



Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: March 19, 2024

Documents Pertaining to 3/28/24 Agenda items:

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Health, Housing & Community
Service Department
Mental Health Commission

Berkeley/ Albany Mental Health Commission

AGENDA

Regular Meeting Thursday, March 28, 2024

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 March 28, 2024 meeting agenda
 - b. Public Comment (non-agenda items)
 - c. Action Item: Approval of the February 29, 2024 minutes
- 3. Nominate and vote for Chair of Mental Health Commission**
- 4. Nominate and vote for Vice Chair of Mental Health Commission**
- 5. Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell (10 min)**
 - a. MHC Manager Report March
 - b. Caseload Statistic March 2024
- 6. Discuss Proclamation for May is Mental Health Month**
- 7. Discussion about requesting a new Council Member to the MHC**
- 8. Re-appoint Monica Jones to the Mental Health Commission**
- 9. Review application for Ajay Krishnan**
- 10. Subcommittee Reports (20 min)**
 - a. Youth Subcommittee
 - b. Membership Subcommittee
 - c. Evaluation Subcommittee –
- 11. Adjournment**



**Health, Housing & Community
Service Department
Mental Health Commission**

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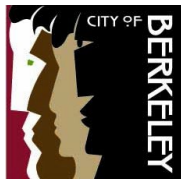
Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or Jworks-wright@berkeleyca.gov



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

SB 343 Disclaimer

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



Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission Draft Minutes – Special Meeting

7:00 pm
North Berkeley SC 1901 Hearst

Special Meeting
February 29, 2024

Members of the Public Present: Ann Hawkins, Patricia Fontana, Margaret Fine

Staff Present: Jeff Buell, Robert Williams II, Jamie Works-Wright

1) Call to Order at 7:06 pm

Commissioners Present: Monica Jones, Edward Opton, Glenn Turner **Absent:** Mary Lee Kimber-Smith, Andrea Prichett

2) Preliminary Matters

a) Approval of the February 29, 2024 agenda

M/S/C (Turner, Jones) Move that we accept the February 29, 2024 agenda

PASSED

Ayes: Jones, Opton, Turner **Noes:** None; **Abstentions:** None; **Absent:** Kimber-Smith, Prichett

b) Public Comment- No comments

c) Approval of the January 25, 2023 Minutes

M/S/C (Opton, Turner) Motion to approve the minutes.

PASSED

Ayes: Jones, Opton, Turner **Noes:** None; **Abstentions:** None; **Absent:** Kimber-Smith, Prichett

3) Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell

a. MHC Manager Report February

b. Caseload Statistic February 2024

No Motion Made

4) Discussion for Election Chair and Vice Chair – Voting in February –

M/S/C (Turner, Jones) Motion to move items #5 and #6 on the agenda to vote on election until the full body commission is present and the next regular meeting in March

PASSED

Ayes: Jones, Opton, Turner **Noes:** None; **Abstentions:** None; **Absent:** Kimber-Smith, Prichett

- 5) **Elections for Chair – Beginning in March 2024 – Moved to the March Meeting**
- 6) **Election for Vice Chair – Beginning in March 2024 - Moved to the March Meeting**
- 7) **Revisit, review and vote on formal request to make the commission meetings hybrid – Glenn Turner**
No Motion Made
- 8) **Subcommittee Reports (20 min)**
a) **Youth Subcommittee – No Motion Made**
b) **Membership Subcommittee - No Motion Made**
c) **Evaluation Subcommittee –**
i) **Redo cote for Annual Report - Review, discuss, and make modifications to the Annual Report 2022-2023; and then propose adoption by the Mental Health Commission; and then submission to the Berkeley City Council.**
M/S/C (Jones, Turner) Vote to approve
DID NOT PASS
Ayes: Jones, Turner **Noes:** None; **Abstentions:** Opton; **Absent:** Kimber-Smith, Prichett
- 9) **Adjournment – 8:21 PM**
M/S/C (Jones, Turner) Motion to adjourn the meeting
PASSED
Ayes: Jones, Opton, Turner **Noes:** None; **Abstentions:** None; **Absent:** Kimber-Smith, Prichett

Minutes submitted by:

Jamie Works-Wright

Jamie Works-Wright, Commission Secretary



Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Mental Health Commission
From: Jeffrey Buell, Mental Health Division Manager
Date: 3/14/2024
Subject: Mental Health Manager Report

Mental Health Services Report

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

Information Requested by Mental Health Commission

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

Mental Health Division Updates

The Mental Health Division's areas of updates:

- A) Proposition 1 update: the outcome of Governor Newsom's "Modernization" of the Mental Health Services Act (MHSA) has not yet been determined as of the writing of this report (the measure leads narrowly with 4% of the votes to tally). While the measure will pass with a simple majority of votes, the margin of difference is too small to be assured at this point in time. If the measure passes, California DHCS will double its income from MHSA before remaining funds are parsed out to jurisdictions, the ways that the funding can be used will fundamentally change, and jurisdictions will be required report on all other funding streams that help pay for Mental Health services (not just MHSA). Proposition 1 will fundamentally alter another key aspects of how mental health services are funded and applied.
- B) The Mental Health Commission has, in the past, sought information from the Mental Health Division regarding its current work, effectiveness, and plans. This requires good communication, regular reporting, and an understanding of the system, the data, and its purpose. Berkeley Mental Health is currently designed to organize and promote mental health services funded by the City, oversee contracts with community based organizations funded by the City, direct citizens

A Vibrant and Healthy Berkeley for All

to appropriate mental health services, and provide services directly to those residents in the greatest need with the least resource. Here are some key pieces of information:

- a. City Council first directed the Health Department to provide mental health services directly using California's new Short-Doyle funds in 1964. The Department was approved in 1972 to contract with Alameda County to plan and operate a Berkeley mental health program funded through the County. In 1976, the Council directed the submission of an application for Short-Doyle funds directly from the State, giving Berkeley separate status with respect to mental health funding. In the last decade, the State has directed Berkeley to funnel its Medi-Cal funding through Alameda County as a contractor, establishing Berkeley as a hybrid entity, having partial direct State funding (not through the County) and partial funding as a contractor of Alameda County.
- b. Berkeley Mental Health today is funded primarily by MHSA (~55%), Medi-Cal and other direct services (~21%), Realignment (~14%), General Fund (~8%), and sundry grants (~2%).
- c. As MHSA is the largest source of mental health funding for the City of Berkeley (and many other jurisdictions), the changes from proposition 1 (should it pass) will substantially reduce treatment funding and require drastic changes to ensure service to the residents with the highest needs and the lowest resources. This will inevitably include reductions in services. In Berkeley, those in the most need are Medi-Cal beneficiaries and those without health insurance.
- d. California Advancing and Innovating Medi-Cal (Cal-AIM) is the state's five year plan to transform Medi-Cal. Its stated goals include standardizing services across to state and between counties, directing services to those most in need with outreach and accessibility, integrate whole person care (including both medical and non-medical services), and implementing equity, payment reform, and managed care plan accountability. Functionally, this has resulted in other significant challenges such as increases in complexity for providers, reductions in payment for services, and financial cuts around the system. Cal-AIM's rate reductions will have a most significant impact on revenue for jurisdictions such as Alameda and the City of Berkeley's Medi-Cal, which will most likely change the services landscape as well.
- e. The City of Berkeley's Health, Housing, and Community Services (HHCS) Department is implementing a strategic plan to provide services through a framework of health equity and social determinants of health. This includes all HHCS Divisions: Mental Health, Public Health, Environmental

Health, Aging Services, Housing and Community Services, and the Public Health Officer's Unit.

- f. Results Based Accountability (RBA) is a framework of data collection and analysis that HHCS is implementing through all Divisions now. Its purpose is to allow metrics to play a greater role in understanding process outcomes (how much work did we do?), quality outcomes (how well did we do it?), and impact outcomes (is anyone better off?). The goal is to integrate these data into high level decision making in order to best coordinate and deliver needed services to the community.
- g. The City of Berkeley currently has three mental health clinics: an Adult Services Clinic, a Family, Youth, and Children's clinic, as well as the High School Health Center for Berkeley High school and Berkeley Tech. Services for adults are for Berkeley residents with moderate-severe specialty mental health needs, and lower mental health needs are referred to County and other community providers. Services for family, youth, and children are provided to residents with Medi-Cal and specialty mental health needs. All high school students are able to access the health center and receive short term services/referrals, and ongoing long term services are provided to students with Medi-Cal.

Berkeley Mental Health Caseload Statistics for March 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 2024 (July '23-June '24) Demographics as of March 2024
Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	4 Clinicians, 1 Non-Licensed Clinician, 1 Clinical Supervisor	52	\$3,945	Clients: 63 API: 2 Black or African-American: 34 Hispanic or Latino: 1 White: 26 American Indian: 0 Other/Unknown: 0 Male: 36 Female: 26 Missing Gender ID: 0 Prefer Not to Answer Gen ID: 1 Multiple Gender ID: 0 Heterosexual: 51 Unknown: 4 Missing Sex Orient: 0 Bisexual: 1 Queer: 1 Prefer Not to Answer Sex Orient: 3 Multiple Sex Orient: 2 Gay: 0 Questioning: 1 Lesbian: 0
Adult FSP Psychiatry (March Stats)	1-100	0 FTE	45	\$2,037,600	
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)					
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	3 Clinicians, 2 Non-Licensed Clinician, 1 Clinical Supervisor	41	\$4,416	Clients: 42 API: 2 Black or African-American: 25 Hispanic or Latino: 1 Other/Unknown: 0 White: 14 Male: 27

Berkeley Mental Health Caseload Statistics for March 2024

HFPS Psychiatry (March Stats)	1-100	0.5 FTE	33		Female: 13 Missing Gender ID: 1 Unknown: 1 Prefer No to Answer: 0 Multiple Gender Identities: 0 Heterosexual: 33 Missing Sex Orient: 1 Bisexual: 3 Unknown: 3 Gay: 1 Questioning: 1 Multiple Sex Orient: 0 Prefer Not to Answer: 0 Lesbian: 0
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)					
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	1-20	7 Clinicians 1 Team Lead 1 Clinical Supervisor	144	\$1,633	Clients: 178 American Indian: 2 API: 17 Black or African-American: 69 Hispanic or Latino: 6 Other/Unknown: 3 Pacific Islander: 1 White: 80 Male: 93 Female: 77 Multiple Gender Identities: 2 Missing Gender ID: 0 Non-Conforming Gender ID: 2 Prefer Not to Answer Gender ID: 1 Female to Male: 1 Queer Gender ID: 1 Unknown: 1 Heterosexual Sex Orient: 131 Unknown: 19 Missing Sexual Orient: 1

Berkeley Mental Health Caseload Statistics for March 2024

												Bisexual Sex Orient: 3 Lesbian Sex Orient: 5 Gay Sex Orient: 3 Prefer Not to Answer Sex Orient: 10 Multiple Sexual Orient: 1 Queer Sexual Orient: 2 Other Sexual Orient: 3
CCT Psychiatry (March Stats)	1-200	0.75 FTE	108									
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)												
Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non- Degreed Clinical	1 Licensed Clinician 1 CHW Sp./ Non- Degreed Clinical, 1 Clinical Supervisor	86	\$1,017								Clients: 92 API: 7 Black or African American: 33 Hispanic or Latino: 5 Other/Unknown: 0 White: 47 Male: 52 Female: 38 Intersex: 1 Missing Gender ID: 1 Other Gender ID: 0 Heterosexual: 79 Unknown: 5 Missing Sexual Orient: 1 Prefer Not to Answer Sexual Orient: 4 Gay: 2 Multiple Sexual Orient: 1 Questioning: 0
FIT Psychiatry (March Stats)	1-200	.25	70									
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)												

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 2024 (July '23-June '24) Demographics as of March 2024
Children's Full-Service Partnership (CFSP)	1-8	0 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	10	\$5,562	Clients: 13 American Indian: 0 API: 0 Black or African-American: 7 Hispanic or Latino: 6 Other/Unknown: 0 White: 0 Female: 5 Male: 6 Missing Gender ID: 1 Unknown: 1 Non-Conforming Gender ID: 0 Heterosexual: 6 Missing Sexual Orient: 1 Unknown: 5 Gay: 1 Other Sexual Orient: 0 Questioning Sexual Orient: 0
CFSP Psychiatry (March Stats)	1-100	0	4		
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)					
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	3 Clinicians, 1 Clinical Supervisor	50	\$1,200	Clients: 70 American Indian: 6 API: 4 Black or African-American: 29 Hispanic or Latino: 14 Other/Unknown: 2 White: 15 Female: 29 Male: 25 Missing Gender ID: 5 Unknown: 6 Multiple Gender ID: 3 Non-Conforming Gender ID: 2

								Female to Male: 0 Other Gender ID: 0 Heterosexual: 30 Unknown: 23 Missing Sexual Orient: 5 Gay: 4 Multiple Sexual Orient: 3 Bisexual: 2 Lesbian: 1 Prefer Not to Answer: 1 Other Sexual Orient: 0 Queer Sexual Orient: 0 Questioning Sexual Orient: 1
ERMHS/EPSTD Psychiatry (March Stats)	1-100	0	11					
EPSTD/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)								
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	4 Clinicians, 0 Clinical Supervisor	Drop-in: 20 Externally referred: 18 Ongoing tx: 55 Groups: 2 Offered/ 2 Conducted					N/A
HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)								
\$396,106								

Crisis and ACCESS Services	Staff Ratio	Clinical Staff Positions Filled	Total # of Clients/Incidents	MCT Incidents Detail	Calendar Year 2024 (Jan '24- Dec '24) Demographics – From Mobile Crisis Incident Log (through March 2024)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	<ul style="list-style-type: none"> 67 - Incidents 21 - 5150 Evals 9 - 5150 Evals leading to involuntary transport 	<ul style="list-style-type: none"> 39 - Incidents: Location - Phone 23 - Incidents: Location - Field 1 - Incidents: Location - Home 	Clients: 104 API: 5 Black or African-American: 18 White: 32 Hispanic or Latino: 2 Other/Unknown: 47 Female: 52 Male: 43 Transgender: 0 Unknown: 9
MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)					
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	<ul style="list-style-type: none"> 2 – Incident(s) 	N/A	Clients: 5 API: 1 Black or African-American: 1 White: 3 Hispanic or Latino: 0 Other/Unknown: 0 Female: 2 Male: 3 Transgender: 0 Unknown: 0
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)					
Crisis, Assessment, and Triage (CAT)	N/A	2 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	<ul style="list-style-type: none"> 107 - Incidents 	N/A	Clients: 107 API: 1 Black or African-American: 24 White: 15 Hispanic or Latino: 7 Other/Unknown: 60 Female: 40 Male: 41 Transgender: 1 Unknown: 25

**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.

May 10, 2022

Mayor & Berkeley City Councilmembers
City Hall, 2180 Milvia Street
Berkeley, CA 94704

Re: Mental Health Commission Support for May is Mental Health Awareness Month

Dear Mayor and Berkeley City Councilmembers,

The Mental Health Commission for the City of Berkeley joins the national movement each year to support May as Mental Health Awareness Month. As a Commission, we fight stigma, provide support, educate the public, and advocate for policies that benefit people with mental illness and substance use disorder (SUD).

At our last Mental Health Commission Meeting, the Commission passed this letter to show its support for May is Mental Health Awareness Month and to send it to the Mayor and Berkeley City Councilmembers. The Mental Health Commission supports the federal government's May is Mental Health Awareness Month proclamation as:

"Mental health is essential to our overall health, and the importance of attending to mental health has become even more pronounced during the COVID-19 pandemic, which has not only negatively impacted many people's mental health but has also created barriers to treatment.

Millions of adults and children across America experience mental health conditions, including anxiety, depression, schizophrenia, bipolar disorder, and post-traumatic stress disorder. Nearly one in five Americans lives with a mental health condition. Those living with mental health conditions are our family, friends, classmates, neighbors, and coworkers.

The COVID-19 pandemic and the resulting economic crisis has impacted the mental health of millions of Americans. Isolation, sickness, grief, job loss, food instability, and loss of routines has increased the need for mental health services. At the same time, the need to protect people from COVID-19 has made it more challenging for people to access mental health services, and harder for providers to deliver this care.

Even before COVID-19, the prevalence of mental health conditions in our Nation was on the rise. In 2019, nearly 52 million adults experienced some form of mental illness. Recent data from the Centers for Disease Control and Prevention indicates that one in four adults reported experiencing symptoms of an anxiety or depressive disorder in February 2021 — a significant increase from the prior year. Youth mental health is also worsening, with nearly 10 percent of America's youth reporting severe depression. We must treat this as the public health crisis that it is and reverse this trend.

Too many people with mental health needs feel they have nowhere to turn. Suicide is the tenth leading cause of death in the United States and the second leading cause of death for our Nation's youth today. Suicide rates are disproportionately high among Black youth, and LGBTQI+ persons are at disproportionate risk of death by suicide as well as suicidal ideation, planning, and attempts."

Thus, the Mental Health Commission supports National Mental Health Awareness Month, and calls upon "citizens, government agencies, organizations, healthcare providers, and research institutions to raise mental health awareness and continue helping Americans live longer, healthier lives."

Very truly yours,
Mental Health Commission for the City of Berkeley



Health, Housing &
Community Services Department
Mental Health Commission

March 18, 2024

Dear City Council,

On behalf of the Berkeley Mental Health Commission, I am requesting for you to pass this message on to the Mayor for him to move to appoint a new council member to the commission to replace Kate Harrison, who has resigned from her council position.

I have been made aware that it falls upon the commission, to submit this request. Your attention and expediency to this matter is greatly appreciated. Thank you in advance.
Warm regards.

Monica Jones,
Berkeley MHC Interim Chair
916-225-5735
Mjberkeleycommissioner18@gmail.com

APPLICATION FOR APPOINTMENT TO BERKLEY/ALBANY MENTAL HEALTH COMMISSION

Thank you for your interest in improving community mental health in Berkeley and Albany. Below is some important information about the Berkeley/Albany Mental Health Commission 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/Albany Mental Health Commission is composed of mental health consumers, family members of consumers and Berkeley/Albany residents with a broad range of disciplines, professions and fields of knowledge.

Composition of the Commission

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

To meet state requirements, 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 mental health services have a voice in the oversight process.

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 (c) the remaining members shall be residents of the City of Berkeley. Of the total membership, at least 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 represent the General Public Interest and are from a variety of fields and professions.

The City of Berkeley's Conflict of Interest Code requires members of the Berkeley/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 981-6900, or visit the website at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=4176>

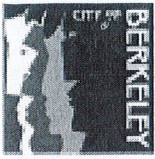
In addition, Commissioners are required to participate in the AB 1234 Ethics Training, which is offered on line. Additional trainings are offered annually through the California Association of Local Mental Health Boards/Commissions (CALMHB/C) and California Institute for Mental Health (CiMH).

General Commissioner Qualifications:

APPLICATION FOR APPOINTMENT TO BERKLEY/ALBANY MENTAL HEALTH COMMISSION

- Demonstrates interest in community 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 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, 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 mental health division, a county mental health service, the California Department of Health Care Services, a mental health contract agency or a paid member of the governing body of a 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 Special Public Interest or General Public Interest category, and if Special Public Interest, whether they are a consumer or family member as defined above.



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

Name: Ajay Krishnan

Residence Address: 210 Clark-Kerr Campus, 2601 Warring Street, Berkeley, CA 94720

Business Name/Address: Street City Zip

Occupation/Profession: Student

Business Phone: 650.625.7002 **Home Phone:**

Email address: ajay.s.krishnan@gmail.com

Employer's Name: N/A

Name of Spouse's Employer: N/A

(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:

NAME ADDRESS PHONE NO.

Name 1. Dr. Robert Weiss

Ph. 415.307.4598

Email. rweiss@malachitetech.com

Name 2 Enna Chen

Ph 858.750.0004

Email ennachen@stanford.edu

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 <http://www.cityofberkeley.info/ContentDisplay.aspx?id=4176>.

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

Name: **Ajay Krishnan**

I have been a resident of: Berkeley / Albany since: **2023**

(circle one)

I qualify for appointment under the following:

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

Representative of Special Public Interest who shall be consumers who are receiving or have received mental health services or family members (parents, spouses, siblings, or adult children) of consumers. Please indicate at least one:

Consumer Family member

Signature of Applicant: Ajay Krishnan Date: 3/1/24

AFFIDAVIT OF RESIDENCY*

I, Ajay Krishnan, 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: Ajay Krishnan Date: February 22, 2024 *Not required for Albany Residents

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 origin.): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. **BLACK** (Not of Hispanic origin.): All persons having origins in any of the Black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.

ASIAN / PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.

AMERICAN INDIAN / ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify the tribe which you are affiliated with.

OTHER / BI-RACIAL: Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins.

Supplemental Questionnaire
Berkeley/Albany Mental Health Commission

In addition to completing the application form, candidates are requested to provide the following information to assist the 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/Albany Mental Health Commission.

I am interested in a career in psychiatry. Towards this goal, I want to pursue a leadership role that will help me learn, contribute and benefit in the area of mental health.

While I am involved in research into mental health in lab or clinical settings, I have minimal experience in how policy can play a role in addressing this important community issue. This position that is focused on effective policy to address mental health crises will grant me that exposure.

As a mental health hotline worker, I already have significant interaction with those suffering from mental health issues, especially among youth. Being able to speak two languages indicates that I have a high degree of cultural competency, meaning that I can connect with people in different cultural and linguistic demographics and increase the impact of the MHC.

Finally, being a stakeholder of the MHC will allow me to take on leadership in the realm of mental health. This proposition to create tangible change and help a large number of people at once, rather than a single individual in a one-on-one setting, excites me.

For these reasons, I want to serve in this position.

2. Are you involved in other community activities? If so, which ones?

I have a long history of volunteering. I am the recipient of 3 Presidential Service Awards.

At present, I volunteer for the Crisis text line. I serve as a bilingual (English/Spanish) counselor on a number of mental health issues including depression, anxiety, suicide and stress.

I am also a Spanish interpreter for a community health clinic.

As the president of my High School Medical Club, I organized multiple blood drives. Hearing that hospitals were rationing blood due to the pandemic made me wonder how I could help. I contacted our Red Cross liaison about arranging blood drives, which she enthusiastically supported.

Finally, as a long-time volunteer at Sacred Heart Community Services, I have taken part in a number of activities including after-hours tutoring, food and clothing distribution as well as holiday toy distribution efforts.

3. What, in your opinion, are the most important mental health issues in Berkeley and/or

As a college student, I find teenage and young adult mental-health issues to particularly resonate with me. With many teenagers living in households where therapy isn't widely accepted, mental health hotlines tend to be a great outlet. However, as a mental health hotline worker myself, I have found a lot of stigma and misinformation surrounding them. Most recently, one of my college friends, who is from a progressive area in California, asked me in surprise "don't robots manage these hotlines". On the internet, ample forums exist dissuading people from using such services, saying you could be arrested like a criminal. Such perceptions only increase stigma against seeking help since people believe it'll only hurt them. I would like to address this by exposing people to what we do. For example, I taught a class at Berkeley for high schoolers regarding what mental health hotline workers like myself do and walked them through a sample conversation.

4. What do you recommend doing about them?

One of the biggest concerns of texters at Crisis Text Line is needing a psychiatrist for a serious mental disorder but have no way to access one or pay for one due to the massive dearth of psychiatrists. This is particularly debilitating since there is no real way we can help this person since any resource we can provide would not be useful. One idea I had is having the fourth year of psychiatry residency involve pro-bono work. Residents at this stage have been trained for a significant amount of time and are going to practice soon, so they are likely able to help patients adequately. But, this would allow them to see even more patients. Other industries, especially law, use such a model, so I believe this would be beneficial for mental health.

The onset of social media has led to spikes in certain mental health conditions among teenagers, particularly eating disorders. With this trend likely only worsening, it is also an area that I find relevant to me and a problem I'd like to explore. Addressing this issue involves working with social media companies and pushing them to have greater accountability of user activity on their platforms.

Finally, better educational programs - even starting at middle-school and high-school - can possibly help address teenage social media usage which is reaching addiction levels.

5. It is important that Berkeley 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 Mental Health even more inclusive of under-served communities?

I am a member of a minority community.

As the president of my Medical Club, I organized multiple blood drives. What began was a sustained yet diverse campaign. I sought clearance to allow outside community members to donate, an innovative strategy to gain donors. I also connected with our local service program to give other high schoolers the opportunity to gain service hours from volunteering with the drive.

Additionally, I used my bilingual abilities to spread awareness to the large Spanish-speaking population²³ in our area who had previously been completely unaware about the initiative. Inspired by collective student efforts, consistent school outreach through verbal announcements and flyers in both English and Spanish, and an article in the local Town Crier, we had such record turnout that I spearheaded two blood drives during the next year, an unprecedented occurrence.

These blood drives demonstrate my ability to interact with a diverse range of people.

Given that mental health affects minorities disproportionately, it demands that their needs be addressed appropriately.

6. What unique contributions (work experience, education, attributes and training) do you have to make to the Mental Health Commission?

I am interested in a career in psychiatry. Towards this goal, I want to pursue a leadership role that will help me learn, contribute and benefit in terms of mental health.

At present, I am involved in 2 research projects involving mental health and neuroscience. I am certified by the CITI program to conduct research in the psychological sciences.

I have a long history of volunteering, especially in mental health. I am also interested in public policy issues. I am passionate about my work and take responsibilities very seriously. I'm confident that I will be a great asset to the team.

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

Works-Wright, Jamie

From: MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
Sent: Friday, March 15, 2024 3:08 PM
Cc: MHB Communications, ACBH
Subject: Mental Health Advisory Board Meeting (March 18, 2024)
Attachments: MHAB Main Board Agenda (March 2024)_.pdf; MHAB Main Advisory Board Meeting Minutes Draft (UNAPPROVED) 02.26.2024.pdf; Mental Health Advisory Board Annual Report FY 2022-2023.pdf; MHAB Annual Report Recommendations (FY 2022-2023) ACBH Response.pdf; ACBH Departmental Response - MHAB FY2022-2023 Annual Report (03_18_2024).pdf

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

Good afternoon,

Please see attached materials for the Mental Health Advisory Board meeting scheduled for **Monday, March 18, 2024**.

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

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

<https://us06web.zoom.us/j/84285334458?pwd=bURyU1JqS2YvVGhRU2g4SW5yL0xRQT09>

Webinar ID: 842 8533 4458

Passcode: 269505

Or Telephone:

USA 404 443 6397 US Toll

USA 877 336 1831 US Toll-free

Conference code: 988499



Alameda County
Mental Health Advisory Board

Mental Health Advisory Board Agenda

25

Monday, March 18, 2024 | 3:00 PM – 5:00 PM

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

This meeting will also be conducted through videoconference and teleconference

<https://us06web.zoom.us/j/84285334458?pwd=bURyU1JqS2YvVGHrU2g4SW5yL0xRQT09>

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

Webinar ID: 842 8533 4458 | Webinar code: 269505

MHAB Members:	Brian Bloom (Chair, District 4)	Thu Quach (District 2)	Juliet Leftwich (District 5)
	Terry Land (Vice Chair, District 1)	Ashlee Jemmott (District 3)	Larry Brandon (District 5)
	Carolynn Gray (District 2)	Alison Voss (District 3)	Amy Shrago (BOS Representative)
	Gina Lewis (District 2)	Warren Cushman (District 4)	

Committees

Adult Committee

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

Children's Advisory Committee

Vacant

Criminal Justice Committee

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

MHAB Mission Statement

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

- 3:00 PM Call to Order _____ Chair Bloom
- 3:00 PM I. Roll Call
- 3:05 PM II. Approval of Minutes
- 3:05 PM III. Public Comments (Non-Agenda Items)
- 3:10 PM IV. MHAB Chair's Report
- 3:20 PM V. ACBH Director's Response & Discussion of MHAB Recommendations from FY '22 – '23 Annual Report
- 4:10 PM VI. Committee and Liaison Reports
 - A. Adult Committee
 - B. Criminal Justice Committee
 - C. Children's Advisory Committee
 - D. MHAB Banquet Ad Hoc Committee
 - E. MHAB Retreat Ad Hoc Committee
 - F. Care First, Jails Last Task Force
 - G. MHSA Stakeholder Committee
 - H. Budget Stakeholder Advisory Committee
 - I. Berkeley Mental Health Commission Liaison
- 4:45 PM VII. Public Comment (Agenda Items)
- 5:00 PM VIII. Adjournment

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



Alameda County
Board of Supervisors

Alameda County ^{ac} ^{bh}
Behavioral Health Care Services



Meeting Conducted In-Person and through Video/Telephone Conference

MHAB Members:	<input checked="" type="checkbox"/> Brian Bloom (<i>Chair, District 4</i>) <input type="checkbox"/> Terry Land (<i>Vice Chair, District 1</i>) <input checked="" type="checkbox"/> Carolynn Gray (<i>District 2</i>)	<input checked="" type="checkbox"/> Gina Lewis (<i>District 2</i>) <input checked="" type="checkbox"/> Thu Quach (<i>District 2</i>) <input checked="" type="checkbox"/> Warren Cushman (<i>District 3</i>)	<input checked="" type="checkbox"/> Ashlee Jemmott (<i>District 3</i>) <input checked="" type="checkbox"/> Alison Voss (<i>District 3</i>) <input checked="" type="checkbox"/> Juliet Leftwich (<i>District 5</i>) <input checked="" type="checkbox"/> Amy Shrago (<i>BOS Representative</i>)
ACBH Staff:	<input checked="" type="checkbox"/> Dr. Karyn Tribble (<i>ACBH Director</i>) <input checked="" type="checkbox"/> James Wagner (<i>ACBH Deputy Director</i>)		<input checked="" type="checkbox"/> Dainty Castro (<i>MHAB Liaison</i>) <input checked="" type="checkbox"/> Asia Jenkins (<i>ACBH Administrative Support</i>)
Excused Absences:	Terry Land		

Meeting called to order at 3:00 PM by Chair Brian Bloom.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call / Introductions	Roll Call was completed.	
Approval of Minutes	The meeting minutes from January 22, 2023 were adopted and approved with the following revision: <ul style="list-style-type: none"> Amy Shrago was present at the January 22, 2023 MHAB Main Advisory Board meeting. 	
Public Comments on Agenda Items	No public given.	26

ITEM	DISCUSSION	DECISION/ACTION
<p>Chair's Report</p>	<p>Mental Health Advisory Board (MHAB) Chair's Report</p> <p>Introduction of New MHAB Member MHAB Chair Brian Bloom welcomed new member, Mary Hekl who holds a Master's degree in Public Health. She is also currently a scholar at John Hopkins, part-time. MHAB member Hekl has a professional background in providing individual therapy through Medi-Cal within Alameda County servicing children with severe mental illnesses and working with low-income families and communities with subsidized childcare facilities.</p> <p>Possible New MHAB Member Appointment Board of Supervisor (BOS) Keith Carson nominated Larry Branden to the MHAB.</p> <p>MHAB Website The MHAB website is up to date for reference.</p> <p>NAMI Tri-Valley Conservatorship Presentation There will be a NAMI Tri-Valley Conservatorship Presentation tomorrow, February 27th, and the email for this presentation information will be distributed to all MHAB members by MHAB Chair Bloom.</p> <p>Future MHAB Meetings During May 2024 MHAB Meeting – Eileen Ng, Alameda County Health Care Services (HCSA) Policy Director will be invited to discuss a presentation on how the MHAB can become involved in promoting legislation or getting County to become involved as well.</p> <p>Care First, Jails Last Resolution Care First, Jail Last Taskforce meeting are expected to end in May/June 2024.</p> <p>MHAB Board Composition Chair Bloom presented the current MHAB Composition.</p> <ul style="list-style-type: none"> • District 1 - Supervisor Haubert has two vacancies. • District 2 - Supervisor Marquez has three filled seats. • District 3 - Supervisor Tam has one vacancy. • District 4 - Supervisor Miley has three filled seats. 	<p>➤ MHAB Liaison to remind all members to submit headshot portraits.</p>

ITEM	DISCUSSION	DECISION/ACTION
	<ul style="list-style-type: none"> District 5 - Supervisory Carson has one vacancy. <p>Welfare & Institutions Code 5604</p> <p>It was acknowledged that item (C iii) has been part of the new requirements added after Proposition 1 is passed. This will be further discussed during the March 2024 MHAB Main Advisory Board Committee Meeting.</p>	
ACBH Director's Report	<p>ACBH Director's Report</p> <p>The ACBH Deputy Director is in the process of hiring for the ACBH Children and Young Adults System of Care Director.</p> <p>California and Department of Justice Settlement was reached effective. January 30. There has been such a lot of progress over the last several years. ACBH welcome our joint expert/monitor, Dr. Karen Baylor, last week.</p> <p>Proposition 1 is gaining support across the State. ACBH presented to the BOS several months ago. Should it pass, there will be significant changes in the ability to flexibly support the system, because the realignment dollars, the general fund, and will have significant impact which will affect Alameda County's ability to support sections. We will have to retool.</p> <p>Care Fist, Jail Last Taskforce is still in progress and winding down its work There is a presentation slated for June 10th to the BOS. The consultant will be providing an update.</p>	MHAB Chair Bloom plans to join the panel during the interview process.
Villa Fairmont Site Visit Report and Feedback	<p>Santa Rita Jail Tour will take on March 20th at 11 am – Interested parties, send Chair Bloom an email. Tour visits require application process/clearance, and no more than 6 per site visit, if more than 6 members are interested an additional tour can be scheduled.</p>	

ITEM	DISCUSSION	DECISION/ACTION
<p>Committee & Liaison Reports</p>	<p>Chair Bloom, Vice Chair Land, Julie, and Alison attended Villa Fairmont site visit. The visit was very informative. Currently, there are 96 beds at this Mental Health Rehabilitation Center. Typically, length of stay is 90 days, although several people have been there for years. Alameda County bought out the beds.</p> <p>Member Leftwich expressed the need for more housing as people don't have a place to go after discharge.</p>	
<p>Committee and Liaison Reports</p> <p>A. <u>MHAB Banquet Ad Hoc Committee</u></p> <ul style="list-style-type: none"> The new date for the MHAB Awards Banquet is set for May 29th, 2024, from 5:00 PM to 9:00 PM. The location has been set for the Fairview Metropolitan in Oakland, CA <p>B. <u>Adult Committee</u> Further discussion next month</p> <p>C. <u>Criminal Justice Committee</u> Further discussion next month</p> <p>D. <u>Children's Advisory Committee</u> Children's Advisory Committee will reconvene. All interested MHAB members or members of the community can contact MHAB members, Ashley Jemmott and Warren Cushman.</p> <p>E. <u>Care First, Jails Last Task Force</u> Further discussion next month</p> <p>F. <u>MHSA Stakeholder Committee</u> Further discussion next month</p> <p>G. <u>Budget Stakeholder Advisory Committee</u> Further discussion next month</p>		<p>29</p>

ITEM	DISCUSSION	DECISION/ACTION
<p>Discussion Item</p>	<p>CARE Court Planning and Implementation (Presentation) Dr. Roberta Chambers of the Indigo Project presented on the Community Assistance, Recovery and Empowerment: The CARE Act / CARE Court</p> <p>The CARE Act is a legislation that authorizes CARE court, a new civil court process to ensure that individuals most impacted by mental health challenges receive the services that they need.</p> <p>CARE court establishes a civil court process whereby the courts an order eligible individual to participate in a CARE plan provided by a CARE team for up to 12 months with the possibility to extend for an additional 12 months.</p> <p>The CARE Act changes other rules and regulations, including LPS law, the penal code, and health insurance code.</p> <p>CARE Court is being implemented in phases.</p> <ul style="list-style-type: none"> • The first cohort of counties to implement the CARE Act include the counties of Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco. This cohort was required to implement the CARE Act by October 1, 2023. Los Angeles began implementation on December 1, 2023. • All remaining counties are required to begin implementation by December 2024, unless the county is granted additional time by DHCS. <p>CARE is a civil court process to help focus efforts on comprehensive treatment, housing, and services for individuals with untreated serious mental health issues.</p> <p>The purpose of CARE Court is to engage a targeted group of people in community-based treatment to avoid unnecessary crisis, hospitalization, homelessness, and incarceration.</p> <p>The number of people who will be petitioned to CARE Court in Alameda County is likely larger than the state estimates and exceeds the existing capacity for treatment and housing in the County.</p> <p>Alameda County costs to implement CARE are likely to exceed the County's CARE funding allocation from the state.</p>	<p style="text-align: right;">30</p>

ITEM	DISCUSSION	DECISION/ACTION
	<p>Dr. Chambers present who is eligible CARE Court, who can refer to CARE Court. Who participates in the CARE Court process, and the CARE Process Flow.</p> <p>Counties are required to implement CARE Court</p> <ul style="list-style-type: none"> • If a county does not comply with CARE court, they can be fined. • If a county continues to not comply with CARE Court, the courts can appoint a special master to secure CARE Court evaluation and treatment services at the county's expense. <p>Stakeholder involvement is crucial throughout the planning process. There will be regular opportunities for stakeholders to learn about and provide input about what implementation will look like for Alameda County.</p>	
Public Comment	Public comments were made.	
Adjournment	The meeting was adjourned at 5:00 PM.	



Alameda County
Mental Health Advisory Board

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

October 30, 2023

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

Members:

Brian Bloom
Chair
District 4

Terry Land
Vice Chair
District 1

Gina Lewis
District 2

Thu Quach
District 2

Warren Cushman
District 3

Ashlee Jemmott
District 3

Alison Voss
District 3

Juliet Leftwich
District 5

**Board of Supervisors
Representative:**

Amy Shrago
District 5

**Re: Mental Health Advisory Board Annual Report
FY 2022-2023**

Dear Alameda County Board of Supervisors,

The Alameda County Mental Health Advisory Board (MHAB) is pleased to provide this Annual Report for FY 2022-2023, summarizing our work over the last year and providing our current recommendations regarding ways to improve the local behavioral healthcare system. As discussed below, the MHAB has spent another year considering the very complex and challenging issues associated with the provision of behavioral health services in Alameda County. We appreciate the opportunity to be of service to the community and to the Board of Supervisors and look forward to hearing your response to this report and to the recommendations provided herein.

MHAB Composition and Statutory Authority

The MHAB, appointed by the Board of Supervisors pursuant to Welfare and Institutions Code Section 5604, is composed of individuals with a wide variety of backgrounds and experience, including providers, consumers, family members and attorneys. The MHAB's membership also reflects Alameda County's rich cultural and demographic diversity, with each member bringing a unique perspective to the Board's important mission.

Local mental health boards have a broad statutory mandate in California. In accordance with Welfare and Institutions Code Section 5604.2, they are required, among other things, to:

- Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county where mental health evaluations or services are provided, including but not limited to, schools, emergency departments, and psychiatric facilities.
- Advise the Board of Supervisors and the Alameda County Behavioral Health Care Services Director as to any aspect of the local mental health program.

- Review any county agreements entered pursuant to Welfare and Institutions Code Section 5650 and make recommendations regarding concerns identified within those agreements.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Submit an annual report to the Board of Supervisors on the needs and performance of the county's mental health system.
- Perform such additional duties as may be assigned to the Board by the Board of Supervisors.

The MHAB has had – and continues to have - several vacancies. We urge the Board of Supervisors to fill these vacancies as soon as possible to help facilitate the MHAB's fulfillment of its important statutory obligations.¹

Overview of MHAB Activities in FY 2022-2023

The MHAB spent the last year hearing from a variety of behavioral health experts and stakeholders, including providers, treatment facilities, Alameda County Behavioral Health Care staff, consumers, family members, Behavioral Health Court personnel, organizations advocating for the mentally ill, and other key community leaders. In addition to its regular monthly meetings, the MHAB convened an annual strategy meeting, one special meeting and regular meetings of its Executive Committee, Criminal Justice Committee and Adult Committee. Summaries of the MHAB's committee work are provided below.²

MHAB members continued to serve on the Care First, Jail Last Taskforce, the Mental Health Services Act (MHSA) Stakeholder Committee, and the MHSA Budget Stakeholder Advisory Committee. In addition, the MHAB provided extensive comments and recommendations regarding the MHSA FY 23-26 Three-Year Plan in a letter to the Board of Supervisors dated June 21, 2023.³ In another letter to the Board of Supervisors of that date, the MHAB expressed its opposition to the County's expenditure of \$26.6 million to expand facilities at Santa Rita Jail.⁴

Finally, the MHAB conducted two site visits – one of John George Psychiatric Hospital and the other of the Jay Mahler Recovery Center. Both visits were extremely informative. Board members were very impressed by the dedication of staff and appreciative of the hours spent on the tours and subsequent question and answer sessions.

¹ The MHAB's "Recruitment Flyer" is appended herein as Attachment A.

² The meetings of both the MHAB's Adult and Criminal Justice Committees are open to the public and are recorded. Recordings of these meetings and the materials and visual presentations from the committee meetings referenced herein can be found at the MHAB's website: <https://www.acbhcs.org/mental-health-advisory-board>

³ This letter is appended herein as Attachment B.

⁴ This letter is appended herein as Attachment C.

MHAB Recommendations

After in-depth discussions with numerous providers and other experts, input from community members and advocates, and visits to mental health facilities, the MHAB makes the following recommendations regarding ways to improve local mental health services:

1. Create a Clear, Publicly-Accessible System Map that Provides an Overview of the System of Care for the Seriously Mentally Ill (SMI) and those with Substance Abuse Disorders (SUD)

Alameda County’s behavioral health system is incredibly complicated. Because it is decentralized and utilizes a variety of outside contractors and facilities, it is very difficult for consumers and their families, as well as for providers and policymakers, to decipher.⁵ The situation is even more complex when it comes to the seriously mentally ill and those who have substance abuse disorders, since that particularly vulnerable population can enter and exit the system at many different points and receive various levels of care.

To address this significant challenge, the MHAB recommends that ACBH create a system map illustrating the various ways people with SMI and/or SUD can receive care in Alameda County – from acute, subacute, crisis residential to outpatient services – and how they might move from one level of care to another. This visual representation of the continuum of care should be accompanied by a supporting document that describes each facility/program, its capacity, the type of patient follow-up provided, and any gaps in service availability or other unmet needs.

The MHAB already regularly requests and receives very useful information about various components of the system of care, e.g., through presentations, site visits and public comment. However, the Board is only able to see pieces of the puzzle and not the big picture, hindering our ability to effectively exercise our oversight duties. In addition to the system of care map, understanding any capacity issues, gaps in service availability or other unmet needs is essential to understanding where additional resources need to be focused. The MHAB has made several inquiries and understands that nothing like what we are proposing currently exists.

The system of care map and supporting document should be publicly available and easily accessible so that it can serve as an important resource for a wide variety of groups. It would help consumers and their families to navigate the system of care. It would also support providers as they seek to coordinate services, and advocacy groups as they champion the needs of the seriously mentally ill. This resource would be a concrete way to improve communication and education for families to support the individual in navigating the complex mental health system. It would also provide an invaluable tool for the Board of Supervisors because it would help inform the Board’s crucial decision-making process around resource allocation and program prioritization.

The target audience of the system map and supporting document should be the general public, inclusive of consumers, families, providers, and policy-makers, and should thus be easy to access and understand.

⁵ See 2021-2022 Alameda County Civil Grand Jury Final Report, “Alameda County Mental Health System Too Complex to Navigate.” (available at: <https://grandjury.acgov.org/reports>)

2. Improve Ongoing Continuity of Care for the SMI and SUD Population

From the work the MHAB has done this past year, the Board has learned that Alameda County faces inordinate challenges serving the treatment needs of those who have serious mental illness, a severe substance use disorder, and/or a co-occurring mental health disorder and a severe substance use disorder. Far too often this population receives minimal services and cycles in and out of acute psychiatric facilities, jail, and homelessness. One way to improve outcomes for those living with SMI and SUD and to reduce the chance of relapse and cycling in and out of facilities is to have a single point of contact (care coordinator) who actively reaches out to ensure the individual has ongoing access to psychiatric services, medical care, social services and housing. Individuals living with SMI and/or SUD have many challenges and it is very difficult to navigate the system of care, insurance, housing, transportation, a job or volunteering, and social services. When individuals run into barriers in accessing these services, they are more likely to relapse and cycle in the system. Having a case worker actively engaged with each person and proactively ensuring ease of access could significantly improve outcomes and prevent cycling. It would also help Alameda County better understand the issues and make targeted improvements.

Along those lines, we encourage building capacity at existing support organizations, including at federally qualified health centers (FQHCs), to be ready for future CalAIM mandates, and other ways that promote whole person care in order to pave the way for supporting SUD and SMI, to allow for addressing mental health and substance use as well as social determinants of health (e.g., housing) in a one-stop shop.

3. Increase the Number of and Length of Stay at Crisis Residential Treatment Facilities

Crisis residential treatment (CRT) facilities provide crucial therapeutic services in a structured residential program as an alternative to hospitalization for individuals experiencing an acute psychiatric episode or crisis. According to the Crisis Residential Program Study 2020 Report of the Adult System of Care Subcommittee of the California Mental Health Planning Council:

Crisis residential programs reduce unnecessary stays in psychiatric hospitals, reduce the number and expense of emergency room visits, and divert inappropriate incarcerations while producing the same, or superior outcomes to those of institutionalized care. As the costs for inpatient treatment continue to rise, the need to expand an appropriate array of acute treatment settings becomes more urgent. State and county mental health systems should encourage and support alternatives to costly institutionalization and improve the continuum of care to better serve individuals experiencing an acute psychiatric episode.

That report stated further that:

Recovery, resilience, wellness, and community have always been the cornerstones of the Crisis Residential Program model, and they are entirely congruent with federal and state mandates for community-based mental health services. The

economy and effectiveness they represent makes the need to “mainstream” them into the community an essential priority for every county mental health department straddling the two worlds of human needs and fiscal constraints. Crisis Residential Programs are a time-tested yet long-underutilized model whose time has come.

CRTs are clearly underutilized by Alameda County, which currently only has contracts with three such facilities: Jay Mahler, Woodroe Place and Amber House. Jay Mahler is operated by Telecare and has 16 beds; Woodroe Place and Amber House are operated by Bay Area Community Services (BACS) and have 17 and 12 beds, respectively. **Accordingly, only 45 CRT beds are currently available in Alameda County, which has a population of more than 1.6 million.**

The MHAB has repeatedly heard – from a variety of providers, from the facilities we toured and from family members of the SMI - that more CRT beds are desperately needed to serve those suffering from acute psychiatric episodes.

In addition, the length of stay at CRTs – which is typically only 14 days - should be increased to 30 days. For many individuals, a 14-day stay is not long enough to receive meaningful care. In 14 days, many clients are barely stable and are often not well prepared to be successful in next steps. It often takes a week or more for a person to begin to recover from crisis and for staff to be able to engage the client in therapeutic options. Moreover, stabilizing an individual and adjusting medication generally takes longer than 14 days. Arranging for next steps psychiatric care and housing takes time, too. Longer stays would significantly improve outcomes by providing staff increased opportunity to treat the client and prepare a sound discharge plan. This would also allow time for the client to stabilize, adjust to medication and be prepared for next steps.⁶

4. Continue to Assess the Need for Sub-Acute Treatment Beds

In last fiscal year’s Annual Report, the MHAB recommended that the county expand capacity at the Villa Fairmont Mental Health Rehabilitation Center (MHRC). Since 2017, ACBH has purchased 70 of the 96 beds at Villa Fairmont, allowing the remaining 26 beds to be sold to other service funders. The MHAB is pleased to acknowledge that ACBH announced this year that to increase utilization of Villa Fairmont, the county will purchase an additional 18 beds at Villa Fairmont at a cost of 3.2 million for a total of 88 beds. The MHAB also understands that ACBH is committed to identifying an additional 1.4 million in funding to purchase the remaining 8 beds. Increasing MRHC bed capacity in the county by almost 40% is significant and will help the county support new initiatives, divert mentally ill defendants from jail, and implement ACBH’s Forensic Plan. However, there is no public-facing data nor a comprehensive analysis of unmet need in the county to establish that even this increased MHRC capacity will satisfy the county’s need for sub-acute treatment. Accordingly, the MHAB recommends that ACBH continually assess the availability of and need for inpatient treatment beds in the county so that it can be accurately determined how many beds are necessary to meet sub-acute treatment need.

⁶ The MHAB applauds ACBH’s recent efforts in securing two Behavioral Health Community Innovation Project (BHCIP) grants which will create two additional Crisis Residential Treatment (CRT) facilities which will add as many as 32 beds to the Crisis Residential Program model in Alameda County.

5. Expand the Capacity of and Publish Data Regarding Behavioral Health Court

The Alameda County Behavioral Health Court (BHC) is a very effective resource that has reduced recidivism and improved mental health outcomes for those who have participated in the program. Yet it is significantly underutilized. The 2021-2022 Alameda County Civil Grand Jury Final Report described BHC as follows:

BHC is a collaboration between the Alameda County Superior Court, the District Attorney's Office, the Public Defender's Office, and ACBH. Its mission is to promote public safety and assist SMI persons who commit non-violent crimes by diverting them away from the criminal justice system. Judges, lawyers, and mental health professionals work in partnership with the court's client, aka "partner," to develop a treatment plan for the "partner," who has been charged with a non-violent crime. The program diverts those who qualify for the program out of Santa Rita Jail and into a one to two-year treatment program with an Alameda County-based mental health provider. The "partner" is closely monitored by the court, and upon successful completion of their treatment plan, the "partner's" pending criminal case and associated arrest record are sealed. The MHSA funds many of the treatment providers and the clinical team that staffs the BHC program. The lawyers and judges are funded by their respective departments.

The report found that while "witnesses universally spoke highly of BHC," there was no data available to the public to support the perception that BHC is "a major asset" to Alameda County:

However, limited data from 2015-2016 indicates that BHC improves public safety, improves psychiatric outcomes for the participant, and lowers public costs. San Francisco BHC, which has similar rigorous criteria for enrollment, provides public data that indicates BHC reduces incarceration and violent behavior. The Grand Jury could find no available data that assesses why people drop out of BHC or don't follow through. There is also no available data that looks at whether the program provides racial and geographic equity.

Alameda County allows 30 people in BHC at one time and a maximum of 100 people. There is only one BHC site in Alameda County—in Oakland. Witnesses stated that there are waiting lists for referral to BHC. By comparison, San Francisco has a BHC cap of 300 people annually for a population less than half of Alameda County's. Witnesses stated that expansion of BHC necessitates expansion of ACBH staff involvement, but more importantly, there is insufficient community-based treatment infrastructure.

The MHAB agrees that BHC is a major asset to Alameda County and recommends that more data be gathered and available to the public regarding its effectiveness. Based on meetings with personnel from the Superior Court, the District Attorney's Office, the Public Defender's Office, and ACBH, as well as on MHAB members' direct observations of BHC proceedings, the MHAB

also agrees that additional ACBH staff are needed to assess prospective participants in the program. There are currently only two clinicians to staff BHC. As a result, individuals who would qualify for the program aren't getting the services they need in a timely manner. We recommend that BHC be staffed by four fulltime ACBH clinicians to enable more timely and efficient assessments.

Also, increasing the number of and length of stay at CRTs will significantly increase the ability of BHC to successfully divert qualifying individuals away from the criminal justice system. Currently, most BHC clients simply have no place to go.

Another helpful addition to the BHC would be a Family Advocate who would be in court and could connect with and help families support their loved ones who are participating in the BHC.

6. Increase Cultural and Linguistic Responsiveness in Mental Health Services

The MHAB recommends that Alameda County address the low utilization/penetration rate for underserved communities (i.e., AANHPI, limited English proficient speakers, smaller communities) by increasing culturally and linguistic responsive services (e.g., language access, ethnic healing practices, and bilingual/bicultural providers). Specifically, we recommend that the County:

- Incentivize bilingual and culturally responsive providers who are culturally aligned with community to work in safety net settings (e.g., higher pay, recruitment/ retention bonuses, loan forgiveness, targeted academic training pipeline programs placed within community-based settings).
- Invest in a culturally and linguistically competent workforce, beyond just language interpretation.
- Provide payment and reimbursement structures that recognizes the culturally and linguistically competent services (i.e., reimburse at higher rate or separately for interpretation and bilingualism/ multi-lingualism).
- Protect funding for CBOs that provide culturally-based prevention programs that demonstrate effectiveness in breaking down barriers and/or promote increased awareness and acceptance of mental health services.

7. Double-Down on Strategies that Invest in Workforce, Including Recruitment and Retention, and Expand Providers to Include Lay Counselors

Recruitment and retention remain extremely challenging for the mental health workforce, particularly for the CBO providers providing the vast majority of the outpatient behavioral health services to county residents. Bilingual staff are exceptionally difficult to recruit. In addition, collective bargaining at CBOs and the uncertainties around how CalAIM may impact reimbursement structures have slowed CBOs' ability to increase pay for their staff, further impacting recruitment and retention, and creating access issues for the increasing number of people

who need such services.

Given that compensation is a critical part of recruitment and retention, the MHAB recommends that the County invest more resources to support CBO providers who provide these services to county residents. This would include increased funding and flexibility during the transition periods of CalAIM, and some assurance that the changes to come will not significantly decrease the reimbursement rate for these providers.

We also recommend that the County continue to invest and develop behavioral health training program and pipelines, including residence programs for psychiatrists and psychiatric nurse practitioners. Moreover, given that the workforce crisis does not have any quick solutions, the County should expand the workforce to include team members beyond the licensed and licensed-track professionals, and invest in training programs directed at peers and lay counselors (non-licensed professionals) who can fill in the gaps to serve clients in need. Investing in these peers and lay counselors, both in training programs and adequate reimbursement structures for CBOs to provide them with competitive pay, would increase the likelihood of culturally- and linguistically-concordant staff and clients.

8. Continue to Support Prevention and Early Intervention (PEI) Programs that are Focused on Reducing Negative Outcomes and Effective At Connecting People with Mental Health Services

Proposition One on the March ballot in California proposes a “modernization” of the Mental Health Services Act (MHSA). Among other things, it would mandate that MHSA money be focused more on the treatment and housing needs of the SMI and SUD population (which many argue was the original intent of the legislation). Current spending on programs that focus on prevention and early intervention may be decreased. Accordingly, the County’s MHSA funding decisions may be shifting dramatically in the years ahead.

When it comes to funding for prevention and early intervention, it’s important to note that The Mental Health Services Oversight & Accountability Commission (MHSOAC) established priorities for the use of County’s prevention and early intervention programs, concluding that they should play a role in connecting individuals in need to mental health services and have a well-defined strategy on how they will be effective in “reducing seven negative outcomes that may result from untreated mental illness: suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes.”

As the County grapples with the new MHSA funding priorities mandated by Proposition One (assuming it passes), the MHAB recommends that the County compare the outcomes of PEI programs and continue to support those programs that can demonstrate their effectiveness in meeting the goals set forth above by the MHSOAC. As discussed in the MHAB’s June 21, 2023 letter to the Board of Supervisors regarding the draft 3-Year MHSA Plan:

The Plan provides funding for a very large number of programs countywide. Although each of the programs may be worthwhile, many are not focused on providing mental health services or treating mental illness. Many of the programs

cite community engagement, social events and general wellness activities as their goal and accomplishment, but it is not clear the extent to which mentally ill individuals are actually connected to mental health services. Nor is it clear whether these programs use evidence-based treatment methods to help people who are suffering from the most severe, disabling and persistent forms of mental illness.

We recommend that the County develop and implement more purposeful metrics and accountability for delivering on mental illness/health aspects of the program goals.

MHAB Committee Work

Adult Committee

Behavioral Health Adult Committee meetings over the last year covered a variety of important topics, including, but not limited to, the following:

- 988 State and Alameda County Overview
Guest speakers:
Dr. Anh Thu Bui, Medical Consultant, MediCal Behavioral Health Division, California State Department of Health Care Services
Stephanie Lewis, Interim Crisis of Care Director, ACBH
Narges Zohoury Dillon, LMFT
- The Workforce Crisis in Behavioral Health
Guest Speaker:
Matthew Madaus, Executive Director, Behavioral Health Collaborative, Alameda County
- Collaborative Compensation Analysis and CalAIM Payment Reform
Guest Speaker:
Mathew Madaus, Executive Director, Behavioral Health Collaborative, Alameda County
- Cultural and Linguistic Responsive in Mental Health Services
Guest Speakers:
Kao Saechao, LCSW, Specialty Mental Health Director, Asian Health Services
Joseph Perales, DrPH, LCSW, Clinical Director, La Clinica - Casa del Sol
- ACBH and Older Adult System of Care Overview, Update and Challenges
Guest Speaker:
Kate Jones, ACBH Adult and Older Adult System of Care

Another Adult Committee meeting focused on tackling community barriers to deaf community counseling services.

Criminal Justice Committee

The Criminal Justice Committee invited a wide range of speakers to present at its meetings over the last year and was appreciative of the meaningful discussions that ensued. Presenters included, but were not limited to, the following:

- Gavin O’Neill and Danielle Guerry, from the Office of the Collaborative Courts in Alameda County, who discussed how the Courts have proven successful in reducing recidivism and improving health outcomes among those with mental health challenges and addiction who’ve entered our criminal justice system.
- Roberta Chambers and Kira Gunther, from the Indigo Project, who discussed two multi-year proposals to use MHSA funds to prevent incarceration and divert individuals into mental health services, and to support mental health consumers who are justice involved to transition back into the community through peer-led and family-focused programs.
- Juan Taizan, Director of ACBH Forensic, Diversion and Re-Entry Services, and his team, who spoke at meetings focused on the Incompetent to Stand Trial (IST) Diversion Program, and on behavioral health services and corresponding challenges at Santa Rita Jail.
- Representatives from the Behavioral Health Court (judicial officers, District Attorneys, Public Defenders, and ACBH staff) who discussed ways to extend the reach of the Behavioral Health Court so that more mentally ill defendants can be diverted from jail into appropriated treatment in the community.

The Criminal Justice Committee also dedicated one meeting to a discussion of important mental health-related state legislation, and another to the Board of Supervisor’s proposed expenditure of \$81 million (\$26.6 million of county money and 55 million of state funding) to create a Mental Health Program Services Unit (MHPSU) at Santa Rita Jail.

As discussed in our June 21, 2023 letter, the MHAB strongly opposed the Jail expenditure because it would: 1) be antithetical to the principles and goals established by the Board of Supervisor’s Care First, Jail Last Task Force; 2) make no sense, since the experts involved in the *Babu* Consent Decree found that as much as 70% of the positions at the jail are still vacant, three years later; and 3) be a waste of precious resources because Santa Rita Jail is currently half full, holding less than 1,800 individuals, and the *Babu* settlement assumed a jail population of as many as 3,000 people. For those reasons, the MHAB urged the Board of Supervisors to put the Jail Expansion Project on hold and invest instead in community-based services to reduce the population of individuals in Santa Rita with mental illness, substance abuse and co-occurring disorders. We reiterate that request here.

Conclusion

The MHAB has worked diligently over the last year to exercise its statutory duties of oversight and asks that the Board of Supervisors give our recommendations your careful consideration. We and look forward to hearing your response.

Please let us know if you have any questions.

Sincerely,

DocuSigned by:

Brian Bloom

06556445823408
Brian Bloom

MHAB Chair

DocuSigned by:

Terry Laird


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Terry Laird

MHAB Vice Chair

Communication from the Office of the ACBH Director -

DATE: March 14, 2024

TO: Alameda County Mental Health Advisory Board (MHAB)

FROM: Karyn L. Tribble, PsyD, LCSW | Director 

CC: Office of the ACBH Director, MHAB Communications,
ACBH Executive Leadership Team Members

SUBJECT: ACBH Departmental Response to the MHAB Presentation to the Alameda County Board of Supervisors' Health Committee (December 11, 2023) – Agenda Item [LINK](#)

Greetings, Mental Health Advisory Board (MHAB) Members:

As you know, on Monday, December 11, 2023, Executive Members of your MHAB presented an Informational Item entitled the "***Mental Health Advisory Board Annual Report***," during a Board of Supervisors' (BOS) Health Committee Meeting. The following information has been provided in response to the recommendations included within the [December 11, 2023 MHAB Presentation](#) as well as the accompanying [MHAB Letter](#) your Board submitted to the County Board of Supervisors on October 30, 2023.

I also wish to humbly acknowledge that your recommendations were provided to the County's BOS through your delegated authority pursuant to Welfare and Institutions Code (WIC) Section § 5604.2. As a result, these responses represent ACBH departmental perspectives and approaches only, in no way replace the ultimate decision-making authority and feedback of the County's BOS. By acknowledging that fact, I understand that some matters will clearly require BOS consideration and approval. Nevertheless, the information provided below has been offered in relation to your recommendations from December 11, 2023, and per your request to me it will also be accompanied by a formal MHAB presentation (on March 18, 2024).

I sincerely hope that the information provided is responsive to your recommendations. I look forward to your questions and comments, and elaborating further during the above-mentioned Mental Health Advisory Board meeting.

Please see the departmental response to each of the eight (8) Fiscal Year (FY) 2022-2023 MHAB Annual Report recommendations.



Thank you for your time and attention in this matter.

Respectfully submitted.

**Alameda County Mental Health Board Annual Report Recommendations
(excerpt from the December 11, 2023, presentation, Slide 5):**

Annual Report FY 2022-2023: Recommendations Summarized

1. Create a Clear, Publicly-Accessible System Map that Provides an Overview of the System of Care for the Seriously Mentally Ill (SMI) and those with Substance Abuse Disorders (SUD)
2. Improve Ongoing Continuity of Care for the SMI and SUD Population
3. Increase the Number of and Length of Stay at Crisis Residential Treatment Facilities
4. Continue to Assess the Need for Sub-Acute Treatment Beds
5. Expand the Capacity of and Publish Data Regarding Behavioral Health Court
6. Increase Cultural and Linguistic Responsiveness in Mental Health Services
7. Double-Down on Strategies that Invest in Workforce, Including Recruitment and Retention, and Expand Providers to Include Lay Counselors
8. Continue to Support Prevention and Early Intervention (PEI) Programs that are Focused on Reducing Negative Outcomes and Effective at Connecting People with Mental Health Services

ACBH Departmental Response

- 1) **Create a Clear, Publicly-Accessible System Map that Provides an Overview of the System of Care for the Seriously Mentally Ill (SMI) and those with Substance Abuse Disorders (SUD).**

ACBH Response: In Agreement, with clarification.

Alameda County Behavioral Health Care Services (ACBH) continues to believe that a clear accessible system map would be of great benefit to county residents, and to its beneficiaries. To that end, the Department has already initiated a system wide assessment that will be informed by current (and pending) legislation which is designed to reshape all California behavioral health systems, including Alameda County. As previously referenced in the prior year departmental response to the MHAB (Fiscal Year 2021-2022), ACBH has invested in a system-wide assessment.

This assessment is currently underway and is tasked with including more recent legislation such as CARE Court (to be implemented in December 2024), Senate Bill (SB) 43 (Eggman, Lanterman Petris Act – LPS Expansion required in Alameda County by January 1, 2026), California Advancing and Innovating MediCal (CalAIM), and the proposed legislation of the Behavioral Health Services Act (BHSA, Proposition 1 Ballot Measure). Should the latter pass (Proposition 1), for example, programs currently offered within Alameda County would require realignment if the measure were passed by the voters.

Given the numerous new and pending legislative changes to behavioral health services within the State of California, ACBH continues to believe that a system map should be informed by the availability of services systemwide, including and those most related to individuals with Severe Mental Illness and Substance Use. Presently, it is further the belief of the Department that once legislative matters are settled and the system assessment is completed, a valuable – and accurate – system map may be published for use by clients and family members, the community, stakeholders, and system providers.

As indicated in the prior fiscal year, the Department continues to believe that a clear and accessible system map would be of great benefit to county residents, and to its beneficiaries. ACBH is also in agreement with ensuring that those with severe mental illness and/or substance use conditions and family members are equipped with tools to help navigate a complex county system. Although services are fundamentally designed to serve those suffering from the most severe conditions, the Department also recognizes the implementation of this recommendation would include a slight nuance from the perspective conveyed through the MHAB recommendations.

It is ACBH's perspective that Alameda County communities experience, respond to treatment, and demonstrate behavioral health distress in a variety of ways. ACBH-funded services focusing on integrated primary care and mental health settings, for example, have shown that the stigma of behavioral health treatment continues to weigh heavily within certain communities and yet services do not fully appear to be accessed as expected given the data. For that reason, and in consideration of clinical trends our department has observed across the county (which illustrate underutilization or in some case overutilization to the point of incarceration/ an over reliance upon frequent, but limited psychiatric intervention), any system map endorsed by ACBH should include a comprehensive range of program options and access points to fully recognize the diversity of the community. We believe that any such map would be inclusive of highly structured, intensive services (both locked and unlocked) which are generally accessed by the most severely mentally ill or individuals suffering from extreme substance use is critical. We also propose that it is equally essential to include programs for those individuals with progressively worsening symptoms requiring immediate intervention and assessment or those individuals and families who are experiencing their first episodes of behavioral health crisis, distress, or complexity.

As a department, ACBH serves individuals through mobile crisis encounters, early intervention programs, and school-based settings. These services have been largely effective and implemented both by county and CBO organizations. Although they may not always be categorized as services to the Severely Mentally Ill, they do reflect high utilization and need for the Alameda County community. Furthermore, qualitative and quantitative reviews find that these service contacts do not always require a referral to a locked unit, to a specialty mental health or severe substance use disorder treatment program. As such any system map should provide a comprehensive picture of the existing system – particularly once ACBH, Alameda County, and county behavioral health systems across the state have a clearer picture of the regulatory landscape for programs and funding. This final statement provides the basis for the nuanced response relative to this recommendation.

2) Improve Ongoing Continuity of Care for the SMI and SUD Population.

ACBH Response: In Agreement.

ACBH agrees that treatment outcomes and an individual's quality of life greatly improve particularly when they are supported through comprehensive behavioral health services, supports, and integrated treatment offered through care coordination; and a system built upon continuity of care directed towards its highest need populations. Targeted efforts to improve the system have been underway for several years and will continue as resources are identified.

ACBH has initiated specific programs, including care coordination teams focusing on linkage and support upon discharge for incarcerated persons. Similarly, care coordination teams focused on providing support to individuals suffering from substance use conditions; as well as those requiring more intensive support are already being planned to ensure the successful implementation of CARE Court and SB43 protocols. In all, ACBH agrees with the care coordinator approach and has seen positive results through its implementation of this role through ACBH Enhanced Care Management (ECM) program (a component of CalAIM) within the Adult and Older Adult System of Care.

These approaches align with current and future efforts and reflect a holistic approach to care delivery. The department currently employs county staff and provides funding for case managers (through Community Based Organizations – CBOs) across all intensive service levels. Client needs and the severity of the condition often requires additional, specialized support that will inform program activity, linkage, and overall support.

3) Increase the Number of and Length of Stay at Crisis Residential Treatment Facilities.

ACBH Response: In Partial Agreement.

ACBH generally agrees with this MHAB recommendation. The Department has plans to continue to invest available resources towards an increase in the number of Crisis Residential Treatment (CRT) facilities serving individuals across Alameda County. Through collaboration with CBOs, ACBH has led the county's efforts in successfully securing funding from the State of California's Behavioral Health Continuum Infrastructure Program (BHCIP) to expand the number of CRTs available to the system. To date, an additional thirty-two (32) CRT beds have already been awarded for capital and program expansion.

Although other service types are not specifically mentioned in this recommendation, ACBH also believes that other types of facilities targeting the need of those most impacted by severe mental illness and substance use are critical for the system. As a result, through additional BHCIP and Community Care Expansion (CCE) awards provided by the California Department of Health Care Services (DHCS), the County is working in partnership with a local CBO to complete a Social Rehabilitation Facility and Outpatient Program for Justice-Involved, Transitional Age Youth that will provide sixteen (16) additional beds for the system.

Additionally, sixteen (16) additional Crisis Stabilization Unit (CSU) beds will serve the community; a Sobering, Detox, and Residential Facility containing approximately thirty (30) Substance Use dedicated beds; and an addition of between thirty to sixty (30-60) Mental Health Rehabilitation Center (MHRC) beds once construction efforts have been completed.

It is the belief of the County that the addition of these facilities will greatly enhance overall system capacity including ACBH's sustained focus on crisis and other forms of residential treatment. Although ACBH supports expansion in this area, it does not believe that a standard 30-day approach across all CRT facilities will appropriately serve the unique clinical and accessibility needs of Alameda County residents. Individualized treatment, comprehensive care coordination, and performance driven system improvements require that ACBH instead focus its efforts on providing a variety of efforts for the community.

ACBH agrees that treatment beyond fourteen (14) days could potentially meet the need of many individuals with more difficult to treat conditions. It should be noted that some individuals within the current system of CRT facilities stay beyond the fourteen (14) day threshold. Given that fact and the rising clinic need, ACBH is exploring extended stays beyond 14-days at the new facilities currently planned for through BHCIP grants awarded in Round 3.

4) **Continue to Assess the Need for Sub-Acute Treatment Beds.**

ACBH Response: In Agreement.

ACBH agrees that it will continue to assess the need for sub-acute treatment beds countywide. Although the primary aim of the Department is to provide clinically appropriate treatment and voluntary care whenever possible, recent data does continue to highlight the need for more intensive treatment. The Department, therefore, will continue its efforts to thoughtfully meet the demand for higher acuity support and stabilization through a variety of settings, including sub-acute treatment facilities.

5) **Expand the Capacity of and Publish Data Regarding Behavioral Health Court.**

ACBH Response: In Partial Agreement, some components Completed.

ACBH values transparency and has already published an outward-facing [Dashboard \(acbhcs.org\)](https://www.acbhcs.org) related to outcomes associated with the Behavioral Health Court (BHC). ACBH has also expanded funding for the BHC and continues to work with agency partners to increase referrals to such programs although the Department is not primarily responsible for the number of individuals referred to services. Internal reviews of program efficiencies did not suggest that additional county staff are required to manage the program at this time. Ongoing operational enhancements, however, have been targeted to further enhance capacity.

6) **Increase Cultural and Linguistic Responsiveness in Mental Health Services.**

ACBH Response: Aligned with ACBH Mission, Vision, & Values and Subject to Proposition 1 Legislation.

In alignment with its adopted lens of Health Equity, ACBH has continued to expand programming designed for communities through a variety of culturally affirming, convenient, and community-based prevention, early intervention, and treatment programs. Besides expanding such services primarily through Mental Health Services Act (MHSA) funding, ACBH has initiated several quality improvement programs and services to reduce stigma and increase services to communities with lower-than-

expected utilization rates, such as some members of the Asian American and Pacific Islander (AAPI) communities.

Given the uncertainty of the proposed changes to MHSA, the Department is currently evaluating its options for ongoing program expansion while remaining committed to enhanced service delivery to ethnically and linguistically diverse communities.

7) Double-Down on Strategies that Invest in Workforce, Including Recruitment and Retention, and Expand Providers to Include Lay Counselors.

ACBH Response: In Agreement, Subject to Board of Supervisor (BOS) Approval, Proposition 1 Legislation.

In your MHAB Fiscal Year 2021-2022 Annual Report, the following recommendation was made (Item #10) – **“Prioritize strategies to address the mental health workforce shortage.”** As indicated in the prior fiscal year departmental response, the department continues to engage in several activities designed to support the prioritization of the mental health (behavioral health) workforce shortage.

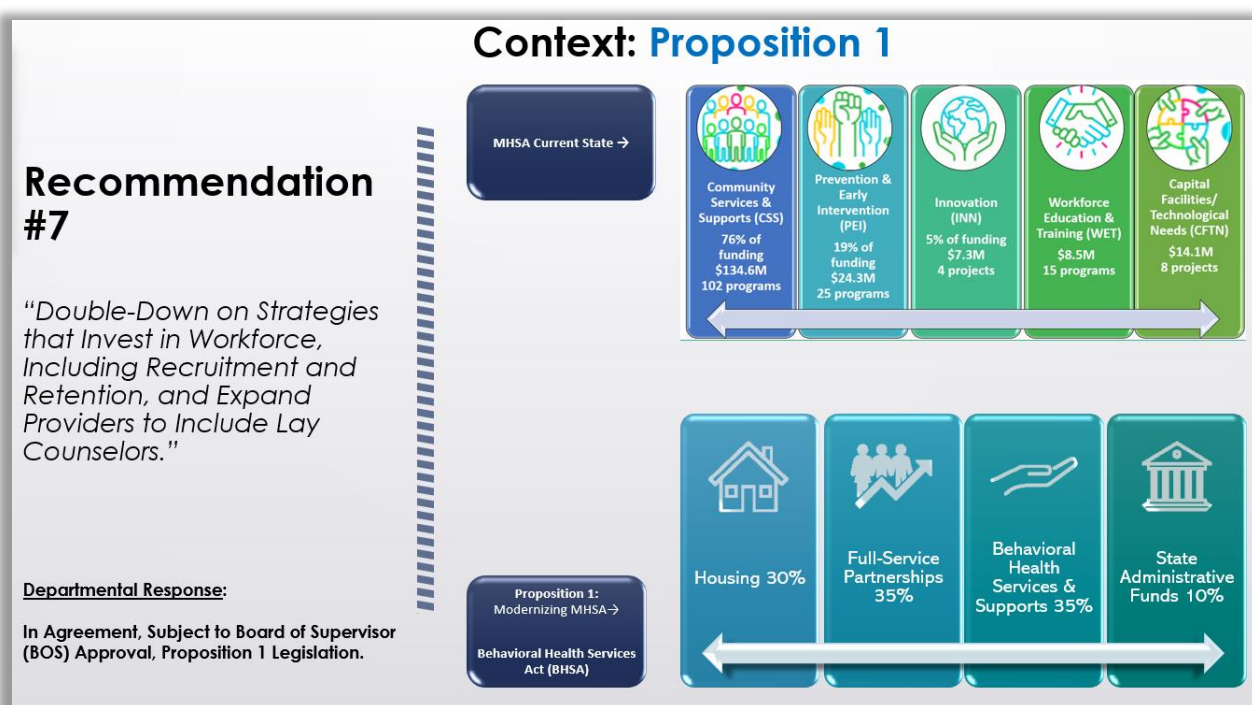
The strategies referenced in the prior year’s response included, but was not limited to, the following activities:

- Contract augmentations for Community Based Organizations (CBOs);
- The realignment of the Workforce, Education, and Training (WET) Unit to the Office of the ACBH Director in the Fall of 2022;
- The development of new/novel civil service classifications targeting recruitment of behavioral health specialties through salary incentives;
- Expanded use of Sign-On bonuses, longevity pay, and loosening of loan assumption eligibility requirements; and an
- Increased focus on Peer-based work positions, including the investment in Peer Certification Programs, staffing, and a more diverse workforce.

The commitment to investing in strategies regarding workforce recruitment, retention, and the inclusion of lay counselors remain unchanged as a high priority. Additional efforts to invest in this process includes the pending re-alignment of the ACBH Workforce, Education, and Training (WET) unit to the Health Equity Division to further strengthen the connection between the department’s offices of Peer Support Services and Family Empowerment. The goal of this restructuring focuses on the

development of more pragmatic strategies to promote a collaborative approach to planning workforce activities through the perspectives of individuals with lived experience.

Similarly, activities are already underway to increase the number of individuals systemwide with Peer Certification, recognition of persons with lived experience professional contributions, and ability to engage in reimbursable activities – adding to the system’s overall financial sustainability. The following image also represents current ACBH allocations, including those supporting the departmental efforts, investments, and activities associated with Workforce allocations through current MHSA structures (MHAB Presentation by ACBH, Monday, March 18, 2024, slide #13).



ACBH consistently reviews opportunities to expand CBO contracts through increases in Cost-of-Living Adjustments (COLAS), rates, and/or through general allocation increases as permitted by the county. Such increases are subject to the county budgeting process, local/state budget implications, and approval by the Alameda County BOS. ACBH has been a consistent advocate of peer or family member-based services and support, including the use of counselors. Behavioral health training, pipeline, and other programs – including being the first California County to opt in to California Senate Bill 803 ([SB 803 Program Overview \(ca.gov\)](https://www.ca.gov/sb803)) – continue to be workforce strategies that ACBH pursues. However, planned expansion of WET investments are subject to fiscal analysis given the potential changes to MHSA funding. (Please see above figure.)

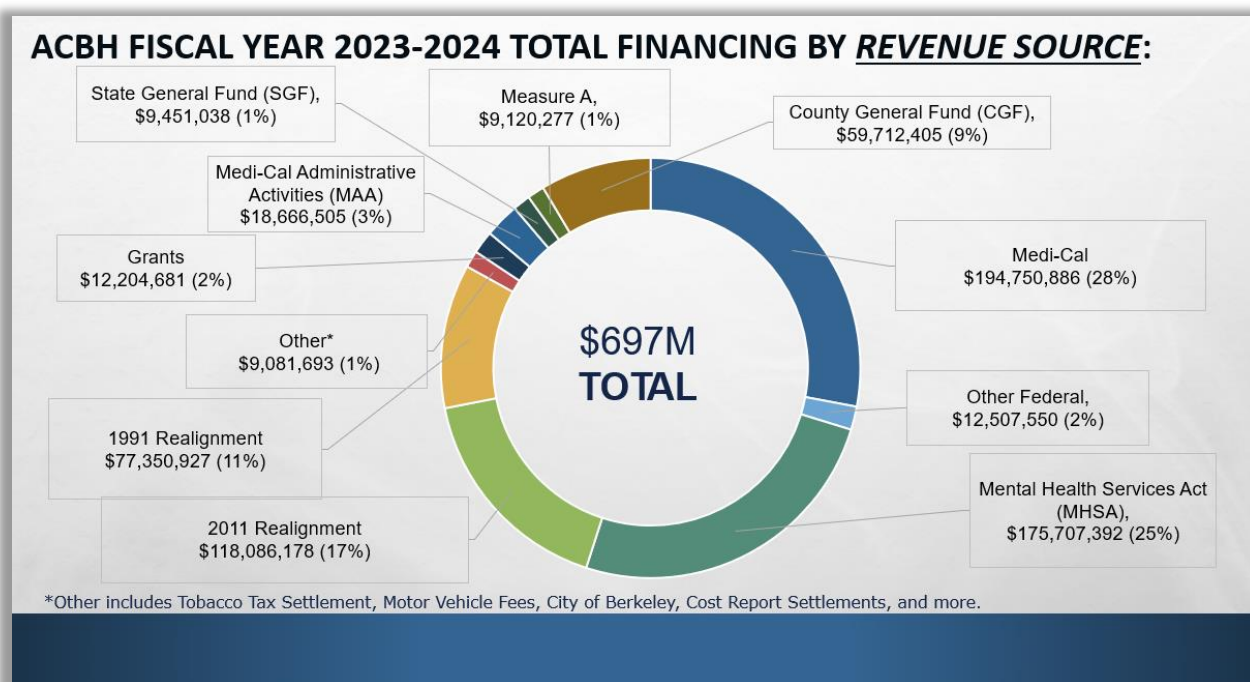
Presently, ACBH maintains a number of positions which are reflective of the experience of a "lay counselor" including, the Mental Health Specialist [series](#). These positions have been a fundamental part of departmental operations, working across all county clinics and settings for many years. As noted above, with the approval of the SB 803 legislation, the Department is currently pursuing the establishment of a new civil service series through the development of Peer Specialist positions to complement the already established and highly valued cadre of paraprofessional workers. Students, training opportunities, and placement of individuals with lived experience will continue to be implemented as a valuable approach utilized by ACBH.

8) Continue to Support Prevention and Early Intervention (PEI) Programs that are Focused on Reducing Negative Outcomes and Effective At Connecting People with Mental Health Services.

ACBH Response: In Partial Agreement, Aligned with ACBH Mission, Vision, & Values, and Subject to Proposition 1 Legislation or BOS.

As a behavioral health system, ACBH agrees with the notion of an investment in PEI programs as they reflect the [Mission, Vision, And Values](#) of the department and the diverse needs of the broader Alameda County community. ACBH consistently evaluates the quality, effectiveness, performance, and outcomes for all PEI-funded programs. Although PEI services vary, comparative analyses are currently (and consistently) being completed. The distinguishing characteristics of Alameda County's PEI programs focus on the rich, diverse cultural needs of individuals experiencing severe or those at risk of serious mental illness. Contrary to the MHAB set of recommendations, the Department maintains that its programs have in fact historically focused on the seven negative outcomes that may result from untreated mental illness: suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes. Continued focus on a more targeted service delivery (whatever the area) will require thoughtful planning, resource coordination, and is subject to the outcome of proposed legislation within the state of California (Proposition 1).

For your consideration, the following image has been provided to illustrate the department's total financing structure by revenue source, for Fiscal Year 2023-2024 (MHAB Presentation, Monday, March 18, 2024, slide #15):



It is important to also clarify that, should the measure pass (Proposition 1), the underlying structure of MHSA funds would be realigned to be consistent with the new proposed structure of the Behavioral Health Services Act. This structure would further realign Prevention dollars to the state and would impact the degree to which counties could fund prevention programs with BHSA dollars. Although the state has proposed to fund such programs at the state level for application by counties, and/or through state public health departments, ACBH is unable to make financial commitments to the sustainability of prevention programs in general given these uncertainties and ultimate approval by the county's budget process. To that end, the Department acknowledges that it is unable to speak to the County's overall potential investment in the aforementioned areas. Nevertheless, ACBH remains committed to pursuing funding opportunities that will assist with continued stabilization of a system that has progressively added critical services and infrastructure across the county's behavioral health networks using prevention and early intervention supports.

I thank you for the opportunity to provide this comprehensive response to the MHAB's recommendations for Fiscal Year 2023-2024. As indicated in above, I hope that the responses reflect the activity and commitment of the department as ACBH continues to pursue a the implementation of fundamentally strong, pragmatic, and supportive care delivery system that is responsive to the behavioral health needs of the community. For your consideration, comment, and review this document and the

corresponding presentation (scheduled for the full MHAB meeting on Monday, March 18, 2024), has also been included with this communication.

If additional information or clarification is required, I and/or a member(s) of our team stand ready to assist in any way possible.

Thank you for your feedback, support, and advisement in advance.

Alameda County Behavioral Health Care Services

Departmental Update

Mental Health Advisory Board (MHAB) Presentation: March 18, 2024

MHAB Fiscal Year 2022-2023 Annual Report – Departmental Response

Presenter:

Karyn L. Tribble, PsyD, LCSW | ACBH Director



Overview:

- **Context & Background**
- **MHAB Fiscal Year (FY) 2022-2023 Recommendations Review**
- **Departmental Response (Questions 1-8)**
- **Summary & Departmental Next Steps**



Context & Background

Purpose and Intended Audience for MHAB Annual Report Presentation

Purpose & Intended Audience



- **Alameda County Board of Supervisors' Meeting:**
 - December 11, 2023, Health Committee
- **Continued focus on System Review & MHAB Statutory Functions & Role**
- **Provide an Update to the BOS for Informational Awareness:**
 - With recommended Action

MHAB FY 2022-23 Recommendations: Review & Summary

Source:

Alameda County Board of Supervisors'
Health Committee

Alameda County MHAB Presentation
Monday, December 11, 2023

Link – [BOS Health Committee \(granicus.com\)](https://www.granicus.com)

- 1. Create a Clear, Publicly-Accessible System Map that Provides an Overview of the System of Care for the Seriously Mentally Ill (SMI) and those with Substance Abuse Disorders (SUD).**
- 2. Improve Ongoing Continuity of Care for the SMI and SUD Population.**
- 3. Increase the Number of and Length of Stay at Crisis Residential Treatment Facilities.**
- 4. Continue to Assess the Need for Sub-Acute Treatment Beds.**
- 5. Expand the Capacity of and Publish Data Regarding Behavioral Health Court.**
- 6. Increase Cultural and Linguistic Responsiveness in Mental Health Services.**
- 7. Double-Down on Strategies that Invest in Workforce, Including Recruitment and Retention, and Expand Providers to Include Lay Counselors.**
- 8. Continue to Support Prevention and Early Intervention (PEI) Programs⁵⁸ that are Focused on Reducing Negative Outcomes and Effective Act Connecting People with Mental Health Services.**

Departmental Response:

- **In Agreement, with clarification:**

Recommendation #1

“Create a Clear, Publicly-Accessible System Map that Provides an Overview of the System of Care for the Seriously Mentally Ill (SMI) and those with Substance Abuse Disorders (SUD).”

Alameda County Behavioral Health Care Services (ACBH) continues to believe that a clear accessible system map would be of great benefit to county residents, and to its beneficiaries. To that end, the Department has already initiated a system wide assessment which will be informed by current (and pending) legislation that is designed to reshape all California behavioral health systems, including Alameda County.

...ACBH also serves individuals through crisis encounters, early intervention programs, and school-based settings which may not require a referral to specialty mental health or severe substance use disorder treatment programs. As such, the department believes that any system map should provide a comprehensive and inclusive picture of the existing system.

Departmental Response:

- **In Agreement:**

ACBH agrees that treatment outcomes and an individual's quality of life greatly improve particularly when they are supported through comprehensive behavioral health services, supports, and integrated treatment offered through care coordination; and a system built upon continuity of care directed towards its highest need populations. Targeted efforts to improve the system have been underway for several years and will continue as resources are identified.



Recommendation #2

“Improve Ongoing Continuity of Care for the SMI and SUD Population.”

Departmental Response:

- **In Partial Agreement:**

Recommendation #3

“Increase the Number of and Length of Stay at Crisis Residential Treatment Facilities.”

ACBH agrees that it will continue to invest available resources towards an increase in the number of Crisis Residential Treatment (CRT) facilities serving individuals across Alameda County. Through collaboration with CBOs, ACBH has led the county's efforts in successfully securing funding from the State of California's Behavioral Health Continuum Infrastructure Program (BHCIP) to expand the number of CRTs available to the system. To date, an additional 32 CRT beds have been awarded for capital and program expansion. However, the Department does not believe that a standard 30-day approach across all CRT facilities will appropriately serve the unique clinical and accessibility needs of Alameda County residents. ...Nevertheless, ACBH is exploring extended stays beyond 14-days at the new planned facilities.



Recommendation #4

“Continue to Assess the Need for Sub-Acute Treatment Beds.”

Departmental Response:

- **In Agreement:**

ACBH agrees that it will continue to assess the need for sub-acute treatment beds countywide. Although the primary aim for the Department is to provide clinically appropriate treatment and voluntary care whenever possible, recent data does continue to highlight the need for more intensive treatment. The Department, therefore, will continue its efforts to thoughtfully meet the demand for higher acuity support and stabilization through a variety of settings, including sub-acute treatment facilities.



Departmental Response:

- **In Partial Agreement, Some components Completed:**

ACBH values transparency and has already published an outward-facing [Dashboard \(acbhcs.org\)](#) related to outcomes associated with the Behavioral Health Court (BHC). ACBH has also expanded funding for the BHC and continues to work with agency partners to increase referrals to related programs although the Department is not primarily responsible for the number of individuals referred to services.

Internal reviews of program efficiencies did not suggest that additional county staff are required to manage the program at this time. ⁶³ Ongoing operational enhancements, however, have been targeted to further enhance capacity.

Recommendation #5

“Expand the Capacity of and Publish Data Regarding Behavioral Health Court.”

Departmental Response:

- **Aligned with ACBH Mission, Vision, & Values and Subject to Proposition 1 Legislation:**

In alignment with its adopted lens of Health Equity, ACBH has continued to expand programming designed for communities through a variety of culturally affirming, convenient, and community-based prevention, early intervention, and treatment programs. Besides expanding such services primarily through Mental Health Services Act (MHSA) funding, ACBH has initiated several quality improvement programs and services to reduce stigma and increase services to communities with lower-than-expected utilization rates, such as some members of the Asian American and Pacific Islander (AAPI) communities. Given the uncertainty of the proposed changes to MHSA, the Department is currently evaluating its options for ongoing program expansion while remaining committed to enhanced service delivery to ethnically and linguistically diverse communities.

Recommendation #6

“Increase Cultural and Linguistic Responsiveness in Mental Health Services.”

Departmental Response:

- **In Agreement, Subject to Board of Supervisor (BOS) Approval, Proposition 1 Legislation:**

Recommendation #7

“Double-Down on Strategies that Invest in Workforce, Including Recruitment and Retention, and Expand Providers to Include Lay Counselors.”

ACBH consistently reviews opportunities to expand CBO contracts through increases in Cost-of-Living Adjustments (COLAS), rates, and/or through general allocation increases. Such increases are subject to the county budgeting process, local/state budget implications, and approval by the Alameda County BOS. ACBH has been a consistent advocate of peer or family member-based service and supports, including the use of counselors. Behavioral health training, pipeline, and other programs – including being the first California County to opt in to California Senate Bill 803 ([SB 803 Program Overview \(ca.gov\)](https://leginfo.ca.gov/pub/07_01_2018_0801_0803_bill_0801_0000_0803_bill_0801_0000.html)) – continue to be workforce strategies that ACBH pursues. However, planned expansion of WET investments are subject to fiscal analysis given the potential changes to MHSA funding.

Recommendation #7

“Double-Down on Strategies that Invest in Workforce, Including Recruitment and Retention, and Expand Providers to Include Lay Counselors.”

Departmental Response:

In Agreement, Subject to Board of Supervisor (BOS) Approval, Proposition 1 Legislation.

Context: Proposition 1



Departmental Response:

- **In Partial Agreement, Aligned with ACBH Mission, Vision, & Values, and Subject to Proposition 1 Legislation or BOS:**

ACBH consistently evaluates the quality, effectiveness, performance, and outcomes for all PEI-funded programs. Although PEI services vary, comparative analyses are currently being completed. The distinguishing characteristics of Alameda County's PEI programs focus on the rich, diverse cultural needs of individuals experiencing severe or those at risk of serious mental illness. The Department maintains that its programs have historically focused on the seven negative outcomes that may result from untreated mental illness: suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes. ...Continued focus on a more targeted service delivery (whatever the area) will require thoughtful planning, resource coordination, and is subject to the outcome of proposed legislation within the state of California (Proposition 1).

Recommendation #8

"Continue to Support Prevention and Early Intervention (PEI) Programs that are Focused on Reducing Negative Outcomes and Effective At Connecting People with Mental Health Services."



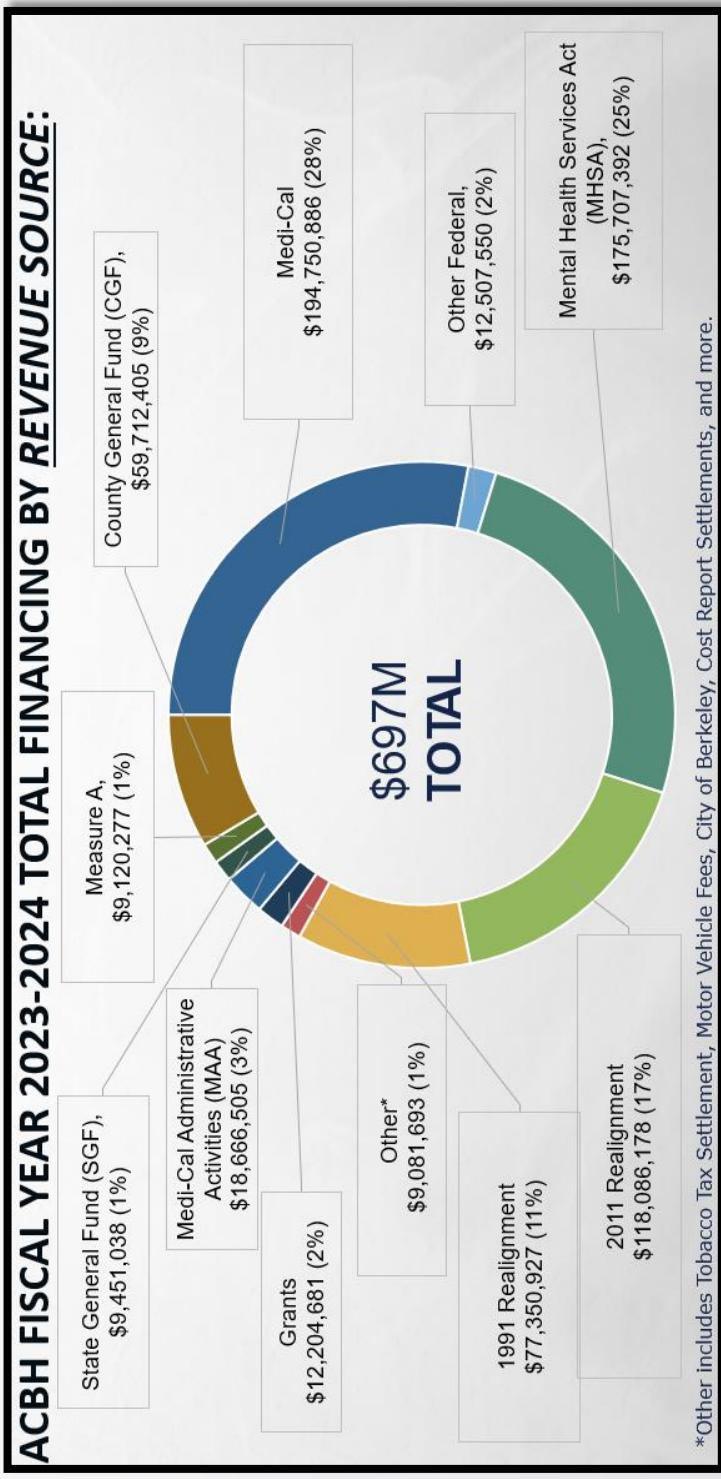
Recommendation #8

“Continue to Support Prevention and Early Intervention (PEI) Programs that are Focused on Reducing Negative Outcomes and Effective At Connecting People with Mental Health Services.”

Departmental Response:

In Partial Agreement, Aligned with ACBH Mission, Vision, & Values, and Subject to Proposition 1 Legislation or BOS.

Context: Proposition 1 & Current Budget Financing



MHAB FY 2022-23 Recommendations:

Departmental Response Summary

- **General Support for MHAB Recommendations proposed to the Alameda County Board of Supervisors.**
- **Impacts to Departmental strategies to implement several of the recommendations:**
 - Community Needs & System Access
 - Pending Legislation
 - System Assessment, Planning, and Capacity Building
- **Some recommendations are beyond the control of the Department, including State Changes, and Budgetary considerations.**



Departmental Next Steps:

- Continue to improve responsiveness to, and coordination with the MHAB;
- To implement and continually engage in Quality Improvement efforts system-wide, including those involving stakeholder planning;
- To fully implement all new and required legislative and regulatory changes; and to
- Prioritize the application of “True North Metrics” in Decision-Making & Departmental Trajectory:
 - Quality; Investment in Excellence; Accountability; Financial Sustainability; & Outcome-Driven Goals.

Questions or Comments?



Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, March 11, 2024 4:38 PM
To: Works-Wright, Jamie
Subject: FW: Mental Health Advisory Board Executive Committee Meeting (March 14, 2024)
Attachments: MHAB Executive Committee Agenda (March 2024) - Final.pdf; MHAB Executive Committee Meeting Minutes (UNAPPROVED) 02.08.2024.pdf

Please see the information below and attached.

Jamie Works-Wright

Consumer Liaison

[Jworks-wright@berkeleyca.gov](mailto:jworks-wright@berkeleyca.gov)

510-423-8365 cl

510-981-7721 office



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From: MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
Sent: Monday, March 11, 2024 2:48 PM
Cc: MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
Subject: Mental Health Advisory Board Executive Committee Meeting (March 14, 2024)

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

Good afternoon,

Please see attached materials for the MHAB Executive Committee meeting scheduled for this Thursday, March 14th at 3:30 PM.

Mental Health Advisory Board Executive Committee Meeting

March 14, 2024 from 3:30 PM to 5:00 PM Pacific Time (US and Canada)

Zoom link:

<https://us06web.zoom.us/j/81906711352?pwd=mMA8aDj78gBLyngQD9z1BnPFqZ89Jn.1>

Meeting ID 819 0671 1352

Password: 560104



Alameda County
Mental Health Advisory Board

Mental Health Advisory Board AGENDA
Executive Committee

74

Thursday, March 14, 2024 | 3:30 PM – 5:00 PM

This meeting will be conducted exclusively through videoconference and teleconference

<https://us06web.zoom.us/j/81906711352?pwd=mMA8aDj78gBLyngQD9z1BnPFqZ89Jn.1>

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

Webinar ID: 819 0671 1352 | Webinar code: 560104

Committee Members	Brian Bloom (<i>Chair, District 5</i>) Terry Land (<i>Vice Chair, District 1</i>)	Thu Quach (<i>District 2</i>) Juliet Leftwich (<i>District 5</i>)
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3:30 PM Call to Order _____ Chair Bloom

3:30 PM I. Roll Call

3:35 PM II. Approval of Minutes

3:40 PM III. Agenda for February 26, 2024 Regular Board Meeting

- A. Chair Report
- B. Director’s Report - Response to MHAB’s FY 2022-'23 Recommendations
- C. Committee Reports (CJ, Adult, Children’s, Banquet, MHSA, Budget, Care First)
- D. Welcome New MHAB member Larry Brandon (Dist. 5)

4:10 PM IV. Additional Discussion Items

- A. Update on plans for MHAB Banquet
- B. Status of MHAB Children’s Committee
- C. Plan for revising MHAB By-Laws
- D. Retreat
- E. Memorialize & Distribute CJ and Adult Committee Priorities for this Calendar Year
- F. Share this year’s calendar (work-in-progress)

4:50 PM V. Public Comment

5:00 PM VI. Adjournment

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



Alameda County
Board of Supervisors

Alameda County ^{ac} ^{bh}
Behavioral Health Care Services



MHAB Executive Committee Minutes UNAPPROVED
Thursday, February 8, 2024 | 3:30 PM – 5:00 PM

This meeting was conducted exclusively through videoconference and teleconference

Committee Members:	<input checked="" type="checkbox"/> Brian Bloom (<i>Chair, District 4</i>); <input checked="" type="checkbox"/> Terry Land (<i>Vice Chair, District 1</i>); <input checked="" type="checkbox"/> Thu Quach (<i>District 2</i>); <input checked="" type="checkbox"/> Juliet Leftwich (<i>District 5</i>)
ACBH Staff:	<input checked="" type="checkbox"/> Karyn Tribble (<i>ACBH Director</i>); <input type="checkbox"/> James Wagner (<i>ACBH Deputy Director</i>); <input checked="" type="checkbox"/> Dainty Castro (<i>Administrative Liaison</i>); <input checked="" type="checkbox"/> Asia Jenkins (<i>Office of The ACBH Director</i>)
Excused Absence:	

Meeting called to order @ 3:38 PM by **Chair Brian Bloom**

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll call completed.	
Approval of Minutes	The previous month's meeting minutes were adopted and approved.	
Agenda	Agenda for February 26, 2024, Regular Board Meeting: A. Chair Report Mental Health Advisory Board (MHAB) Chair Bloom will provide a Chair Report. B. ACBH Director's Report Alameda County Behavioral Health (ACBH) Director, Dr. Karyn Tribble will provide an operational update.	

ITEM	DISCUSSION	DECISION/ACTION
	<p>C. CARE Court Presentation Indigo will be providing a presentation regarding CARECourt. This presentation is anticipated to be around 30-40 minutes long, with the allowance for specific questions to be answered.</p> <p>D. Subcommittee Reports</p> <ul style="list-style-type: none"> • MHAB Criminal Justice Subcommittee (02/21/2024) • MHAB Adult Subcommittee (02/27/2024) 	
<p>Discussion Items</p>	<p>A. New MHAB Members and New Requirements A new MHAB member, Mary Hekl, was appointed by Board of Supervisor (BOS) District 4. MHAB Chair Bloom encourages the whole board to welcome the new member.</p> <p>A discussion was made regarding newly added legislative language and requirements formally documented on the Board Commissions/Committee appointment application; with diverse representation from the educational systems, veteran status, family member and/or lived experiences, etc. It was also noted that the entire application's informational requests are at the applicant's leisure to self-disclose, in respect to HIPAA regulations.</p> <p>B. Villa Fairmont Site Visit Report MHAB members who attended the last visit will provide a report and review of their findings.</p> <p>C. Ad Hoc Banquet Committee Update Suggested annual banquet date changes to be discussed to ensure MHAB Chair Bloom and/or MHAB Chair Land will be in attendance. A progress report updates regarding the Ad Hoc Banquet from MHAB member, Jemmott was requested.</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>D. MHAB Name Change Update It was determined that the “Mental Health Advisory Board (MHAB)” name will change regardless of whether Proposition 1 (Prop 1) is passed or not. Final results on Prop. 1 are anticipated to be revealed in March of 2024.</p> <p>The formal process of the name-change will include a connection with the Alameda County Deputy County Counsel and ultimately approved by the BOS.</p> <p>E. Reconstituting The Children’s Advisory Committee MHAB member, Jemmott would like to initiate reconstituting the MHAB Children’s Advisory Committee. It has been previously suggested that a second co-chair is needed. Members Gray, Voss and Cushman have shown interest.</p> <p>F. MHAB Role in Care First, Jails Last (CFJL) Implementation The CFJL is still actively meeting until April or May this year. Recommendations from all involved departmental agencies are encouraged to be presented in future MHAB Regular Board meetings to help inform the public of the implementation progress and to aid in the mandated MHAB progress report to the BOS.</p> <p>G. MHAB Retreat Update The MHAB Retreat is scheduled in May 2024. However, date changes may be discussed.</p> <p>H. New Legislation Senate Bill 402 (SB 402) The upcoming new legislation pertains to specific designated appointees who have the power to authorize 5150 calls and claims, whether imposed or lifted.</p>	

ITEM	DISCUSSION	DECISION/ACTION
Public Comment	No public comments were given.	
Meeting adjourned	Meeting adjourned at 4:57 PM.	

DRAFT

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Thursday, March 7, 2024 10:10 AM
To: Works-Wright, Jamie
Cc: Buell, Jeffrey
Subject: FW: New, informative, documentary re housing mentally ill in jails rather than hospitals

Please see the message from 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

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365



From: Edward Opton <eopton1@gmail.com>
Sent: Wednesday, March 6, 2024 1:12 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: New, informative, documentary re housing mentally ill in jails rather than hospitals

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3.6.24

Please forward to members of the Mental Health Commission and to Jeff Buell and Dr. Warhuus.

A new "Frontline" documentary, "Fractured," on the practice of confining seriously mentally ill persons in jails, often in solitary confinement, rather than in hospitals, has just been posted on-line. In about 20 minutes, the film provides much of what one needs to know about the practice of confining mentally ill defendants in jails rather than mental hospitals—an important issue in Berkeley and Alameda County as well as elsewhere.

One issue that “Fractured” does not address is *cui bono*: who benefits from the current system? Reform of the excessively expensive and soul-destroying current practice will face resistance from those whose bureaucratic status, budgets and power benefit from the current system.

To watch this new documentary, search for “Frontline | Fractured.”

Edward Opton

Works-Wright, Jamie

From: Berkeley/Albany Mental Health Commission
Sent: Tuesday, March 5, 2024 12:05 PM
To: Ajay Krishnan
Cc: Works-Wright, Jamie
Subject: RE: Mental Health Commission position

Hello Ajay,

We have received your application and it has been distributed to the other commissioners to review. I would like to invite you to the next Mental Health Commission. The meeting will take place on Thursday, March 28, 2024 from 7-9pm. 1901 Hearst Ave in the Poppy room.

Please let me know if you are able to attend. It is encourage for you to attend a few meeting prior to being appointed but that is also up to the commissioner. Hope you are able to attend this month.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary

City of Berkeley

2640 MLK Jr. Way

Berkeley, CA 94704

JWorks-Wright@berkeleyca.gov

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365



From: Ajay Krishnan <ajay.s.krishnan@gmail.com>
Sent: Wednesday, February 28, 2024 5:40 PM
To: Berkeley/Albany Mental Health Commission <BAMHC@berkeleyca.gov>
Subject: Re: Mental Health Commission position

Hi!

Thanks for your response. Is this something that can be emailed?

Best,
Ajay

On Thu, Feb 22, 2024 at 10:05 AM, Berkeley/Albany Mental Health Commission <BAMHC@berkeleyca.gov> wrote:

Hello Ajay,

Thank you for your interest and submitting a letter of interest. Please fill out the application and submit the form to the city clerk's office and the information is on the document.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary

[City of Berkeley](#)

[2640 MLK Jr. Way](#)

[Berkeley, CA 94704](#)

JWorks-Wright@berkeleyca.gov

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365



From: Ajay Krishnan <ajay.s.krishnan@gmail.com>
Sent: Wednesday, February 21, 2024 11:42 PM
To: Berkeley/Albany Mental Health Commission <BAMHC@berkeleyca.gov>
Subject: Mental Health Commission position

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

Dear Sir/Madam:

I am writing to you as I would like to join the Berkeley Mental Health Commission as a Special Public Interest (SPI) representative. Specifically, I would like to serve as a College-aged Youth Advocate on the Commission and work on policy issues and programs affecting this demographic.

At present, I am a student at UC Berkeley, double majoring in psychology and integrative biology. I am also working on 2 research projects in mental health and neuroscience. My interest in this area has been spurred by first hand experiences of mental health issues - especially among teens - that I have witnessed in high school, in college, and during my volunteering for the Crisis text line. In addition to research and volunteering in the field of mental health, I would like to participate in policy matters as well. Enacting effective policies and implementing targeted programs can have a positive impact on a large scale.

Given current community and societal needs, I believe urgent action is needed and I would like to actively work on this important subject.

I have enclosed a formal cover letter and my resume.

I look forward to hearing from you.

Ajay Krishnan

650.625.7002

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, March 5, 2024 11:59 AM
To: Works-Wright, Jamie
Subject: MHC agenda items

Hello Commissioners,

I want to again apologize for any inconvenience about the last meeting in February.

At the special MHC meeting on Thursday Feb 29, 2024 the Chair postpone the elections of the chair and vice chair until the next meeting.

The next MHC meeting will be Thursday, March 28 and the elections will take place then.

Please let me know what other items you would want on the agenda. The deadline is Monday, March 11. If you want any items in the packet I would need them by, Monday March 18, 2024.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary

City of Berkeley

2640 MLK Jr. Way

Berkeley, CA 94704

JWorks-Wright@berkeleyca.gov

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365



Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, March 1, 2024 4:21 PM
To: Works-Wright, Jamie
Subject: FW: Berkeley/Albany Mental Health Commission Application - Ajay Krishnan
Attachments: Application_Ajay Krishnan.pdf

Please see the application for the MHC.

Jamie Works-Wright

Consumer Liaison
[Jworks-wright@berkeleyca.gov](mailto:jworks-wright@berkeleyca.gov)
510-423-8365 cl
510-981-7721 office



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From: Commission <Commission@berkeleyca.gov>
Sent: Friday, March 1, 2024 12:58 PM
To: Berkeley/Albany Mental Health Commission <BAMHC@berkeleyca.gov>; Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Cc: Commission <Commission@berkeleyca.gov>
Subject: Berkeley/Albany Mental Health Commission Application - Ajay Krishnan

Internal

Hi Jamie,

Please find attached the application that was submitted today to the City Clerk Department for the vacant position at Albany G.P.I. (Mental Health Commission). For your convenience, I have copied the process below, please see resolution 65,945-N.S for more details.