFE). A property that has been purchased at any time before execution of the Program Funding Agreement (PFA, or contract) can be contributed as a sunk cost, so long as it has undergone an appraisal within the past five years.

No sunk costs exceeding one year prior to the date of the Bond BHCIP Notice of Award may be claimed. Sunk costs must be claimed no later than seven calendar days after the date of the conditional award letter.

All match amounts must be well-documented. Both the amounts and sources will undergo a thorough review by DHCS and AHP prior to the awarding of funds. Cash is the preferred form of match. Services, Behavioral Health Subaccount funding, and State general funds are not permitted sources for match.

## **2.8. Development Budget**

Applicants will be expected to submit a competitive and itemized professional development budget (see application attachment Form 2: Budget Template) with their Bond BHCIP Round 1: Launch Ready application. All development budgets must contain the requested amounts for each phase of funding. Bond BHCIP awards will be based on the application budget; therefore, special attention and care should be made to include all development costs associated with planning, permitting, and construction of a “public works” prevailing wage job. Applicants that have a current Negotiated Indirect Cost Rate Agreement (NICRA) established with a federal cognizant agency responsible for reviewing, negotiating, and approving cost allocation plans or indirect cost proposals may use the current NICRA as the basis for indirect costs. Alternatively, if the applicant does not have a current NICRA, the applicant may elect to use a rate of 10 percent of the modified total direct costs pursuant to 2 CFR 200.414(f).

Applicants should include all anticipated costs for the planning, permitting, and construction of their project, including prevailing wage rates for all onsite work, for an anticipated construction start in 2025-2026. Budgets should include all costs for insurance (including builder’s risk, workers’ compensation, commercial auto, general liability, and property), along with costs for payment and performance bonds, legal fees, specialty consultants, permits and fees associated with building permits, and potential additional fees, depending on the project and jurisdiction. The PFA details insurance requirements.

Applicants must comply with all Department of Industrial Relations (DIR) regulations related to completing a “public works” project and should only accept qualified construction bids from general

contractors who are currently registered with the DIR (see section 2.10) and preferably have past public works experience.

Essential FFEs may be allowable costs for permanent property that is attached to the building and/or required for license/certification of the facility, as per the DHCS allowable expense list (Attachment B), with a maximum of 10 percent of the total budget.

Project grantees are responsible for ensuring that their project is on schedule and on budget. Project grantees that are awarded Bond BHCIP funds will be solely responsible for any costs to complete the project in excess of the Bond BHCIP award amount. Neither DHCS nor AHP will be responsible for any cost overruns.

Applicants must provide a description of their contingency plan for funding any potential cost overages beyond the Bond BHCIP grant award.

## **2.9. Accessibility and Nondiscrimination**

All developments must adhere to the accessibility requirements set forth in California Building Code Chapters 11A and 11B and the Americans with Disabilities Act, Title II. In addition, developments must adhere to either the Uniform Federal Accessibility Standards (UFAS), 24 CFR Part 8, or the U.S. Department of Housing and Urban Development's (HUD) modified version of the 2010 ADA Standards for Accessible Design (Alternative 2010 ADAS), HUD-2014-0042-0001, 79 FR 29671 (5/27/14) (commonly referred to as "the Alternative Standards" or "HUD Deeming Memo"). Accessible units should, to the maximum extent feasible and subject to reasonable health and safety requirements, be distributed throughout the project and be available in a sufficient range of sizes and amenities consistent with 24 CFR Part 8.26.

Grantees must adopt a written nondiscrimination policy requiring that no person will, on the grounds of race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, age, medical condition, genetic information, citizenship, primary language, immigration status (except where explicitly prohibited by federal law), justice system involvement (except where explicitly required by law), or arbitrary characteristics, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any project or activity funded in whole or in part with funds made available pursuant to this RFA. Nor will all other classes of individuals protected from discrimination under federal or state fair housing laws, individuals perceived to be a member of any of the preceding classes, or any individual or person associated with any of the preceding classes be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any project or activity funded in whole or in part with funds made available pursuant to this RFA.

Grantees must comply with the requirements of the Americans with Disabilities Act of 1990, the Fair Housing Amendments Act, the California Fair Employment and Housing Act, the Unruh Civil Rights Act, Government Code section 11135, section 504 of the Rehabilitation Act of 1973, and all regulations promulgated pursuant to those statutes, including 24 CFR Part 100, 24 CFR Part 8, and 28 CFR Part 35.

## **2.10. State Prevailing Wage**

A project funded by a Bond BHCIP grant is a “public works” project if the applicant intends to use the Bond BHCIP funds for the “construction, alteration, demolition, installation, or repair” of a building or structure (Cal. Lab. Code section 1720(a); Cal. Lab. Code section 1750(b)(1)). Applicants using Bond BHCIP grants to fund public works are subject to California’s prevailing wage and working hours laws (Division 2, Part 7, Chapter 1 of the California Labor Code), and the applicant’s project is subject to compliance monitoring and enforcement by the DIR (Cal. Lab. Code section 1771.4(a)(1)). Bond BHCIP award recipients must register as the “awarding body” with the DIR within 30 days of execution of the PFA. Further, as detailed in the Bond BHCIP PFA, proof that the general contractor is registered with the DIR will be required before Bond BHCIP funds are disbursed.

Applicants must complete Form 5: Applicant’s Certification of Prevailing Wage as a part of the application process. If DHCS selects an applicant to receive a Bond BHCIP grant and the applicant is using the grant to fund a public works project, then the applicant must submit a Certification of Compliance that includes an attestation from the general contractor certifying that the general contractor will comply with California’s prevailing wage and working hours laws (including posting job notices, as required by Labor Code section 1771(a)(2)). The Certification of Compliance must also state that the general contractor will maintain its labor records in compliance with all applicable state laws (Cal. Lab. Code section 1776) and should make all labor records available to the DIR and any other applicable enforcement agencies upon request (Cal. Lab. Code section 1771.4(a)(3)). The Certification of Compliance must be signed by the general contractor(s) and the applicant.

If DHCS selects an applicant to receive a Bond BHCIP grant and the applicant is not using the grant to fund a public work, then the applicant must submit a Certification of Inapplicability to DHCS explaining why the project is not a public work as defined by California Labor Code section 1720. The Certification of Inapplicability must be signed by the general contractor(s) and the applicant.

## **2.11. Streamlined, Ministerial Review Process**

In accordance with California WIC section 5960.31, if a Bond BHCIP-funded project meets the criteria set forth in paragraph (1) or (2) and complies with subdivisions (b) and (c) of that section,

then it “shall be a use by right and shall be subject to the streamlined, ministerial review process and filing requirement, pursuant to subdivisions (b) and (d) of Section 50675.1.5 of the Health and Safety Code, and not subject to a conditional use permit, discretionary permit, or to any other discretionary reviews or approvals.”

Applicants must determine if they are subject to the streamlined, ministerial review process due to meeting the requirements set forth in section 5960.31. DHCS nor AHP is responsible for making this determination.

## **2.12. California Environmental Quality Act (CEQA)**

In the event the applicant determines that its Bond BHCIP-funded project is exempt from CEQA, due to being subject to ministerial review (14 C.C.R. §15268(a)) or any other reason, the applicant must file a Notice of Exemption with the appropriate local agency. Additionally, the applicant must provide DHCS, through AHP, with a copy of the filed Notice of Exemption.

If the applicant determines that CEQA applies to its project, the applicant must provide DHCS, through AHP, with copies of all appropriate documentation demonstrating the project’s compliance with CEQA once the applicant has received project approval.

DHCS nor AHP is not responsible for determining whether Bond BHCIP-funded projects are exempt from CEQA. Furthermore, DHCS nor AHP is responsible for filing the Notice of Exemption on behalf of an applicant.

## **2.13. Low-Rent Housing Project Exemption**

In accordance with California WIC section 5960.35(b)(1), a project funded with a BHCIP grant will not be considered a “low-rent housing project,” as defined in section 1 of article XXXIV of the California Constitution, if the project meets any one of the following criteria:

1. The project is privately owned housing, receiving no ad valorem property tax exemption, other than exemptions granted pursuant to subdivision (f) or (g) of section 214 of the Revenue and Taxation Code, not fully reimbursed to all taxing entities, and not more than 49 percent of the dwellings, apartments, or other living accommodations of the project may be occupied by persons of low income.
2. The project is privately owned housing, is not exempt from ad valorem taxation by reason of any public ownership and is not financed with direct long-term financing from a public body.
3. The project is intended for owner-occupancy, which may include a limited-equity housing cooperative as defined in section 50076.5 of the Health and Safety Code, or cooperative or condominium ownership, rather than for rental-occupancy.
4. The project consists of newly constructed, privately owned, one- to four-family dwellings not located on adjoining sites.

5. The project consists of existing dwelling units leased by the state public body from the private owner of these dwelling units.
6. The project consists of the rehabilitation, reconstruction, improvement or addition to, or replacement of, dwelling units of a previously existing low-rent housing project, or a project previously or currently occupied by lower-income households, as defined in section 50079.5 of the Health and Safety Code.
7. The project consists of the acquisition, rehabilitation, reconstruction, improvement, or any combination thereof, of a project which, prior to the date of the transaction to acquire, rehabilitate, reconstruct, improve, or any combination thereof, was subject to a contract for federal or state public body assistance for the purpose of providing affordable housing for low-income households and maintains, or enters into, a contract for federal or state public body assistance for the purpose of providing affordable housing for low-income households.

If a project funded with a Bond BHCIP grant is a “low-income housing project” as defined by section 1 of article XXXIV of the California Constitution but does not meet any of the criteria listed above, then the applicant must comply with the requirements set forth in that section of the California Constitution.

## Part Three: Application Process and Submission

### 3.1. Application Process

Applications will be accepted electronically only. Applications may not be hand delivered or mailed. The application and attachments, along with instructions for submission of the online application, can be found on the [BHCIP website](#). No modified formats will be accepted. The deadline for applications will be **December 13, 2024, at 5 p.m. PT**. It is the applicant’s responsibility to ensure that the submitted application is complete and accurate and includes all required supporting forms. Reviewers may request additional clarifying information from the applicant. An application will not be reviewed in the following instances:

- The applicant does not request a PAC by the specified deadline (see section 1.4).
- The application is received after the application submission deadline.
- The application is incomplete or missing required information or forms, and/or does not include a complete development budget (see section 2.8).
- The facility type is ineligible.
- The project fails to meet minimum threshold requirements (see section 2.2).

### Reasonable Accommodations for Bond BHCIP Application

For individuals with disabilities, DHCS will provide assistive services such as reading or writing assistance and conversion of the RFA, questions/answers, RFA addenda, or other Administrative Notices in braille, large print, audiocassette, or computer disk. To request copies of written

materials in an alternate format, please send an email to [BHCIP@dhcs.ca.gov](mailto:BHCIP@dhcs.ca.gov) or call (323) 545-6202.

## **Regional Funding Reserve Methodology**

DHCS will prioritize completed applications by geographic distribution (see Table 3). Bond BHCIP Round 1: Launch Ready will adopt a regional funding approach, similar to models used in other state-funded capital programs. Counties are assigned to one of seven geographic regions, each with a specific funding amount reserved. The funding amounts for each region, along with the tribal set-aside and discretionary reserve, are listed below. Applicants within each region will compete against other applicants in that same region, thereby supporting geographic equity and funding disbursement across the state. If an insufficient number of competitive applications is submitted from within a region, the remaining funding will be awarded at the discretion of DHCS.

Regional funding caps will be established and the amounts available per region will be determined based on the Behavioral Health Subaccount. In Bond BHCIP Round 1: Launch Ready, the \$1.5 billion available exclusively for county, city, and tribal entities will not be subject to a regional funding cap.

In addition, for the Bond BHCIP Round 1: Launch Ready, up to \$1.8 billion and Bond BHCIP Round 2: Unmet Needs up to \$1.1 billion will be available for all eligible entities, 20 percent of funds available for Bond BHCIP will be set aside for use in regions at the State's discretion to ensure funding is effectively aligned with need. (For example, this reserve money may be used to fund high-scoring projects in oversubscribed regions).

Following an initial round of regional funding allocations, DHCS will conduct periodic reviews of the number of completed applications from each region. If an insufficient number of competitive applications is received and awarded within a region, the remaining funding will be awarded at the discretion of DHCS or shifted to Bond BHCIP Round 2: Unmet Needs.

Table 3. Bond BHCIP Round 1: Launch Ready—Regional and Statewide Funding

<b>1. Regions for All Eligible Entity Funds</b>	<b>Subtotal Available to Regions for All Eligible Entities: \$1.8 billion</b>
<b>Los Angeles County</b>	\$479,190,226
<b>Bay Area:</b> Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma	\$278,108,183
<b>Southern California:</b> Imperial, Orange, Riverside, San Bernardino, San Diego, Ventura	\$263,680,311
<b>San Joaquin Valley:</b> Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare	\$154,666,275
<b>Sacramento Area:</b> El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	\$81,768,565
<b>Central Coast:</b> Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz	\$51,771,065
<b>Balance of State:</b> Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne	\$58,815,375
<b>Tribal</b>	\$90,000,000
<b>Discretionary:</b> The discretionary set-aside may also be used to fund high-scoring projects in regions that have met their funding reserve.	\$342,000,000
<b>2. No Regional Caps for County, City, and Tribal (only) Funds</b>	<b>Subtotal Available Statewide for County, City, and Tribal*: \$1.5 billion</b>
<b>Total for Bond BHCIP Round 1: Launch Ready</b>	<b>Up to \$3.3 billion</b>

\* Of the \$1.5 billion, a minimum of \$30 million will be designated to tribal entities, as required by statute.

## 3.2. Pre-Application Consultations and Technical Assistance

As consistent with previous BHCIP rounds of funding, AHP, a consulting and research firm focused on improving health and human services systems, is serving as the administrative entity for BHCIP and will be assisting in the provision of TA.

Starting in August 2024, and concluding in November 2024, and as part of the RFA process, all prospective applicants will be required to engage in a PAC, which will provide an opportunity to discuss the proposed project, match requirements and potential sources of local match, statutory and regulatory requirements, how the project addresses local need/gaps and the State's priorities, and other related considerations. AHP will provide PACs in coordination with experts in real estate, finance, tribal relations, and behavioral health, as needed. Applicants will submit a request for a PAC and complete a PAC request form to indicate their understanding of the project requirements. The deadline to request a PAC will be October 15, 2024.

AHP will be holding office hours and offering bond funding application learning modules to potential applicants to assist in application preparation. These TA offerings will review various project-related topics. TA will help applicants understand the minimum project requirements and budgeting practices. Minimum project requirements will be discussed in the TA offerings, including match requirements, a sustainable business plan, a conceptual site plan, architectural and engineering narratives, roles and responsibilities of development teams, and initial budgeting based on conceptual site plans.

Upon receipt of an award and execution of the PFA, the eligible applicant and any co-applicants will be referred to as the project "sponsor," both individually and collectively. Following award announcements, specialized TA will be provided to all Bond BHCIP grantees. In addition, AHP will offer ongoing general training and TA, including learning collaboratives and other opportunities, for grantees throughout the life of the project.

Additional information and TA related to the RFA will be available on the BHCIP [website](#). AHP will also develop and update on an ongoing basis a list of Frequently Asked Questions (FAQs) that will be accessible to all prospective applicants and grantees. See the timeline in section 1.4 for important dates and times.

## Part Four: Award Scoring and Process

### 4.1. Application Scoring Criteria

Eligible Bond BHCIP grant applications undergo a competitive review process. DHCS will only award and fund projects from applicants that are in good standing with all local, county, state, and federal laws and requirements.

At a minimum, applicants must provide a full, complete application and meet the following criteria to be considered for award:

- Demonstrate expansion of services for individuals in need of crisis and/or behavioral health services.
- Demonstrate match.
- Schedule a PAC by the deadline of October 15, 2024, and complete it no later than November 14, 2024.
- Attest that the project will meet federal, state, and local laws.
- Demonstrate the capacity to complete project development and expend funds on time and on budget.
- Align with the State priorities listed in section 1.1.
- Align with needs and gaps outlined in the statewide assessment, "[Assessing the Continuum of Care for Behavioral Health Services in California.](#)"
- Budget reasonable proposed costs for the facility type and scope of rehabilitation or renovations proposed.
- Demonstrate long-term sustainability for the proposed project.
- Identify a service capacity increase in the total number of bed and/or slot count based on each proposed facility type and the individuals to be served.

Application scoring will also take into consideration the following factors:

- Later phases of development (see section 2.2) at the time of application
- Expansion of residential/inpatient facilities
- Regional models or collaborative partnerships, including public-private partnerships, aimed at constructing, renovating, and/or expanding community-based services are eligible and encouraged, as are projects using a campus-type model that collocates multiple levels of care on the continuum, with a focus on residential treatment centers.

## 4.2. Award Process

Awarded applicants will receive a conditional award letter by email from DHCS/AHP. Access to awarded funds is contingent upon verification of grantee's eligibility, completion of award certification steps, and final, digital execution of the PFA. Conditional grantees are expected to clear title to the subject property to be improved with Bond BHCIP funds and complete PFA execution within 90 days of receipt of the PFA. DHCS reserves the right to rescind conditional award funding and redirect it to alternate applicants in instances where extended delays in PFA execution occur.

As part of the PFA execution process, conditional grantees must execute a Facility Access Agreement (FAA) that states that DHCS will have access to the Bond BHCIP-funded facility throughout the 30-year encumbrance period. They must also provide a signed opinion letter from their legal counsel stating that the PFA, including real estate instruments, along with the program

requirements, is not in conflict with any existing contract or agreement related to the property, project, or conditional grantee.

The PFA must be signed, returned, and fully executed with AHP before initial funding will be awarded. DHCS will not accept any changes, negotiations, or redlining to the PFA. Depending on the applications received, their project locations, allowable expenditures, amounts of funds requested, and funding available, DHCS may choose to fund only part of an application. In that case, DHCS would reach out to the potential grantee to determine their interest in receiving a smaller amount than originally requested.

Funds awarded pursuant to the project must be used to supplement, and not supplant, other funding available from existing local, state, or federal programs or from grants with similar purposes. Funding may not be used for “reimbursement.” Only those costs that can be associated with completing the project would be eligible costs, as noted in section 5.2.

Applicants that are not funded during Bond BHCIP Round 1: Launch Ready may be eligible to apply for Bond BHCIP Round 2: Unmet Needs funding. TA will be available on an ongoing basis.

### **4.3. Appeals**

California law does not provide a protest or appeal process against award decisions made through an informal selection method. Applicants submitting a response to this RFA may not protest or appeal the award. All award decisions made by DHCS will be final.

## **Part Five: Project Operations**

### **5.1. Project Oversight and Reporting**

As specified by DHCS and upon request, grantees must provide progress reports in connection with the approved timeline, statement of work (SOW), and budget, as well as any updates to the timeline for completion of the project. The progress reports should include the project’s completion milestones and any updates or substantial changes. Grantees must promptly notify DHCS of any changes regarding organization, authorization, or capacity. This information will be outlined in the PFA.

Grantees are required to meet state financial and administrative reporting requirements and submit data through an online portal. Reporting requirements will include regular reports (at least once every 30 days) indicating progress toward meeting performance milestones, and a final report. The annual report will be due no later than January 31 for the prior calendar year of January 1 to December 31. Funding will be contingent upon provision of the timely submission of data and reporting. These requirements will be fully detailed upon award.

In addition to the foregoing, each grantee must submit to DHCS periodic reports, updates, and information as deemed necessary by DHCS to monitor compliance and/or perform project evaluation. Any requested data or information must be submitted electronically in a format provided by DHCS.

Additional reporting requirements may be required by DHCS for up to 30 years after completion of project construction.

## **5.2. Disbursement of Grant Funds**

The PFA will set forth the general conditions for disbursement. All grantees will be able to commence work and invoice for Bond BHCIP Round 1: Launch Ready project-specific expenses incurred back to the date of their conditional award, provided the expenses align with the project identified in the grant application and the final executed PFA and detailed SOW, and dated receipts/supporting documentation are available to verify project expenses. Eligible sunk costs may include the purchase of real property and construction or renovation/rehabilitation costs, including project planning or project management; appraisals; inspections; preconstruction costs such as permitting, surveying, architectural, and engineering fees; hardscaping and/or landscaping costs essential to the completion of the project (may not exceed 5 percent of the total grant award); and FFE (see section 2.7.) The project funding will become available upon final execution of the Bond BHCIP Round 1: Launch Ready PFA with AHP, at which point, the grantee may begin submitting invoices.

Disbursement of funds will follow bond payment processes and funding cycle. The grantee will submit relevant invoices to the draw authority for work completed. The draw authority will review the draw request, approve the invoices for work completed, and issue approval for disbursement of funds to the grantee. The grantee will then be responsible for paying invoices in a timely manner. Subsequent funding for construction will be released following site inspections and once draw requests are submitted for work completed in alignment with the bond payment processes and funding cycle.

AHP will closely monitor progress on construction and will track and review all schedules, change orders, and contingency expenses. Grantees will be responsible for submitting invoices, revised budgets, and schedules to AHP for approval. Grantees must ensure that expenses are allowable under the PFA and will be expected to provide sufficient backup documentation. Grantees are responsible for ensuring that their project is on schedule and on budget. Grantees who are awarded Bond BHCIP funds will be solely responsible for any costs to complete the project in excess of the program funds award amount. Neither DHCS nor AHP will be responsible for any cost overruns. Additional details regarding the funding and disbursement process will be provided upon award.

### 5.3. Funding Promotion

Grantees must collaborate with DHCS on requests to promote the award opportunity and services funded through the award. Requests for which the grantee will be responsible may include, but are not limited to, conducting media interviews; submitting letters to the editor of local or statewide publications; providing comments for related media activities; and/or submitting informational videos discussing the grantee's organization, services provided, and resulting impacts of the Bond BHCIP funding on communities.

### Part Six: Forms/Attachments (Total of 15)

Applicants must include all of the following attachments with the application. All required forms and supporting documents must be completed and uploaded in the application portal.

Form 1: Application Questions Guide (Note: additional questions may be included on the application portal)

Description: Application questions and related documents for Bond BHCIP Round 1: Launch Ready

- Letter(s) of support
- Any preliminary site plans, design drawings, or construction drawings for the proposed project—these may include schematic designs, architectural drawings, construction blueprints, and/or other renderings (Please limit each file size to less than 20 MB).
- Resumes of the development team that developed the design/construction plans.
- A copy of all executed contracts for hire related to the project's development team (lawyer, construction manager, development manager, architect, consultants, general contractor, etc.).
- Organization chart (for corporations, LLCs, and general partnerships owned by individuals or natural persons).
- A certified appraisal and a bank loan document, if identifying a real property contribution for match.
- A valid rough order of magnitude cost estimate if no construction plan is in place.
- A preliminary title report.

Form 2: Budget Template

Description: Pre-formatted template for all costs related to the proposed project, including match

Form 3: Development Team Information

Description: Information about development team, including contact information and experience

Form 4: Design, Acquisition, and Construction Milestone Schedule

Description: Schedule for achieving design, acquisition, and construction milestones

Form 5: Applicant's Certification of Prevailing Wage (inclusion in estimated budget)

Description: Certification with an attestation from the general contractor that the general contractor will comply with California's prevailing wage and working hours laws

Form 6: Applicant's Certification of Funding Terms

Description: Certification that the applicant will receive, expend, and administer all funds received under this initiative pursuant to the terms outlined

Form 7: Community Engagement

Description: Table to detail applicant outreach efforts related to the proposed project

Form 8: Schematic Design Checklist

Description: Checklist of start and completion dates for schematic design drawings, including architectural and engineering technical information

Form 9: Facility Financial Operating Pro Forma Template

Description: Table of revenue and expenses to show annual net operating income

Form 10: Board Authorizing Resolution (BAR) Template

Description: Template for eligible entities to confirm signing authority for the PFA. Local government entities are allowed to use their own authorizing resolution.

Attachment A: Pre-Application Consultation Process

Description: Outline of the PAC process, including a link to the required survey

Attachment B: DHCS Allowable Expense List

Description: List of allowable expenses for Bond BHCIP-funded projects

Attachment C: Letter of Support Guidelines

Description: Requirements related to all letters of support submitted as part of a Bond BHCIP Round 1: Launch Ready application

Attachment D: Budget Glossary of Terms

Description: Glossary of terms related to the budget for Bond BHCIP Round 1: Launch Ready applications

Attachment E: Glossary of Terms

Description: Glossary of terms for Bond BHCIP Round 1: Launch Ready

## **BYLAWS**

### **MENTAL HEALTH COMMISSION for the CITIES FOR BERKELEY and ALBANY**

#### **ARTICLE I NAME**

The name of the Commission shall be the Mental Health Commission of the City of Berkeley.

#### **ARTICLE II AUTHORITY**

Pursuant to Section 5604 of the Welfare and Institutions Code of the State of California and Resolution No. 65,945-N.S., a Mental Health Commission of the City of Berkeley is hereby established.

#### **ARTICLE III POWERS and DUTIES MENTAL HEALTH COMMISSION**

The Commission shall exercise its powers and duties according to the Welfare and Institutions Code § 5650 and City of Berkeley, Resolution No. 65,945-N.S.:

1. Review and evaluate the community's mental health needs, services, facilities and special problems including as to Berkeley Mental Health.
2. Review any City agreements entered into pursuant to WIC § 5650, if submission of a performance contract is required by the State.
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all states of the planning process.
5. Submit an annual report to the governing body on the needs and performance of the City's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental 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 State Mental Health Planning Council.

8. Pursuant to WIC § 5604.2(a)(8), the City Council may transfer additional duties or authority with the Commission.
9. Develop By-Laws, in accordance with § 5604.5 and approved by City Council, including at the discretion of the Commission, the creation of an Executive Subcommittee.

**ARTICLE IV**  
**STATE REQUIREMENTS for**  
**COMMISSION MEMBERSHIP**

The Commission shall be composed of thirteen (13) members, appointed by the City Council of the City of Berkeley, except as set forth in Section 2(1). The membership shall conform to the following:

1. One (1) member of the Commission shall be the Mayor of the City of Berkeley. The City of the City of Berkeley may designate a person of its choice to serve instead of the Mayor as a member of the Commission.
2. Two (2) members of the Commission shall be residents of the City of Albany. The remaining members shall be residents of the City of Berkeley. At least one (1) of the two (2) Albany members shall be representative of the Special Public Interest, as defined below.
3. Members of the Commission shall be persons representative of the public interest in mental health as follows:
  - a. Special Public Interest: Not less than seven (7) of the members representing the Public Interest and shall be persons or parents, spouses, siblings, or adult children of persons who are receiving or have received mental health services.
    - i. At least three (3) of the members representing the special public interest shall be persons who are receiving or have received mental health services.
    - ii. At least three (3) of the members representing the special public interest shall be parents, spouses, sibling, or adult children of persons who are receiving or have received mental health services.
  - b. General Public Interest: The remaining five (5) members shall be designated as General Public Interest and shall be person representing a broad range of disciplines, professions, and fields of knowledge.
4. No Member of the Commission or his or her spouse shall be a full-time or part-time employee dealing with mental health services of the City of Berkeley, the County of

Alameda and/or the State of California. No Member shall be a paid member of the governing body of a mental health contract agency.

**ARTICLE V**  
**COMPOSITION OF THE COMMISSION**

The composition of the Commission shall reflect the membership requirements, the demographics of the minority populations in the Cities of Berkeley and Albany and the overall demographics of these Cities (the last as feasible). The composition shall reflect the diversity of the client population of the Division of Mental Health for the Cities of Berkeley and Albany as required by applicable law, policy and procedure.

**ARTICLE VI**  
**APPOINTMENT PROCESS FOR**  
**MENTAL HEALTH COMMISSION MEMBERS**

Whenever a vacancy occurs on the Mental Health Commission, the following steps shall be taken:

1. The Berkeley City Clerk will announce the existence of the vacancy on the City of Berkeley website. When the vacancy is a seat previously held by an Albany resident, the Secretary will forward the announcement in a timely manner to the Albany City Clerk.
2. The Mental Health Commission shall publicize the vacancy and solicit applications for appointment. The announcement shall be distributed based on the priorities set by the Mental Health Commission. Depending on the specific category to be filled, announcements may also be sent to special interest organizations.
3. Albany Applicants only: Applications from Albany residents for either of the two Albany seats shall be forwarded to the Albany City Clerk.
  - a. The Albany City Council will review the Albany applicants and make recommendations for appointment to the Commission.
  - b. The Albany City Council is responsible for communicating its recommendations in a timely manner to the Berkeley City Clerk for submission to the Commission Secretary.
  - c. While the Commission makes the recommendation to the Berkeley City Council for Commission appointments, the Albany City Council's recommendations have priority in the selection process.
4. When an application is submitted, the Secretary will first review the application for eligibility pursuant to the criteria stated in these bylaws. The Secretary will then distribute applications from qualified applicants to the Commissioners and place them in the Communications binder for public reviewing prior to the next Mental

Health Commission meeting. Applicants are encouraged to attend Commission meetings prior to appointment so that they may become familiar with the work of the Commission.

5. The Commission shall conduct interviews of qualified applicants. After the interview, the Commission shall decide whether to recommend the applicant to the City Council for appointment. If the Commission decides to recommend the appointment, the Secretary will send a Consent Item to Council on behalf of the Commission.
6. All members of commissions shall sign an Affidavit of Residency of the Cities of Berkeley or Albany, take an Oath of Office and file a Statement of Economic Interest with the Berkeley City Clerk within 30 days of appointment. These documents shall be filed directly through the City Clerk, or by Secretaries of Commissions

#### **ARTICLE VI** **TERMS OF OFFICE OF MEMBERS**

The term of each member of the Commission shall be for three (3) years. Commissioners shall serve not more than eight consecutive years on a Commission. Commissioners that have served the maximum of eight years on a certain Commission shall not be eligible to serve on that same Commission until a two year break in service has occurred.

#### **ARTICLE VII** **ABSENCES**

Members of the Commission must be present at least one hour, or 50% of the entire meeting, whichever is less, to be counted as present for the purposes of attendance. Commissioners shall be terminated for failure to attend three consecutive meetings or to attend 50% of all regular meetings during a 6 month reporting period.

#### **ARTICLE VIII** **ELECTION AND TERMS OF OFFICERS**

The majority of the Commissioners shall elect a Chair and Vice-Chair for a one-year term and hold office until their successors are elected, or until their terms as members of the Commission expire. Elections should occur during the month of February. The election of new officers must be listed as an agenda item.

New officers shall take office at the following meeting. No Commissioner shall serve as Chair for more than two consecutive years. The results of the vote shall be publicly announced and the vote recorded in the Commission meeting minutes.

**ARTICLE IX**  
**DUTIES OF THE OFFICERS**

The Chair, or in her or his absence the Vice-Chair, shall perform the following duties pursuant to the Commissioner’s Manual:

1. The Chair presides at all meetings of the Commission and ensures that the work of the Commission is accomplished. To this end the Chair must exert sufficient control of the meeting to eliminate irrelevant, repetitious or otherwise unproductive discussion.
2. The Chair must ensure that all viewpoints are heard and are considered in a fair and impartial manner.
3. The Chair ensures that Commission bylaws, if any, and procedures are followed. The Chair cannot make rules related to the conduct of meetings; only the full Commission may do so.
4. The Chair appoints Commission members to temporary subcommittees subject to the approval of the full Commission.
5. The Chair approves the agenda prior to distribution. This approval is limited to the structure and order of the agenda and does not grant the Chair the authority to remove items submitted by Commissioners or staff if submitted by the established deadline.
6. The Chair signs correspondence on behalf of the Commission.
7. The Chair represents the Commission before the City Council. Other Commissioners may be the representative with the formal approval of the Commission by motion and vote.
8. The Chair approves Commission reports to Council.
9. The Chair or a quorum of the Commission may call a special meeting. The Chair may also cancel a regular meeting.
10. The Chair and Vice-Chair have full rights to vote and to make or second motions.

**ARTICLE X**  
**MEETINGS**

The Commission shall meet up to ten times per year at a regularly scheduled day and time. Additional meetings may be held with approval of the City Council. Regular meetings shall be held on the last Thursday of each month at 7:00 pm.

**ARTICLE XI**  
**QUORUM**

The Commissioners shall have a quorum in order to take action on any business. A quorum is the minimum number of Commissioners or subcommittee members who must be present for the valid transaction of business.

If a quorum of the Commission is not present at a scheduled Commission meeting, the members who are present can adjourn the meeting to a set time and place or they can continue the meeting as a committee pursuant to § Section 54955 of the Brown Act.

**ARTICLE XII**  
**TEMPORARY SUBCOMMITTEES**

The Commission or the Chair, with the confirmation of the Commission, may appoint several of its members but fewer than the quorum of the present body to serve as a temporary subcommittee. Subcommittees must be comprised of at least two members. These subcommittees are defined by all of the following characteristics:

1. Composed of less than a quorum of the parent body.
2. Composed of only members of the parent body.
3. Have a finite purview established by the parent body.
4. Have a set target date to report back to the parent body.
5. Have a set target ate to report back to the parent body.
6. Terminate within one year, unless the parent body reviews and extends the timeline.
7. Have no regular meeting schedule set by the parent body.
8. Have no alternate Commissioner assigned to attend meetings, even as an observer, if his or her presence would create a quorum of the parent body.

Subcommittees are advisory only to the parent commission, not to Council. They are tasked with making a recommendation to the parent Commission.

**ARTICLE XIII**  
**ADVISORY DUTIES TO THE**  
**BERKELEY CITY COUNCIL**

The Mental Health Commissions shall submit reports as mandated by the Berkeley City Council, including to ensure that a wide variety of viewpoints are provided from Commissioners and the public and the Commission's recommendations.

**ARTICLE XIV**  
**ANNUAL COMMISSION WORK PLAN**

The Mental Health Commission shall establish an annual work plan at the start of each fiscal year pursuant to the City Council’s formal action in 2016. The work plan should contain the Commission’s mission statement, goals, resources, activities, outputs and desired outcomes.

**ARTICLE XV**  
**CONFLICTS OF INTEREST**

Commissioners shall not engage in conflicts of interest. Commissioners as public officers, acting in their official capacity, are prohibited from making contracts in which they have a person, including financial, interested under Government Code § 1090.

There is an exception if the Commissioner is an officer, member, director or employee of a non-profit corporation which is to receive a contract in question and the law does not prohibit the contract itself.

The Commissioner must disclose his or her interest, the minutes of the commission must reflect this disclosure, and the individual commissioner must disqualify himself or herself from participating in any manner, either directly or indirectly, in making or influencing any decision related to the contract.

**ARTICLE XVI**  
**COMPENSATION FOR ELIGIBLE COMMISSIONERS**

The City Council provides a \$40 stipend payment for meeting attendance in order to remove barriers from “citizen participation” on Commissions. Commissioners whose annual federal income tax filed jointly is below \$20,000 per year shall be entitled to receive stipend payments for compensation of expenses as set forth in the Commissioner’s Manual.

**ARTICLE XVII**  
**PUBLIC COMMENT**

The Mental Health Commission welcomes and invites public comment at its meetings according to the following:

1. Members of the public must be allowed to speak on any item under the Commission’s purview, even if it is not on the agenda (generally two to three minutes per speaker).
2. No member of the public shall be required to provide their name at a Commission meeting.
3. Public comment cannot be used to start a discussion between Commissioners or to take action in response to comments.

4. For items on the agenda, the Brown Act requires that public comment be permitted prior to the Commission voting on the item.
5. The Brown Act allows a Commission to adopt reasonable regulations to govern public comments.

**ARTICLE XVIII**  
**BROWN ACT - MEETINGS**

The Commission shall further comply with the Brown Act including:

1. All “meetings” shall be conducted in compliance with the Brown Act, Gov. Code §§ 54950, *et seq.*
2. “Meetings” constitute any contact between a quorum of the Mental Health Commission, directly or through intermediaries to hear, discuss, deliberate, or take action “on any matter within the subject matter jurisdiction” of the City or Commission.
3. “Meetings” include retreats, forums, workshops, and similar types of events.
4. “Meetings” can be in-person, by telephonic or other electronic medium, or through intermediaries.
5. With a few narrow exceptions not applicable to most Commissioners, all meetings of legislative bodies must be open to the public.

**ARTICLE XIV**  
**COMMISSIONERS’ MANUAL**

The Commission shall conduct its business in accordance with Commissioner’s Manual for the City of Berkeley

**ARTICLE XV**  
**ROBERT’S RULES OF ORDER**

The Commission shall conduct its business in accordance with Robert’s Rules of Order.



## APPLICATION FOR APPOINTMENT TO BERKLEY ~~BEHAVIORAL /ALBANY MENTAL~~ HEALTH COMMISSION

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Thank you for your interest in improving community ~~behavioral mental~~ health in Berkeley, ~~and Albany~~. Below is some important information about the Berkeley ~~Behavioral /Albany Mental~~ Health Commission. ~~Please you should~~ review before completing your application.

### Background

Created by California Welfare and Institutions Code Section 5604 and Berkeley City Resolution 65,945-N.S., the Berkeley ~~Behavioral /Albany Mental~~ Health Commission, ~~originally named the Berkeley/Albany Mental Health Commission~~, is composed of ~~behavioral mental~~ health consumers, family members of consumers and Berkeley ~~/Albany~~ residents with a broad range of disciplines, professions and fields of knowledge ~~and experience~~. ~~Beginning on January 1, 2025, new changes are required from the passage of Proposition 1 (SB 326) and are outlined below.~~

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### Composition of the Commission

The Commission consists of ~~thirteen~~ members. Commissioners are appointed by Berkeley City Council for ~~a~~ three year terms, with a limit of three consecutive terms.

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To meet state requirements, ~~fifty percent of the seats are designated for 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 must be 25 years of age or younger. more than half the seats are designated as Special Public Interest. Special Public Interest members shall be consumers or the parents, spouses, siblings or adult children of consumers who are receiving or have received mental health services from a City or County Program or any of its contract agencies, a state hospital, or any private nonprofit mental health agency.~~ This helps to ensure that people who are impacted by ~~behavioral mental~~ health services have a voice in the oversight process. ~~At least one seat is designated for a veteran or veteran advocate. At least one seat is designated for an employee of a local education agency.~~

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The specific membership of the Commission is as follows: (a) one member of the Commission is the Mayor or a City Council designee, ~~(b) two shall be residents of the City of Albany (at least one Special Public Interest), and (be)~~ the remaining members shall be residents of the City of Berkeley. Of the total membership, at least 20 percent shall be consumers, and at least 20 percent shall be ~~families of consumers, seven members of the Commission shall be Special Public Interest, with at least 20% of the total Commission members direct consumers and at least 20% family members.~~ The remaining Commission members ~~shall be individuals who have experience with, and knowledge of, the behavioral health system including community members who engage with individuals living with mental illness in the course of daily operations. Examples include community members from a variety of fields and professions, represent the General Public Interest and are from a variety of fields and professions.~~

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(ii) 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.

**APPLICATION FOR APPOINTMENT TO  
BERKLEY ~~BEHAVIORAL /ALBANY MENTAL~~ HEALTH COMMISSION**

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The City of Berkeley's Conflict of Interest Code requires members of the Berkeley ~~Behavioral /Albany Mental~~ Health Commission to file Statements of Economic Interest – FPPC Form 700, which is a public document. For more information, please contact the City Clerk's Department at (510) 981-6900, or visit the website at <https://berkeleyca.gov/your-government/public-records/conflict-interest-reports>

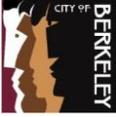
In addition, Commissioners are required to participate in the AB 1234 Ethics Training, which is offered on line. Additional trainings are offered annually through the California Association of Local Mental Health Boards/Commissions (CALMHB/C) and California Institute for Mental Health (CIMH).

General Commissioner Qualifications:

- Demonstrates interest in community ~~behavioral mental~~ health services;
- Ready to commit to Commission duties, including preparation for and regular attendance at monthly Commission and Committee meetings, timely review of meeting materials and completion of Commission paperwork and training;
- Willing and able to work alongside ~~behavioral mental~~ health consumers and members of diverse communities;
- Able to constructively handle conflict and differences of opinion;
- Reflects the diversity of the Berkeley ~~/Albany~~ community;
- Willing and able to work with City staff, ~~Behavioral Mental~~ Health management, ~~Albany and~~ Berkeley City Councils; and
- The Commissioner or their spouse is not a full or part time employee of: the City of Berkeley's ~~behavioral mental~~ health division, an Alameda-county ~~behavioral mental~~ health service, the California Department of Health Care Services, a ~~behavioral mental~~ health contract agency or a paid member of the governing body of a ~~behavioral mental~~ health contract agency.

**Please be aware that, as with other City Boards and Commissions, once an application is filed with the City of Berkeley, it becomes public information.** Further, in order to confirm that the Commission membership is representative of the various categories set forth in state law and City resolution, applicants need to indicate on the application form whether they are applying to represent the ~~categories as defined above. Special Public Interest or General Public Interest category, and if Special Public Interest, whether they are a consumer or family member as defined above.~~

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APPLICATION FOR APPOINTMENT TO  
BERKLEY ~~BEHAVIORAL~~ /ALBANY MENTAL HEALTH COMMI

Redistricting  
Commissioners may  
not be eligible to  
serve. Contact the  
City Clerk to verify.

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NAME: \_\_\_\_\_

PREFERRED PRONOUN(S): \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street City Zip

Business Name/Address: \_\_\_\_\_  
Street City Zip

Occupation/Profession: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Name of Spouse's Employer: \_\_\_\_\_

*(Please note that pursuant to Welfare and Institutions Code Section 5604(d), no member of the City of Berkeley's Mental Health Commission or his or her spouse may be: (a) a full or part time employee of City of Berkeley's mental health division, (b) a full or part time county employee of a county mental health service, (c) an employee of the California Department of Health Care Services, or (d) an employee of, or paid member of the governing body of, a mental health contract agency. If you are unsure whether your employment or your spouse's employment falls within this restriction and are interested in applying for the Commission, please contact the Commission Secretary.)*

The following individuals are qualified to comment on my capabilities:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
_____	_____	_____
_____	_____	_____

The City of Berkeley's Conflict of Interest Code requires members of all City of Berkeley Commissions except the Youth Commission and Commission on Status of Women to file Statements of Economic Interests – FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk's Department at 981-6900, or visit our website at <https://berkeleyca.gov/your-government/public-records/conflict-interest-reports>.

Name: \_\_\_\_\_

I have been a resident of: Berkeley, ~~Albany~~ since: \_\_\_\_\_  
(circle one)

APPLICATION FOR APPOINTMENT TO  
BERKLEY ~~BEHAVIORAL~~ /ALBANY MENTAL HEALTH COMMISSION

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I qualify for appointment under the following categories:  
(Please check all that apply to you)

~~representative of General Public Interest who shall be persons representing a broad range of disciplines, professions, and fields of knowledge.~~

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~~Representative of Special Public Interest who shall be Cconsumers who isare receiving or hasave received behavioral mental health services or family members (parents, spouses, siblings, or adult children) of a consumers.~~

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Please indicate all that apply to you at least one:

Consumer  Family member  18 - 25 years of age

Veteran or Veteran Advocate

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Employee of a local Education Agency

Community member who has experience with and knowledge of the behavioral health system including those who engage with individuals living with mental illness in the course of their daily operations, representing a broad range of disciplines, professions, and fields of knowledge.

Commented [KK9]: 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

AFFIDAVIT OF RESIDENCY

I, \_\_\_\_\_, hereby declare, under penalty of perjury, that I am a resident of the City of Berkeley. I understand that, with the exception of a temporary relocation outside of Berkeley not to exceed six months, I may no longer serve on a Berkeley Commission should this cease to be true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR APPOINTMENT TO  
BERKLEY ~~BEHAVIORAL~~ /ALBANY MENTAL HEALTH COMMISSION

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DEMOGRAPHIC SURVEY (Optional):

Please indicate gender:  Male  Female  Nonbinary  Prefer not to say

Please indicate whether you are currently a student:  Yes  No

Please indicate the racial / ethnic category which you most closely identify with below (*response optional - please check only one category*):

- WHITE (not of Hispanic or Latino origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- BLACK or AFRICAN AMERICAN (not of Hispanic or Latino origin):** All persons having origins in any of the Black racial groups of Africa
- HISPANIC or LATINO:** All persons of Central / South America or other Spanish culture or origin, regardless of race
- ASIAN (not of Hispanic or Latino origin):** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. This includes, Cambodia, China, Japan, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- AMERICAN INDIAN / ALASKAN NATIVE (not of Hispanic or Latino origin):** All persons having origins in any of the original peoples of North, Central, and South America, and who maintain cultural identification through tribal affiliation or community recognition.
- NATIVE HAWAIIAN / PACIFIC ISLANDER (not of Hispanic or Latino origin):** All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- TWO or MORE RACES (not of Hispanic or Latino origin):** All persons who identify with more than one of the above six races

**APPLICATION FOR APPOINTMENT TO  
BERKELEY ~~BEHAVIORAL /ALBANY MENTAL~~ HEALTH COMMISSION**

**Supplemental Questionnaire  
Berkeley ~~Behavioral /Albany Mental~~ Health Commission**

In addition to completing the application form, candidates are requested to provide the following information to assist the ~~Behavioral Mental~~ Health Commission in their process to recommend applicants for appointment by Berkeley City Council. Please use an additional sheet if necessary.

1. Please explain why you are interested serving on the Berkeley ~~Behavioral /Albany Mental~~ Health Commission.
2. Are you involved in other community activities? If so, which ones?
3. What, in your opinion, are the most important ~~behavioral mental~~ health issues in Berkeley ~~and/or Albany~~?
4. What do you recommend doing about them?
5. It is important that Berkeley ~~Behavioral Mental~~ Health be responsive to the needs of our culturally diverse community. What knowledge and experience do ~~you~~ have that could help provide insight on how to make Berkeley ~~Behavioral Mental~~ Health even more inclusive of under-served communities?
6. What unique contributions (work experience, education, attributes and training) do you have to make to the ~~Behavioral Mental~~ Health Commission?

**Return this form to the City Clerk Department: 2180 Milvia Street, Berkeley, CA 94704**

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

**ARTICLE I – NAME**

The name of this Board 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 s 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 county 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 board that are not included in the final plan or update.

For purposes of this section, “substantive recommendations made by the local behavioral health board” means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local behavioral health board 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 10 or more members, depending on the preference of the County, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors.
2. One (1) member shall be a member of the Berkeley City Council.
3. Fifty percent (50%) 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. 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 with a population of 100,000 or more, at least one (1) member of the board shall be a veteran or veteran advocate. In counties 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.
  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 board, if a county has a veterans service officer.
5. At least one member (1) 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
6. Membership should reflect the ethnic, cultural, racial and LGBTQ+ diversity of the clients served in the county.
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 board or the member's spouse shall not be a full-time or part-time county employee of a county behavioral health service, 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 board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.
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 the county behavioral health service, the State Department of Behavioral Health, or on the staff of, or a paid member of the governing

body of, a 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 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 Board.

11. Terms of Office: Terms for each member of the Behavioral Health Board 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 Board 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. Berkley 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 five Behavioral Health Board members to be nominated and appointed by the Board of Supervisors. The Board of Supervisors 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 Board. Interview and Recommendation. All applicants, except those nominated directly by the Board of Supervisors, shall initially be interviewed by at least two members of the Behavioral Health Board. Names of the applicants recommended shall be presented to the full Behavioral Health Board for its consideration. Those applicants recommended by the Behavioral Health Board shall then be referred to the Board of Supervisors with a recommendation they be appointed to the [Example] County Behavioral Health Board.

## ARTICLE V - MEETINGS

1. Annual Meetings. There shall be a regular meeting, which shall constitute the annual meeting of the Behavioral Health Board, to be held on the second Monday of July of each year at which time a meeting schedule (that includes regular meeting day, time and location (including virtual location if any)) will be adopted for the next twelve months, and elections held. If the second Monday of July falls on a Holiday, the meeting shall be held on the third Monday of July.
2. Regular Meetings of the Behavioral Health Board 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 Board, may be called at any time by the Chair of the Board or by a majority of the Board members.
4. Notice of Annual and Regular Meetings. Meeting agendas shall be posted 72 hours in advance on the county website and given to each member of the Behavioral Health Board 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 Board or by a majority of the Behavioral Health Board members. Notice of special meetings shall be posted 24 hours in advance on the county website and shall be provided to each member of the Behavioral Health Board 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 Board. 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 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 Board 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 [Example] County Director of Behavioral Health.
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 BHB 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

Internal

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.



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

## **MEMORANDUM**

**To:** Mental Health Commission  
**From:** Jeffrey Buell, Mental Health Division Manager  
**Date:** 10/15/2024  
**Subject:** Mental Health Manager Report

### Mental Health Services Report

Please find the attached report on Mental Health Services for September 2024.

### Information Requested by Mental Health Commission

No questions were submitted by the Mental Health Commission this month.

### Mental Health Division Updates

### **Division Fiscal Outlook**

As previously reported and discussed, the passage of Prop 1 and the CalAIM changes instituted by the Department of Health Care Services (DHCS), the fiscal outlook for the Division have changed drastically than in previous years.

Prop 1 has added a number of processing and reporting requirements, which will greatly increase the analyst workload of the Division. While analysts are needed to support this new requirement, there is not additional funding to support their positions and they do not bring additional revenue into the system.

CalAIM has also instituted a change in how jurisdictions are reimbursed for billable Medi-Cal services. Previously, Counties were paid from a cost-report methodology that provided remuneration based on a fraction of the costs that were incurred to provide services, regardless of the number of services provided. This naturally supports smaller jurisdictions who must recreate the same administrative and structural systems that a larger entity would have. It takes a larger proportionate amount of resource/positions for the smaller Counties to create this while the larger Counties' scale would allow them to create more proportionate service positions. The new system is a fee-for-service model

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that pays for Medi-Cal services rendered and no longer takes the relative administrative burden into account. DHCS attempted to account for this by keeping rates for small Counties higher than large Counties, but Berkeley is not separated for these purposes. We are a Medi-Cal contractor for Alameda County and thus receive the lower rates of a large County despite the burden of having to recreate these same administrative structures.

Alameda County has had some difficulties with its new billing system implementation and also have not been able to provide the needed system reports that Berkeley required for billing Medi-Cal Administrative Activities. The Mental Health Division has been proceeding conservatively with respect to finances and has undertaken a process to manually recreate our own reports and estimated income for FY23-24.

Our Fiscal team has recently helped determine that our expected Medi-Cal service billing should enable us to maintain our current staffing, but expansion is not feasible without bringing in commensurate income. Options outside of Medi-Cal for adding revenue may eventually include the Children and Youth Behavioral Health Initiative (CYBHI) and its statewide multi-payer school-linked fee schedule. The state is moving behavioral health monies away from County systems and into Local Education Agencies (LEA's), so that these services will be paid through entities such as school districts. This move could allow an expansion of school-based behavioral health services, though the infrastructure still needs to be developed. BUSD signed up for the second cohort of LEAs in April of 2024.

## Berkeley Mental Health Caseload Statistics for October 2024

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 October 2024
<b>Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)</b>	1-10 for clinical staff.	4 Clinicians, 1 Non-Licensed Clinician, 1 Clinical Supervisor	56	\$55,779	Clients: 55 API: 2 Black or African-American: 27 Hispanic or Latino: 1 White: 21 American Indian: 0 Other/Unknown: 4 Male: 32 Female: 15 Missing Gender ID: 8 Prefer Not to Answer Gen ID: 0 Multiple Gender ID: 0 Heterosexual: 37 Unknown: 5 Missing Sex Orient: 8 Bisexual: 0 Queer: 1 Prefer Not to Answer Sex Orient: 1 Multiple Sex Orient: 0 Gay: 2 Questioning: 0 Lesbian: 0
<b>Adult FSP Psychiatry (October Stats)</b>	1-100	0 FTE	50		
<b>AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>				\$2,037,600	
<b>Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)</b>	1-8 for clinical staff	3 Clinicians, 2 Non-Licensed Clinician, 1 Clinical Supervisor	42	\$73,801	Clients: 40 API: 1 Black or African-American: 22 Hispanic or Latino: 1 Other/Unknown: 2 White: 14 Male: 22

## Berkeley Mental Health Caseload Statistics for October 2024

					Female: 14 Missing Gender ID: 3 Unknown: 1 Prefer No to Answer: 0 Multiple Gender Identities: 0 Heterosexual: 27 Missing Sex Orient: 3 Bisexual: 3 Unknown: 4 Gay: 1 Questioning: 1 Multiple Sex Orient: 1 Prefer Not to Answer: 0 Lesbian: 0
<b>HFPS Psychiatry (October Stats)</b>	1-100	0.5 FTE	31		
<b>HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>			TBD		
<b>Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)</b>	1-20	7 Clinicians 1 Team Lead 1 Clinical Supervisor	163	\$19,507	Clients: 153 American Indian: 2 API: 12 Black or African-American: 59 Hispanic or Latino: 6 Other/Unknown: 7 Pacific Islander: 2 White: 65 Male: 56 Female: 59 Multiple Gender Identities: 0 Missing Gender ID: 32 Non-Conforming Gender ID: 1 Prefer Not to Answer Gender ID: 1 Female to Male: 1 Queer Gender ID: 1 Unknown: 2 Heterosexual Sex Orient: 86 Unknown: 15 Missing Sexual Orient: 32

## Berkeley Mental Health Caseload Statistics for October 2024

					Bisexual Sex Orient: 1 Lesbian Sex Orient: 5 Gay Sex Orient: 4 Prefer Not to Answer Sex Orient: 6 Multiple Sexual Orient: 0 Queer Sexual Orient: 1 Other Sexual Orient: 3
<b>CCT Psychiatry (October Stats)</b>	1-200	0.75 FTE	113		
<b>CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>			\$2,617,010		
<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	1 Licensed Clinician 1 CHW Sp./ Non- Degreed Clinical, 1 Clinical Supervisor	87	\$34,874	Clients: 84 API: 5 Black or African American: 29 Hispanic or Latino: 5 Other/Unknown: 1 White: 44 Male: 47 Female: 33 Intersex: 1 Missing Gender ID: 3 Other Gender ID: 0 Heterosexual: 70 Unknown: 6 Missing Sexual Orient: 3 Prefer Not to Answer Sexual Orient: 4 Gay: 1 Multiple Sexual Orient: 0 Questioning: 0
<b>FIT Psychiatry (October Stats)</b>	1-200	.25	72		
<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 September 2024
<b>Children's Full-Service Partnership (CFSP)</b>	1-8	1 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	11	\$273,427	Clients: 10 American Indian: 0 API: 1 Black or African-American: 6 Hispanic or Latino: 1 Other/Unknown: 2 White: 0 Female: 3 Male: 3 Missing Gender ID: 4 Unknown: 0 Non-Conforming Gender ID: 0 Heterosexual: 2 Missing Sexual Orient: 4 Unknown: 4 Gay: 0 Other Sexual Orient: 0 Questioning Sexual Orient: 0
<b>CFSP Psychiatry (October Stats)</b>	1-100	0	4		
<b>CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>			\$489,235		
<b>Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)</b>	1-20	2 Clinicians, 1 Clinical Supervisor	55	\$206,727	Clients: 44 American Indian: 0 API: 2 Black or African-American: 19 Hispanic or Latino: 7 Other/Unknown: 9 White: 7 Female: 8 Male: 11 Missing Gender ID: 22 Unknown: 2 Multiple Gender ID: 1 Non-Conforming Gender ID: 0

					Female to Male: 0 Other Gender ID: 0 Heterosexual: 12 Unknown: 6 Missing Sexual Orient: 22 Gay: 1 Multiple Sexual Orient: 0 Bisexual: 1 Lesbian: 1 Prefer Not to Answer: 0 Other Sexual Orient: 0 Queer Sexual Orient: 0 Questioning Sexual Orient: 1
ERMHS/EPST Psychiatry (October Stats)	1-100	0	11		
<b>EPST/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>			\$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	3 Clinicians, 1 Clinical Supervisor	Drop-in:30 Externally referred: 15 Ongoing tx:34 Groups: 1 Offered/ 1 Conducted		N/A
<b>HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>			\$396,106		

Crisis and ACCESS Services	Staff Ratio	Clinical Staff Positions Filled	Total # of Clients/Incidents	MCT Incidents Detail	Calendar Year 2024 (Jan '24- Dec '24) Demographics – From Mobile Crisis Incident Log (through October 2024)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	<ul style="list-style-type: none"> <li>60 - Incidents</li> <li>9 - 5150 Evals</li> <li>5 - 5150 Evals leading to involuntary transport</li> </ul>	<ul style="list-style-type: none"> <li>36 - Incidents: Location - Phone</li> <li>16 - Incidents: Location - Field</li> <li>0 - Incidents: Location - Home</li> </ul>	Clients: 428 API: 16 Black or African-American: 87 White: 112 Hispanic or Latino: 11 Other/Unknown: 202 Female: 196 Male: 188 Transgender: 2 Unknown: 42
<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)	<ul style="list-style-type: none"> <li>1 – Incident(s)</li> </ul>	N/A	Clients: 18 API: 1 Black or African-American: 4 White: 11 Hispanic or Latino: 0 Other/Unknown: 2 Female: 10 Male: 8 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	<ul style="list-style-type: none"> <li>76 - Incidents</li> </ul>	N/A	Clients: 448 API: 12 Black or African-American: 82 White: 61 Hispanic or Latino: 25 Other/Unknown: 268 Female: 149 Male: 153 Transgender: 2 Unknown: 144

**CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs  
(FY22 not yet available)**

\$735,075

Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support.  
In demographics, other/unknown is used both when a client indicates that they are multi-racial and when demographic info is not known.

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

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Monday, October 7, 2024 9:17 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Upcoming CARE Court Community Education Sessions - Learn More!  
**Attachments:** CARE Court community education session flyer (FINAL) - Oct 2024.pdf

**Importance:** High

Hello Commissioner,

Please see the attached document regarding care court.

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*



---

**From:** Buell, Jeffrey  
**Sent:** Thursday, October 3, 2024 4:21 PM  
**To:** All Mental Health <AllMentalHealth@berkeleyca.gov>  
**Cc:** Bustamante, Tanya <tbustamante@berkeleyca.gov>; Gilman, Scott <SGilman@berkeleyca.gov>; Buddenhagen, Paul <PBuddenhagen@berkeleyca.gov>  
**Subject:** FW: Upcoming CARE Court Community Education Sessions - Learn More!  
**Importance:** High

FYI everyone, there have been a lot of discussion and questions about CARE Court, especially as it pertains to Alameda County residents. Please feel free to share this widely with the community and your networks. Greatly appreciated.

Jeffrey Buell, LCSW  
he/him  
Manager of Mental Health Services  
Health, Housing & Community Services  
[jbuell@berkeleyca.gov](mailto:jbuell@berkeleyca.gov) or [jbuell@cityofberkeley.info](mailto:jbuell@cityofberkeley.info)

Tel: 510.981.7682  
Fax: 510.981.5265

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

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

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**From:** Office of the ACBH Director <[BHCSDirector@acgov.org](mailto:BHCSDirector@acgov.org)>  
**Sent:** Thursday, October 3, 2024 4:06 PM  
**To:** Office of the ACBH Director <[BHCSDirector@acgov.org](mailto:BHCSDirector@acgov.org)>  
**Subject:** Upcoming CARE Court Community Education Sessions - Learn More!  
**Importance:** High

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***Greetings, ACBHD Stakeholders, Partners, and Team Members!***

***We are pleased to share the following informational sessions designed to provide more information regarding Alameda County's local implementation of the statewide mandate and recent legislation entitled - CARE Court (or the CARE Act).***

***The Community Assistance, Recovery and Empowerment (CARE) Court will officially begin in Alameda County on December 1, 2024. For more information, please review this update and share with your local networks.***

***Feel free to use the attached flyer to learn more and to virtually join any of the (3) upcoming educational sessions coming soon, this November 2024. The links are included on the flyer.***

***In partnership!***

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## **Office of the Director**

Alameda County Behavioral Health Department



# COMMUNITY EVENT!

## CARE Court Community Education Sessions

Please join the **Alameda County Behavioral Health Department (ACBHD)**, the **Superior Court of Alameda County**, the **Alameda County Public Defender's Office**, and **The Indigo Project** for our upcoming community education events designed to explain the new implementation of the statewide legislation and program **CARE Court**. We plan to discuss – What is CARE Court? Topics related to CARE Court Eligibility, CARE petition, where to file a petition, roles and responsibilities, a review of CARE resources, and Q&A.

### ↓ Meeting Dates & Virtual Links ↓

#### Session I: November 13, 2024 @ 6pm – 7:30pm

<https://us06web.zoom.us/j/2852636270?pwd=bWhQbTFzeC83eWRDdjI5YWlrdStLZz09&omn=89298812735>

#### Session II: November 19, 2024 @ 12:30pm – 2pm

<https://us06web.zoom.us/j/2852636270?pwd=bWhQbTFzeC83eWRDdjI5YWlrdStLZz09&omn=84349030234>

#### Session III: November 21, 2024 @ 6pm – 7:30pm

<https://us06web.zoom.us/j/2852636270?pwd=bWhQbTFzeC83eWRDdjI5YWlrdStLZz09&omn=84349030234>

Brought to you by, and in partnership with, the following organizations:



SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ALAMEDA



Behavioral Health  
Department  
Alameda County Health



ALAMEDA COUNTY  
PUBLIC DEFENDERS

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Wednesday, October 2, 2024 2:05 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Reminder 2024 Regional Networking Events - Join us!

Public

Hello Commissioners,

Please see the email below from Commissioner Edward Opton

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:** Edward Opton <eopton1@gmail.com>  
**Sent:** Wednesday, October 2, 2024 10:44 AM  
**To:** Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>  
**Subject:** Fwd: Reminder 2024 Regional Networking Events - Join us!

**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.

Please distribute to MHC.

Begin forwarded message:

**From:** ACCESS California <[access@calvoices.ccsend.com](mailto:access@calvoices.ccsend.com)>  
**Subject:** **Reminder 2024 Regional Networking Events - Join us!**  
**Date:** October 2, 2024 at 10:31:09 AM PDT  
**To:** [eopton1@gmail.com](mailto:eopton1@gmail.com)

Reply-To: [access@calvoices.org](mailto:access@calvoices.org)



**ACCESS** *California*

a program of CAL VOICES

2024 REGIONAL NETWORKING EVENTS

*ACCESS California is a program of Cal Voices funded by the Mental Health Services Act (MHSA) and administered by the Mental Health Services Oversight and Accountability Commission (MHSOAC).*

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***Our Sacramento Event on 10/10/24 is now FULL.  
Other locations are filling fast. Register TODAY  
while space is still available!***

We are excited to invite you to our upcoming ACCESS California Regional Networking Events! Participants will learn about recent state-level policy changes and their impacts on local behavioral health services, discuss important emerging issues, sharpen their advocacy skills, meet new people, and strengthen community networks to build lasting positive change in California's Public Behavioral Health System.

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Attendance is free but registration is required in advance

Travel stipends are available for eligible participants

Free breakfast, lunch, snacks, and refreshments will be served

Free Continuing Education credits for Medi-Cal Peer Support Specialists

**Register Here!**



**Dates & Locations**

**FULL** Sacramento

10/17 Los Angeles

10/25 San Diego

11/7 Oakland

11/15 Chico

**Event Registration Link**

<https://s.alchemer.com/s3/2024-Regional-Networking-Event-Registration>

**Register Now!**

**Contact Us!**

If you have any questions, comments, or concerns, please contact us at:

**Email** | [ACCESS@calvoices.org](mailto:ACCESS@calvoices.org)

**Phone** | (916) 573-0522

**Address** | 720 Howe Avenue, Suite 102  
Sacramento, CA 95825

**Hours** | Monday - Friday  
8:30 AM - 4:30 PM

**JOIN OUR MAILING LIST**

SIGN UP TO RECEIVE UPDATES AND EVENT INFORMATION



ACCESS California is a program of Cal Voices funded by the Mental Health Services Act (MHSA) and administered by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

Cal Voices | 720 Howe Ave Suite 102 | Sacramento, CA 95825 US



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## Works-Wright, Jamie

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**From:** Jeffrey Arlt <jarlthab@gmail.com>  
**Sent:** Tuesday, October 1, 2024 2:57 PM  
**To:** Berkeley/Albany Mental Health Commission  
**Subject:** Fwd: HR8575 - Michelle Go Act to expand IMD beds  
**Attachments:** BILLS-118hr8575ih.pdf; Letter of Recommendation - HR8575.docx

**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.

Berkeley (City) Mental Health Commission  
[BAMHC@berkeleyca.gov](mailto:BAMHC@berkeleyca.gov)

Re: Request to support bill HR8575 to expand IMD beds

To: Berkeley (City) Mental Health Commission

We, the Santa Cruz County Mental Health Advisory Board are contacting all California Mental Health Advisory boards requesting that they send a letter of recommendation to their BOS requesting that the BOS send a letter to their local congressional representatives requesting that they cosponsor HR8575, the Michelle Go Act, authored by Representative Dan Goldman of New York.

This act expands the Medicaid program's reimbursement to Institutions for Mental Diseases (IMD) from 16 beds to 36 beds and for patients between the ages of 22-64. We have successfully done this in Santa Cruz and we are awaiting to hear back from our congressional representatives.

We have attached our letter of recommendation that you may use as your template as well as a copy of the HR8575 text. HR 8575 currently has 11 cosponsors (there is no limit to the number of cosponsors), including 3 from California: Rep. Tony Cardenas D-CA29, Rep. Grace Napolitano D-CA 31, and Rep. Julia Brownley D-CA26.

Thank you for your service.

Please do not hesitate to contact me, Jeffrey Arlt, should you have any questions.

Santa Cruz County Mental Health Advisory Board

Be well

Jeffrey Arlt  
Santa Cruz County Mental Health Advisory Board - Secretary  
5th District  
831 332 4634

I  
118TH CONGRESS

2D SESSION **H. R. 8575**

To amend title XIX of the Social Security Act to revise the definition of institution for mental diseases under the Medicaid program to exclude from such definition institutions having 36 beds or less if such institutions meet certain standards.

**IN THE HOUSE OF REPRESENTATIVES**

MAY 28, 2024

Mr. GOLDMAN of New York (for himself, Ms. MALLIOTAKIS, Mr. CA ´RDENAS, and Mr. BILIRAKIS) introduced the following bill; which was referred to the Committee on Energy and Commerce

**A BILL**

To amend title XIX of the Social Security Act to revise the definition of institution for mental diseases under the Medicaid program to exclude from such definition institutions having 36 beds or less if such institutions meet certain standards.

*1 Be it enacted by the Senate and House of Representa2  
tives of the United States of America in Congress assembled,*

**3 SECTION 1. SHORT TITLE.**

**4 This Act may be cited as the “Michelle Alyssa Go  
5 Act”.**

**2**

**□HR 8575 IH**

**1 SEC. 2. REVISING THE DEFINITION OF INSTITUTION FOR**

**2 MENTAL DISEASES UNDER THE MEDICAID**

**3 PROGRAM TO EXCLUDE FROM SUCH DEFINI4**

**TION INSTITUTIONS HAVING 36 BEDS OR**

**5 LESS IF SUCH INSTITUTIONS MEET CERTAIN**

**6 STANDARDS.**

**7 Section 1905(i) of the Social Security Act (42 U.S.C.**

**8 1396d(i)) is amended to read as follows:**

**9 “(i) INSTITUTION FOR MENTAL DISEASES.—The**

**10 term ‘institution for mental diseases’ means a hospital,**

**11 nursing facility, or other institution that is primarily en12**

**gaged in providing diagnosis, treatment, or care of persons**

**13 with mental diseases, including medical attention, nursing**

14 care, and related services, unless such hospital, facility,  
15 or other institution—

16 “(1) has 36 beds or less; and

17 “(2) meets nationally recognized, evidence18  
based standards for mental health programs (and, in  
19 the case of an institution for mental diseases that  
20 provides treatment for substance use disorders,  
21 meets nationally recognized, evidence-based stand22  
ards for substance use disorder programs, such as  
23 the latest standards set forth by the American Soci24  
ety of Addiction Medicine) approved by the Sec25  
retary, including standards that establish the types  
26 of services offered, hours of clinical care, and staff-

3

□HR 8575 IH

1 ing credentials for such an institution, and any other  
2 standards as the Secretary may require.”.

3 **SEC. 3. EFFECTIVE DATE.**

4 The amendments made by this Act shall take effect  
5 180 days after the date of enactment of this Act and shall  
6 apply to State plans beginning on such date.

Æ

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Friday, September 27, 2024 2:46 PM  
**To:** Works-Wright, Jamie  
**Subject:** Agenda Items for October 24 MHC meeting

Hello Commissioners,

Thank you for attending the MHC meeting last night.

The next mental health commission meeting will be on Thursday, October 24, 2024 from 7-9pm.

Please submit any agenda items by **Monday, October 7th** and if you would like to add any items to the packet, please send **by Monday, October 14<sup>th</sup>**.

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)

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