Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: September 11, 2023

Documents Pertaining to 9/21/23 Agenda items:

Agenda Item	Description	Page
2. a	Approval of the September 21, 2023 Meeting Agenda	1
2. b	Approval of the July 20, 2023 Meeting Minutes	3
5.	Review and vote of draft letter regarding the MHC recommendation regarding the MHSA "Mobile Encampment Wellness Project"	6
6.	Subcommittee c. Evaluation Subcommittee i. 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.	7
9.	Mental Health Manager Report – Jeff Buell	
	a. Manager July Report b. Caseload Statics July 2023 c. Manager August report d. Caseload Statics September 2023	29 31 38 41
Email Correspondence	**Memo:** Understanding Berkeley's Behavioral Health Efforts in the context of CITY OF BERKELEY DRAFT CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR PROGRAM YEAR 2022 **Memo:** Updates: Governor's BH Modernization Proposal - www.calbhbc.org/bhsa **Memo:** CITY OF BERKELEY SEEKING PUBLIC COMMENT ON ITS DRAFT CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR PROGRAM YEAR 2022 (July 1, 2022 through June 30, 2023 **Attachment:** DRAFT PY22 CAPER and attachments for public comment (002).pdf	48 52 54 57

Health, Housing & Community Service Department
Mental Health Commission

Berkeley/ Albany Mental Health Commission

AGENDA

Regular Meeting
Thursday, September 21, 2023

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

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

Teleconference Location:
2475 Prince St, Berkeley, CA 94705

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

2. **Preliminary Matters (5 min)**
   a. Action Item: Approval of the September 21, 2023 agenda
   b. Public Comment (non-agenda items)
   c. Action Item: Approval of the July 20, 2023 minutes

3. **SCU update – Lisa Warhuus (10 min)**

4. **Discussion of the implications for Berkeley of the CARE Act, which is described in the DHCS/JC/CalHHS – Edward Opton (10 min)**

5. **Review and vote of draft letter regarding the MHC recommendation regarding the MHSA "Mobile Encampment Wellness Project" – Andrea Prichett (10 min)**

6. **Subcommittee Reports (20 min)**
   a. **Youth Subcommittee**
   b. **Membership Subcommittee**
   c. **Evaluation Subcommittee**
      i. **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.**

7. **Motion to create a subcommittee concerning the Governor's plan for "Transformation of Behavioral Health Services – Edward Opton (10 min)**

8. **summary on the state agenda for changing the state public behavioral health system – Margaret Fine (10 min)**

9. **Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell (10 min)**
    a. MHC Manager Report
    b. Caseload Statistic August and September 2023

10. **Community Health Records – Margaret Fine (10 min)**

11. **Providing a state legislative update on behavioral health particularly as it relates to our work in the City of Berkeley – Margaret Fine (10 min)**

12. ***Proposal for Early Intervention in Psychosis Program provided by Alice Feller – Andrea Prichett*** **(10 min)**

13. **Adjournment**

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

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

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

7:00 pm
North Berkeley SC 1901 Hearst

Regular Meeting
July 20, 2023

Members of the Public Present: Shirley Posey, Genevieve Wilson, Ann Hawkins, Carole Marasovic
Staff Present: Lisa Warhuus Jamie Works-Wright

1) **Call to Order at 7:06 pm**
   Commissioners Present: Monica Jones, Edward Opton, Andrea Prichett, Mary Lee Kimber-Smith, Glenn Turner **Absent:** Margaret Fine, Kate Harrison

2) **Preliminary Matters**
   a) **Approval of the July 20, 2023 agenda**
   M/S/C (Jones, Kimber-Smith) Motion to add an additional item "Write letter (Margaret and Andrea) and send to Dr. Warhuus, the City Manager and the City Council explaining why we believe that access to training materials for the SCU are so important and asking for their support in helping us to gain access to those materials- Andrea Prichett" adding this item to #5
   PASSED
   Ayes: Jones, Kimber-Smith, Opton, Prichett, Turner **Noes:** None; **Abstentions:** None; **Absent:** Fine, Harrison

   Motion to move item #11 and #12 to the September meeting
   M/S/C (Prichett, Jones)
   PASSED
   Ayes: Jones, Kimber-Smith, Opton, Prichett, Turner **Noes:** None; **Abstentions:** None; **Absent:** Fine, Harrison

   b) **Public Comment-** 2 public comment

   c) **Approval of the June 15, 2023 Minutes**
   M/S/C (Opton, Prichett) Move that we approve the minutes from June 15, 2023
   PASSED
   Ayes: Jones, Kimber-Smith, Opton, Prichett, Turner **Noes:** None; **Abstentions:** None; **Absent:** Fine, Harrison

3) **SCU and updates- Lisa Warhuus**

4) **Proposal for Early Intervention in Psychosis Program provided by Alice Feller- Andrea Prichett-** Skip item

5) **Write letter (Margaret and Andrea) and send to Dr. Warhuus, the City Manager and the City Council explaining why we believe that access to training materials for the SCU are so important and asking for their support in helping us to gain access to those materials- Andrea Prichett**
M/S/C (Prichett, Opton) Motion to approve the letter to send to City Manager, City Council, Bonita House and Lisa Warhuus
PASSED
Ayes: Jones, Kimber-Smith, Opton, Prichett, Turner **Noes:** None; **Abstentions:** None; **Absent:** Fine, Harrison

***M/S/C (Jones, Turner)** Motion to put the second letter "Regarding MHC recommendation regarding MHSA "Mobile Encampment Wellness Project" for the September meeting
PASSED
Ayes: Jones, Kimber-Smith, Opton, Turner **Noes:** None; **Abstentions:** Prichett; **Absent:** Fine, Harrison

6) **Mental Health Commissions role regarding the policy of the city re: police sweeping homeless folks – Judy Appel – Skipped Item**

7) **Motion to establish subcommittee concerning the Governor's plan for "Transformation of Behavioral Health Services – Edward Opton – No Motion Made**

8) **Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell**
   a. MHC Manager Report
   b. Caseload Statistic June 2023
   No Motion Made

9) **Recording Mental Health Commission Meetings and Posting Them – Andrea Prichett**
M/S/C (Prichett, Kimber-Smith) Motion that we record the meetings the recording be provided to the commission and be published to the city website and seek technical support from the City Clerks' office and written explanation of what is need to make this possible.
PASSED
Ayes: Kimber-Smith, Prichett, Turner **Noes:** None; **Abstentions:** Jones, Opton; **Absent:** Fine, Harrison

10) **Subcommittee Reports**
   a) **Youth Subcommittee**
   b) **Membership Subcommittee**
   c) **Evaluation Subcommittee**

i) Annual Report

M/S/C (Prichett, Kimber-Smith) Make a motion to approve the Annual Report
PASSED
Ayes: Jones, Kimber-Smith, Prichett, **Noes:** None; **Abstentions:** Turner, Opton; **Absent:** Fine, Harrison

11) **Community Health Records – Margaret Fine –** Item moved to the September meeting

12) **Providing a state legislative update on behavioral health particularly as it relates to our work in the City of Berkeley – Margaret Fine -** Item moved to the September meeting

13) **Adjournment – 9:01 PM**

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

DRAFT LETTER REGARDING MHC RECOMMENDATION REGARDING MHSA "MOBILE ENCAMPMENT WELLNESS PROJECT"

Dear City Council,

As part of its mandate to provide input on programs described in the Mental Health Services Act (MHSA) and to comment on related budget projections, the Mental Health Commission is generally supportive of the expenditure plan for FY 2023-2024. However, at our June 15, 2023 meeting, the commission voted to make no recommendation on the allocation of funds to the Encampment Based Mobile Wellness Center Project.

When the resolution authorizing this project was passed on April 12, 2022, the city was still living under guidelines provided by the state and local government recommending approaches that minimized the relocation of unhoused people from encampments. The logic at that time was that the best way to reduce the spread of COVID and to provide services to individuals was to focus efforts on bringing services directly to the people in need.

> *"To address this challenge, this project proposes an innovation at the nexus of service provision (by focusing on services that unhoused community members define as supportive of mental health, rather than explicitly and/or exclusively clinical services), service location (by bringing services onsite to encampments in Berkeley), and service providers (by employing individuals with lived or adjacent experience to homelessness, including individuals from encampment communities in Berkeley) (**Resolution No. 70-287-N.S.)***

While we believe that the goals of this project are laudable, they are currently in conflict with policies of encampment removal currently being pursued by the City Manager's office via the Homeless Response Team and other city agencies including Berkeley Police Department. Reducing the number of encampments and imposing fines and criminal citations on people who are living on the streets means that it will be increasingly difficult for a project based on the assumption that there even ARE encampments in Berkeley to succeed. The project will need to adjust to the new reality that unhoused people in Berkeley, rather than being allowed to group together at specific locations are now more likely to exist individually or in small groups and to feel that they must elude rather than encounter city staff.

We would be able to give our approval of the program and its related expenses if the policies of the City Manager did not seem to so directly undermine the stated goals and approaches of the Encampment Based Mobile Wellness Center Project.

Sincerely,

Monica Jones

Chairperson Mental Health Commission

Mental Health Commission

CONSENT CALENDAR
09/21/2023

To: Honorable Mayor and City Councilmembers

From: Mental Health Commission

Submitted by: Chair Monica Jones

Subject: Annual Report—March 2022 – February 2023

RECOMMENDATION

Adopt this Annual Report for the Mental Health Commission that presents work accomplished from March 2022—February 2023.

SUMMARY

The Mental Health Commission (MHC) for the City of Berkeley is a state-mandated public advisory body comprised of Berkeley residents with behavioral health related expertise. The MHC is designed to advise the Division of Mental Health for the City of Berkeley and the Berkeley City Council on behavioral health policy, programming, implementation, evaluation, budget allocations, and expenditures. The MHC is further designed to involve community members.

Specifically, the Mental Health Commission focuses on improving wellbeing for people with serious mental illness (SMI) and/or substance use disorders (SUD) in Berkeley—many of whom are experiencing homelessness. The Division of Mental Health serves people with SMI and/or SUD through providing intensive outpatient behavioral health related programs, as well as prevention, early intervention, and innovation programs, and crisis services. The Mental Health Commission further advances a "Care First, Jails Last," approach to serving this population by using a continuum of crisis and ongoing behavioral health care first, while diverting people to reduce and eliminate reliance on law enforcement, the criminal legal system, and incarceration.

a. The Mental Health Commission's Statutorily-Mandated Composition

The California Welfare and Institutions Code § 5604 specifies that the Mental Health Commission shall consist of persons who have behavioral health expertise through lived experience and/or acquired knowledge through education and occupation. Each community behavioral health board shall consist of at least 10 members. Under this state statute, there are legal requirements for this Commission's membership composition. One member represents the City of Berkeley Mayor's Office. Under the state statute, 50 percent of the Commission shall be consumers, or families of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers, under the same statute. Consumers and family members comprise a category called special interest members, while members with knowledge in multiple subjects related to mental health comprise a category referred to as general interest members.

For purposes of this Annual Report, the Mental Health Commission included the following members between February 2022 and March 2023:

Chair Margaret Fine	Berkeley General Interest
Vice-Chair Monica Jones	Berkeley General Interest
Councilmember Terry Taplin	Berkeley Mayor Appointee
Commissioner Judy Appel	Family Member, Special Interest
Commissioner Tommy Escarceda	Consumer Member, Special Interest
Commissioner Edward Opton	Berkeley General Interest
Commissioner Andrea Pritchett	Berkeley General Interest
Commissioner Mary-Lee Smith	Consumer Member, Special Interest
Commissioner Glenn Turner	Family Member, Special Interest

The Mental Health Commission is seeking new members, particularly to advance equity and satisfy state statutory requirements. Currently there is a need for additional special interest members to meet the statutory requirements for at least one-half of the membership from the family member and consumer categories. Judy Appel and Tommy Escarceda are no longer MHC members. The Mayor has appointed Councilmember Kate Harrison as his appointee to this Commission

b. The Mental Health Commission's Statutorily Mandated Powers and Duties

The Mental Health Commission for the City of Berkeley has statutorily mandated power and duties under the Welfare and Institutions Code 5604.2(a) and the City of Berkeley Resolution N.S., 65,495 dated November 27, 2012. These powers and duties generally include reviewing the community's needs, services, facilities, and special problems; advising the governing body and the local mental health director about the local program; and ensuring citizen and professional involvement during the planning processes. Many of California's cities and counties, including the City of Berkeley, have

commissions that integrate mental health and substance use disorders as part of their overall behavioral health related Commission work, particularly given the high number of clients living with serious mental illness and substance use disorders who receive behavioral health services from the City of Berkeley's Division of Mental Health and the mandated and proposed statewide reforms (as reviewed below).

c. Mental Health Commission General Meetings

The Mental Health Commission now holds regular meetings on the third Thursday of each month at 7:00 pm except in August and November. The Mental Health Commission, along with other City of Berkeley boards and commissions, convened via Zoom and did not meet in-person due to COVID from March 2020 until March 2023. As of March 16, 2023, the Mental Health Commission meets in-person at the North Berkeley Senior Center except for persons receiving reasonable accommodations pursuant to the Americans with Disabilities to appear online remotely.

FISCAL IMPACTS OF RECOMMENDATION

None

BACKGROUND, CURRENT SITUATION AND ITS EFFECTS

a. Major Medi-Cal Reform—Implementing the CalAIM waiver

The Department of Health Care Services (DHCS) for the State of California is transforming Medi-Cal to create a coordinated, person-centered, and equitable public healthcare system using a new CalAIM waiver (California Advancing and Innovating Medi-Cal) to provide expanded public health insurance benefits for "whole person care" for people who have complex health, behavioral, and housing needs, including those experiencing homelessness or justice-involved before they re-enter their communities. Prior to the CalAIM waiver, California cities and counties served people living with serious mental illness and co-occurring substance use disorders under a waiver for specialty mental health services.

The new CalAIM waiver provides public health insurance coverage for serious mental illness and/or substance use disorders (SUD), including for people seeking only SUD services for recovery. CalAIM is further designed to provide "whole person care" (WPC) through public health insurance benefits that include "enhanced care management" and short-term housing supports and access to medically tailored meals to support recovery. The CalAIM approach and framework is intended to improve social determinants of health, equitable service delivery, and inclusion among diverse populations. CalAIM is designed to serve people regardless of race, ethnicity, gender, sexual orientation, disability, age, and immigration, veteran, or housing status.

b. The California Governor and state legislators have proposed a 'Modernization Plan' with major amendments to the MHSA and new legislation designed to invest in behavioral health housing and to establish and operate CARE Courts for court-ordered outpatient treatment and housing plans

Governor Newsom and state legislators have set forth a "Modernization Plan" to transform how California serves people living with serious mental illness and substance use disorders, particularly for those experiencing homelessness or justice-involved individuals returning to their communities. State legislators have proposed new legislation for a ballot initiative for housing investments—at least 10,000 new beds—with onsite behavioral health services in unlocked residential, community-based settings for people living with SMI and/or SUD. This 'Modernization Plan' includes proposed amendments to the Mental Health Services Act (MHSA)—which will become the Behavioral Health Services Act (BHSA)—to shift funding to provide housing supports and not services. It further proposes a bond measure on the March 2024 ballot to raise funds for behavioral health housing with total expenditures of $4.68 billion.

It is noteworthy that while the MHSA is legislation designed to supplement reimbursement for Medi-Cal specialty mental health services, CalAIM obliges cities, counties, and other behavioral health providers to provide SUD coverage regardless if a person is living with mental illness. It is further noteworthy that psychosis can manifest symptoms resulting from SMI, SUD, or a combination of mental illness, substance use, or polysubstance use disorders. The proposed amendments to the new law—the BHSA—are designed to supplement Medi-Cal reimbursement under the CalAIM waiver to treat these disorders. The Division of Mental Health has a high number of clients living with SMI and SUD. Under the CalAIM waiver, people seeking only SUD services for recovery may access the Division of Mental Health. It is further noteworthy that people seeking recovery services for substance use disorder(s) have a protected disability under the Americans with Disabilities Act of 1990.

In addition, California's Governor signed CARE Court legislation providing for court-ordered outpatient mental health and substance use disorder treatment and housing plans. Specifically CARE Court focuses on people living with untreated schizophrenia and other psychotic spectrum disorders, including substance use challenges, for up to two years. The Governor signed state legislation requiring seven pilot counties to establish and operate these courts in Fall 2023, including San Francisco County, and all counties to operate them by Fall 2024. These courts are designed to provide mandated clinical services and supports, including stabilization medications, wellness and recovery supports, and connections to social services and housing. A family member or caregiver, behavioral health provider, first responder, or other approved party can file a petition with the civil state court. While the state interprets CARE Court as "upstream diversion" to prevent more restrictive conservatorships and incarceration, the CARE Court judge issues court-ordered outpatient treatment and housing plans.

Mental Health Commission Activities, March 2022—February 2023:
Public Hearing, Community Forums related to Behavioral Health Topics, Retreat

As this annual report shows below, the Mental Health Commission has addressed major statewide behavioral health reforms. Initially from March 2022 through February 2023, the Mental Health Commission held the state-mandated public hearing related to the Mental Health Services Act (MHSA); behavioral health related community forums with experts on current topics; an annual retreat to focus on work plan goals for 2023-2024. An average of 20-30 attendees (Commissioners, City of Berkeley staff, community members) participated in the community forums.

a. Public Hearing on State MHSA Funding, June 23, 2023, MHC meeting

The MHC meeting, MHSA Coordinator for the Division of Mental Health, Karen Klatt, presented the Mental Health Services Act (MHSA) FY 23 Annual Update Public Hearing via Zoom. The Mental Health Commission passed a motion to recommend submitting this state funding document by the Berkeley City Council to the State of California.

b. Behavioral Health Related Community Forums:

Thursday, April 28, 2022, MHC meeting:
"Exploring a Diversion Approach to People Experiencing Behavioral Health Crisis in Berkeley and Access to Crisis Services" via Zoom. Presenters:

- Stephanie Lewis, LMFT, Division Director, Crisis Services, Alameda County
- Lt. Joe Okies, Berkeley Police Department
- Lt. Melanie Turner, Berkeley Police Department
- Francesca Tennenbaum, Director, Patients' Rights Advocacy, Mental Health Association of Alameda County
- Katrina Killian, Executive Director, Peer Wellness Collective, Alameda County

Thursday, May 26, 2022, MHC meeting:
"Berkeley High School Student Mental Health and the Berkeley Unified School District Forum" via Zoom. Presenters:

- Moni Law, JD, Facilitator
- 5 Berkeley High School Students

On April 18, 2022, a Berkeley High School junior died by suicide in downtown Berkeley. Ms. Law facilitated the program. Berkeley High School students spoke about their mental health struggles during COVID, the lack of adequate mental health services available at Berkeley public schools, and their efforts to address them, including meeting with Berkeley City Councilmember Kate Harrison and securing a municipal budget allocation of $350,000 from the Berkeley City Council for FY 23-24.

Thursday, July 28, 2022, MHC meeting:
"Achieving an Adequate Standard of Living for People with Serious Mental Illness +/or Substance Use Issues & Disorders (especially those experiencing homelessness)" via Zoom. Presenters:

- Ryan Wythe, LifeLong Director Homeless Services & Street Medicine Team Manager
- Heather Freinkel, Managing Attorney, Homeless Action Center
- Brigette Nicoletti, Clinical Supervisor & Staff Attorney, East Bay Community Law Center

Thursday, September 22, 2022, MHC Meeting:
"Diversion of Berkeley People Living with Mental Illness and Substance Use in Alameda County" via Zoom. Presenters:

- L.D. Louis, Deputy District Attorney, Head, Mental Health Unit, Alameda County
- Brian Bloom, former Alameda County Public Defender, 27 years; Chair, Alameda County Mental Health Board; Appointed to Alameda County Justice Involved Mental Health Task Force to implement "Care First, Jails Last" county resolution

Ms. Louis and Mr. Bloom addressed different stages of diversion from pre-charging to avoiding deeper involvement in criminal legal and incarceration systems for people with mental illness +/or substance use disorders and issues. They concluded with future trends, including comments on how CARE Courts may impact diversion processes.

Thursday, October 27, 2022, MHC meeting:
Mental Health Resources & Services for Children and Youth, via Zoom. Presenter:

- Jonathan Maddox, MFT, CYF Program Supervisor, Berkeley Division of Mental Health

Saturday, January 28, 2023—MHC meeting:
Mental Health Commission Annual Retreat
This retreat included four sessions on different topics:

1. Mapping Out How to Engage Youth by Welcoming Them as Stakeholders in their Mental Health Advocacy – Youth Subcommittee

2. Developing and Implementing an Overarching Diversion Plan for People Living with Serious Mental Illness and Substance Use Issues and Disorders—Reducing Enforcement and Increasing Services – Diversion Subcommittee

3. Evaluating the Division of Mental Health and Public Mental Health and Substance Use Services and developing the relationship with the Division Manager

4. Building a Diverse Membership, including People with Lived Experience from Diverse Demographic and Identity Groups

Thursday, February 23, 2023, MHC meeting:
Mental Health First! Presentation on Community-based Alternative Non-Police First Responder Programs in Oakland and Sacramento

Further Mental Health Commission Activities – March 2022 through February 2023

a. **The Mental Health Commission Advises the Berkeley City Council to establish and operate behavioral health services and facilities for mental health and substance use disorders in the City of Berkeley.**

The Mental Health Commission focuses on behavioral health—mental health and substance use—in its general business, public hearings, community forums related to behavioral health, and through its annual retreat. The federal government agency, SAMHSA, of the United States Department of Health and Human Services is further designed to address behavioral health—both mental health and substance use disorders and issues. As discussed, the current and proposed state legislation is designed to cover behavioral health, including both mental health and substance use disorders. The Mental Health Commission further recognizes a high number of clients engage in outpatient behavioral health related services at the City's Division of Mental Health. These clients are living with serious mental illness and/or substance use disorders covered under public health insurance plans and supplemented by state funding for community services and supports under the MHSA.

On April 28, 2022, the Mental Health Commissioners specifically passed a motion to send a comprehensive letter to the Berkeley City Council to address coverage of both mental health and substance use when designing a crisis stabilization program for the City of Berkeley (See Appendix 1; MHC letter to Berkeley City Council). The Mental Health Commission advised the Berkeley City Council about its position to cover behavioral health—both mental illness and substance use disorders—and relied on SAMHSA's definition for crisis stabilization and meeting at least federal government behavioral health expectations for establishing and operating a crisis stabilization center. SAMHSA leads national public health efforts to advance behavioral health (mental health and substance use) programs and services for purposes of improving wellbeing for individuals with behavioral health disorders and issues.

Berkeley City Councilmember Terry Taplin modified a legislative recommendation proposed by the Homeless Commission to consider both mental health and substance use disorders as a result of the Mental Health Commission's position for addressing behavioral health and its impact on people with SMI and SUD and moreover, for establishing a crisis stabilization center that addresses both mental health and substance use emergencies. It is noteworthy that Amber House offers crisis stabilization for people in mental health crisis—about 12 minutes from downtown Berkeley. However,

crisis stabilization services and facilities for substance use disorders are located at Highland Hospital's emergency department near Fruitvale and Cherry Hill's detoxification and withdrawal management services are located in San Leandro—about 25-40 minutes away. Highland Hospital's emergency department has substance use navigators available Monday through Friday during business hours, and its Bridge program substance use clinic adapts a harm reduction approach and framework including accepting clients who use alcohol and/or drugs to reduce and potentially eliminate usage.

b. The Mental Health Commission adopts a Diversion Approach—"Care First, Jails Last"—for Reducing and Eliminating Incarceration for People living with Serious Mental Illness and/or Substance Use Disorders

"The Santa Rita Jail is one of the largest jails in the United States housing more than 3400+ persons, including Berkeley residents. This jail has one of the highest rates of in-custody deaths in California. It has been and is the subject of numerous lawsuits and class-action cases regarding jail conditions, including dreadful medical and behavioral health services or lack of them at this locked facility." (from MHC Annual Report 2021-22).

In 2022, MHC members were motivated to form a subcommittee to act in response to findings in Babu v. Ahern, which criticized the use of prolonged solitary confinement under severely inhumane conditions for people with mental health disabilities. Although the court found for the plaintiffs in the case, a broad array of community members objected to the remedy. While the United States Department of Justice and the judge in a federal class action lawsuit ordered the administration at Santa Rita Jail to remedy its civil disability rights violations, Commissioners established the Santa Rita Subcommittee to seek additional ways to minimize individuals' exposure to the Santa Rita Jail in the first place. The purpose of the Santa Rita Jail Subcommittee centered on examining ways to revise the Division of Mental Health and Berkeley Police Department's policies and practices related to taking people into custody, detaining, and incarcerating them when addressing behavioral health needs in a healthcare setting is appropriate to treating their serious mental illness and/or substance use disorders.
In June 2022, the Berkeley Police Department released the results of an internal investigation that found that officers acted appropriately when they used lethal force to subdue a man using gunshot wounds to the face. This man exhibited symptoms of mental illness. The CVS employee accused the man of an alleged nonviolent crime of minor theft ($14 worth of food) from the store. He was identified in dispatch records as being mentally ill. The previous day medical personnel released him from John George Psychiatric Hospital without adequate support. Miraculously, he survived gunshot wounds to the face, but he has suffered and endured multiple surgeries resulting from this police incident. The Santa Rita Jail Subcommittee was designed to address this type of incident and to advance a public health approach to supporting a mentally ill man instead of using lethal weapons for enforcement during an allegedly minor crime.

In addition, the Mental Health Commission sent a formal letter to the Police Accountability Board (PAB) to invite members to collaborate on using a diversion approach to avoid inpatient psychiatric admission at John George Psychiatric Hospital or incarceration at Santa Rita Jail for people experiencing mental health and/or substance use crisis in the Berkeley community. The PAB informally agreed with the Mental Health Commission's position to use a diversion approach during a meeting, but informed Commissioners that they did not have the capacity at the time to formally prioritize implementing this diversion approach. Following the MHC's community forums addressing diversion as described above and meetings with community members and care providers, the Santa Rita Jail Subcommittee considered adapting a "diversion" approach and thereafter formally became known as the "Diversion Subcommittee."

On May 25, 2021, the Alameda County Board of Supervisors adopted a county resolution by unanimously supporting legislation with a diversion approach—referred to as "Care First, Jails Last." Alameda County further established a county Care First, Jails Last Taskforce to implement this diversion approach for justice-involved people with SMI and/or SUD. After the community forums and studying the county's resolution, the Diversion Subcommittee concluded that substantial change in the City of Berkeley's process and procedures would require recommending a statement of intent and municipal resolution to the Berkeley City Council. A proposed "Care First, Jails Last" policy statement and city resolution—like the one adopted by the Alameda County Board of Supervisors—was developed by the Diversion Subcommittee and approved by a full body of the Mental Health Commission in 2022. The Mental Health Commission submitted the proposed "Care First, Jails Last" resolution to the Berkeley City Council initially in 2022, but made modifications and re-submitted it after discussions with City of Berkeley staff. This municipal resolution passed on the consent calendar on July 25, 2023 with an extended reporting period of six months.

c. The Mental Health Commission Supports the Specialized Care Unit, Crisis Response Capability, and a full Continuum of Crisis and Ongoing Behavioral Health Care in Berkeley

1. The Specialized Care Unit

In January 2021, the Berkeley City Manager designated the Director of Health, Housing, and Community Services (HHCS), Dr. Lisa Warhuus, as the leader for developing and implementing an emergency responder for dispatch to people experiencing a mental health or substance use crisis in the community without police involvement in non-violent situations. Dr. Warhuus then established a Specialized Care Unit (SCU) Steering Committee of municipal and community leaders to work with RDA (Resource Development Associates) to generate major reports to develop the Berkeley program, including reports on: 1) on crisis response models and 2) stakeholder perspectives and a co-response mobile crisis team unit evaluation. The SCU Steering Committee has two Mental Health Commissioners that participate in its work. Margaret Fine represents the Mental Health Commission directly and Andrea Prichett is a representative from Berkeley Community Safety Coalition (BCSC) and a Mental Health Commissioner.

Initially in 2021, the City of Berkeley Auditor reviewed over 350,000+ 911 and 311 calls to Berkeley's emergency communications center (ECC) for purposes of publishing the Berkeley City Auditor's Data Analysis of Police Response (to these calls). The SCU Steering Committee further participated in developing the RFP and selecting a community-based care provider to implement the SCU, Bonita House. This SCU nonprofit provider has specialized in serving people with serious mental illness and/or substance use disorders since the 1970s in Berkeley. On September 5, 2023, the City of Berkeley through its SCU provider, Bonita House, launched the program with the team (EMS, clinician, peer specialist) and vehicles on the ground. The SCU provider has identified a location to operate this nonpolice crisis response program, and vehicles and equipment have been purchased.

The SCU has developed training and is coordinating emergency responses between the SCU and other first responders, especially with 911 emergency communications center (ECC) and the Berkeley Police Department. The contract between the City of Berkeley and Bonita House requires coordination among first responders. As a result, there may be a need to draft and approve new General Orders or protocols requiring officers to prioritize providing care to people, rather than processing them through criminal courts and towards deeper penetration in the criminal legal system and potential criminal penalties up to and including incarceration.

The Mental Health Commission will continue to participate in implementation of the SCU program; to identify how well the Division of Mental Health is adapting to operating this new program; and to making optimal use of this significant new option that fills a crucial gap in the continuum of crisis response services offered by the City of Berkeley. There is a need for consistent protocols for call taking and processing, as well as dispatching the SCU, and for field operations when there are SCU team members and police involvement in the community. Some questions include: How to determine the nature of the crisis for dispatching the SCU to non-violent crises? Who directs field operations if the SCU and police arrive simultaneously at the location? What should the SCU do if police arrive with the co-response mobile crisis unit? There is a need to answer these questions for purposes of applying consistent protocols for taking and processing calls, dispatching the SCU, and managing field operations when multiple first responders, including police, arrive to a location.

2. Bridge Services to the Specialized Care Unit

In July 2021, the City Council approved $1.2M to create community crisis response services in anticipation of the SCU rollout and to address immediate needs. In October 2022, Dr. Warhuus worked with the SCU Steering Committee (and its members of the MHC) to choose service providers who could help to "bridge" the gap in services until the SCU became fully operational. Dr. Warhuus reported that Options Recovery, Berkeley Drop-In Center, and Women's Daytime Drop-In Center had significantly expanded their capacity to provide behavioral health services to more people.

3. **SCU Program Evaluation**

The City of Berkeley executed a contract dated April 11, 2023 with Research Development Associates for evaluating the Specialized Care Unit program in the amount of $150,000. In June 2022, the Berkeley City Council passed municipal legislation providing for a 911 needs assessment of call data for behavioral health and homelessness calls, as well as a crisis capacity assessment of Alameda County's crisis response services and resources for purposes of determining additional needs for Berkeley people. The City Council allocated $100,000 for these studies. For purposes of the SCU program evaluation, RDA will include call data analysis; an assessment about the capacity to provide continuum of crisis care for people following SCU services; and additional performance metrics to evaluate the SCU"s progress.

Previously the Mental Health Commission held a comprehensive presentation on crisis stabilization that brought the Program Manager and Chief Program Officer from Bay Area Community Services (BACS) to present on the capacity of 24/7 crisis stabilization services and crisis residential treatment available at Amber House located near the Berkeley/Oakland border—about 12 minutes from downtown Berkeley. This comprehensive presentation included showing the floor plans, criteria for eligibility, and services provided for people experiencing a mental health crisis. The Mental Health Commission further provided City staff with the detailed PowerPoints to reflect the crisis stabilization services available at Amber House for people in a mental health crisis.

Based on Amber House's capacity, there is a need to fully evaluate the comprehensiveness of crisis stabilization and crisis residential treatment available for persons with substance use disorder—regardless if presented with mental illness—as part of a crisis capacity assessment in evaluating the SCU. Amber House will accept people who are under the influence of alcohol and/or drugs upon arrival, but must refer those persons in substance use crisis to another provider for treatment and services. Currently the detoxification and withdrawal management services are available at Cherry Hill in San Leandro about 35-40 minutes away. As this Annual Report describes, there are further substance use disorder services and resources available at Highland Hospital's emergency department, which is located in Fruitvale about 25 minutes away.

Mental Health Commission Subcommittees & Summaries

1. **Crisis Stabilization Committee**
   a. A member of this subcommittee researched federal government agency criteria and expectations under SAMHSA for establishing and operating crisis stabilization centers and drafted a comprehensive letter for Mental Health Commission review and passage for submission to the Berkeley City Council.

b. The licensed prescribers of psychiatric medication with the Division of Mental Health can prescribe medication-assisted treatment (MAT) to reduce cravings for substances, including opioids, methamphetamine, and other substances. Division staff members should be trained, if not already, to provide behavioral health care, including for substance use disorder using harm reduction instruction and techniques to reduce and potentially eliminate use whenever possible. You can now buy Narcan over the counter so the Division staff should be trained and equipped to handle overdoses given access and availability at local stores.

2. **Diversion Subcommittee**
   a. Reviewed current policies of BPD regarding Crisis Intervention Intoxicated Persons, and Mentally Disordered Persons
   b. Proposed Recommendation and Resolution on Diversion
   c. Submitted "Care First, Jails Last" statement of intent and municipal resolution to Berkeley City Council, beginning 2022

3. **Youth Mental Health Subcommittee**
   a. Commissioners established the Youth Subcommittee in July 2022 after tragic incident at Berkeley High School on April 18, 2022.
   b. In the aftermath of the tragedy and at the urging of organized Berkeley High School students who conducted original behavioral health research and presented it to Councilmember Kate Harrison, the City Council passed a budget allocation of $350,000 to cover youth needs for mental health services.
   c. There is a $2.5 million grant awarded for behavioral health services to students in the Berkeley Unified School District.
   d. The City of Berkeley hired RDA to conduct an assessment about the need for mental health services within the school district and is meeting with school personnel, students, and teachers. The City of Berkeley hired a program coordinator to coordinate these efforts.
   e. The Subcommittee includes Monica Jones and Mary-Lee Kimber Smith.

4. **Site Visit Subcommittee**
   a. Six Commissioners visited the crisis stabilization facility known as "Amber House" in North Oakland on June 20 and July 8, 2022. The Amber House program manager gave a tour of the first floor dedicated to crisis stabilization and the second floor with a crisis residential treatment unit. Commissioners found this crisis stabilization center to be a positive alternative to incarceration for people who are experiencing a mental health crisis. Amber House receives people for 24 hours focus on stabilizing immediate crises and to be evaluate them for additional care, including admission to its crisis residential program for up to two weeks. While Amber House accepts clients with

substance use disorders and issues, it does not provide specialized treatment for substance use crisis. It is unclear to what extent first responders, including the Berkeley police, use this resource to offer a services option for care and not a criminal one. According to Amber House staff during the site visits in 2022, the crisis stabilization center is functioning well below capacity and could receive addition people who need crisis stabilization.

b. Mental Health Commissioners toured the Mental Health Division Buildings (2640 MLK Blvd and 1521 University Ave). Jeff Buell, the new Mental Health Division Manager, gave Commissioners a tour of the renovated site on MLK and Woolsey Street as well as the facility on University Avenue. One issue included the number of vehicles (20+) available for use by staff who work in the field. As of January 28, 2023, the "Site Visit Committee" merged with the Evaluation Subcommittee.

5. **Evaluation Subcommittee**
   a. Drafted 2022-2023 annual report for full body of the Mental Health Commission to discuss, provide content, and submit to the Berkeley City Council
   b. Analyzed caseload data submitted by the Manager for Division of Mental Health for the City of Berkeley.
   c. Note: The Division Manager provided detailed caseload data about clients registered for specialty behavioral health services at the Division. Through the Mental Health Manager's Report, the Division Manager provided this data in the Agenda Packet. The Division Manager further writes a summary report to accompany these caseload statistics. The Manager's report described sources of data represented in the caseload statistics in April, July, and August 2022.

6. **Membership Subcommittee**
   a. Established a Membership Subcommittee as of January 29, 2023
   b. Designed to find new members and people willing to serve on the MHC and provide diverse backgrounds, experience, and perspectives

New Leadership at the Division of Mental Health for the City of Berkeley
California statewide reforms and new direction for public behavioral health providers

a. New Leadership at the Division of Mental Health

After serving the Division of Mental Health for many years, Division Manager Steven Grolnic-McClurg retired and the City of Berkeley named Jeff Buell as the new Division Manager. Jeff is a licensed social work clinician (LCSW) with a long history of public service with both the Division of Mental Health and the Division of Aging, including as a clinical behavioral health supervisor for the Mobile Crisis Team.

The new Division Manager provides Mental Health Manager Reports to the Mental Health Commission. In his report dated February 14, 2023, the new Division Manager wrote that the Division is "going through a structural reorganization of several of its teams to right-size the workload and better offer support for future expansion." The Division Manager described two new programs to align and synergize the treatment services provided to the public. The Full Service Partnership (FSP) program will align two adult FSP teams. This change is useful as it aligns with the proposed amendments under the BHSA and will fund Full Service Partnerships to supplement the CalAIM reimbursement for public mental health and substance use disorder claims. It will be relevant and important to ensure harm reduction instruction and techniques for improving wellbeing and reducing substance use and cravings for alcohol and/or drugs.

In addition, the High School Mental Health Program will further oversee and broaden the offerings available to Berkeley High School students. The City of Berkeley has received a $2.5 million dollar grant for providing services, in addition to a municipal budget allocation of $350,000 for FY 23/24. The City has hired a coordinator for the array of services. The CYF Program Supervisor at the Division oversees the city's behavioral health services for children and young people until majority, including for school programs. The Mental Health Commission held a community forum with the high school students and their facilitator in a profoundly moving presentation for their "May is Mental Health Month" community forum in 2022.

The Mental Health Commission appreciates Mr. Buell's efforts to evaluate and adapt the current programs and services for the Division of Mental Health to the current realities of major statewide behavioral health reforms and behavioral health workforce shortages.

b. MHSA reforms will shift funding for mental health services to funding for behavioral health services and housing supports & resources, which directly impacts the Division's budget allocations for staffing and operations

MHSA funding is derived from a one percent income tax on taxpayers with income at or exceeding $1 million dollars. The proposed amendments to the Mental Health Services

Act (MHSA) will rename the MHSA as the Behavioral Health Services Act (BHSA) to expand services for mental health and substance use disorders, in addition to prioritizing care for those with the most serious illnesses in Full Service Partnerships (FSP). It is noteworthy that under the CalAIM waiver, public health insurance can provide reimbursement for housing supports ("in lieu of services") and the proposed amendments to the MHSA will also provide supplemental funding to Medi-Cal for housing supports and resources. Further, the State of California passed Medi-Cal reimbursement for peer specialist services. Those individuals, who take an 80-hour training by a certified peer specialist provider, and then pass a state certification exam are eligible to submit claims for Medi-Cal reimbursement for peer specialist services.

c. Division of Mental Health staffing based on current and proposed statewide behavioral health reforms

The California statewide behavioral health reforms mean the Division will be responsible for identifying appropriate behavioral health services and housing for clients with the greatest need for mental health and/or substance use disorders treatment and housing. As a result of proposed amendments for a BHSA, the Division Manager will receive funding to supplement Medi-Cal reimbursement under CalAIM for clinical, case management, and administrative personnel to operate Full Service Partnerships.

Staffing Shortage: The Division Manager has cited significant staffing shortages and difficulties maintaining a level of staffing sufficient to carry out the programs and services of Division of Mental Health as the single greatest challenge facing this government entity. In February he reported that "...the Division has faced vacancy rates of almost 40% in the last several years, and has only recently been making some headway in turning these numbers around to less than 30% vacancy in this new year." Several structural changes are being considered, including a dedicated recruitment and retention team. However, the proposed amendments to the BHSA will mean that the Division may need to shift its staffing to mainly Full Service Partnerships and reorganize to meet client needs for purposes of receiving reimbursement under CalAIM and supplementing those services with BHSA funding.

d. Implementation of Community Health Records (CHRs) at the Division will support providing comprehensive services and resources under CalAIM

As of February 2023, the Division Manager had implemented the Community Health Records (CHRs); staff had completed training; and currently staff are integrating use of these records into their daily practice. The CHR contains data across multiple government systems and nonprofit providers. Division staff can read data used for clients from including emergency services such as crisis responders, emergency departments visits, primary and specialist visits, medical and psychiatric hospitalization admissions and stays, HUD and housing system data, public benefits data, start/end dates for Santa Rita Jail. This data provides Division staff with real time, regular data needed to appropriately provide intensive outpatient services under the Full Service Partnerships, which the proposed BHSA will fund in the future.

On Thursday, June 22, 2021, the Mental Health Commission held a community forum with the then Alameda County Director of Strategic Planning and the Director for the SHIE (Social Health Information Exchange) for the Community Health Records (CHR). During this forum, the Directors presented the computer dashboards reflecting the totality of caseload data available across multiple government systems and nonprofit organizations. Following this presentation, the Mental Health Commission consistently requested follow-up reports through the Mental Health Manager's Report about progress made in executing the data sharing agreement between the City of Berkeley and Alameda County to implement this electronic records system. The Division Manager signed the data sharing agreement necessary to implement this electronic records system in December 2021, and the city government executed the contract by June 2022.

There are PowerPoints attached reflecting the computer dashboard created by the Chair of the Mental Health Commission in connection with these Directors and the training company. It is further possible to generate service utilization and related reports using the Community Health Records to prioritize serving those with the highest level of needs and doing so appropriately. The Division Manager can provide further updates about the current status of the CHR and the data available to support clinicians, case managers, and peer specialist in providing FSP and related services to clients.

It is noteworthy that the Division staff will serve clients who have civil petitions pending in CARE Court for court-ordered intensive outpatient services, in addition to potentially other civil and criminal cases. In CARE Court, the judge or attorneys representing a party likely have legal authority to subpoena witnesses to testify about the nature of intensive outpatient behavioral health services and they do (or do not) improve client wellbeing, including Division staff providing clinical, case management, and peer services to clients. The judge further has the legal authority to issue judicial orders for providing for detailed treatment and housing plans.

e. Evaluating the Division using Results-Based Accountability (RBA)

The Division of Mental Health initiated implementation of an accountability system known as "Results Based Accountability" In the hope that the data captured through an RBA style evaluation process will provide more useful assessments of the Division of Mental Health's work. The MHC looks forward to learning how this data will be used to inform staffing, budgeting, or programmatic goals.

In March 2021, the Mental Health Commission held a community forum on "Results-Based Accountability" with the RDA consultants to inform the public about the scope and nature of this accountability system, and the Division of Mental Health's adoption of this system for evaluating its service delivery. Further Mental Health Commissioners received copies of the City of Berkeley's contract with RDA that described "Results-Based Accountability" and its implementation. Prior to this time, the Division of Mental Health adopted "Results-Based Accountability" for its MHSA PEI programs. PEI

programs are prevention and early intervention programs funded by the MHSA, the Mental Health Services Act.

f. MHSA INN Homeless Encampment Wellness Project

The City of Berkeley's departments adjusted municipal service delivery in response to the shut down due to the COVID pandemic. The Mental Health Commission held a public hearing to send a recommendation to the Berkeley City Council to fund the MHSA INN Homeless Encampment Wellness Project. Prior to this time, Mental Health Commissioners received the report prepared by RDA about the community input process for this project, as well as the RDA contract with the City of Berkeley for purposes of developing it. In April 2022, the Division received approval to implement the Encampment-Based Mobile Wellness Center Project (see the City of Berkeley MHSA webpage) from the Berkeley City Council and the State Mental Health Oversight and Accountability Commission (MHSOAC). This project will pilot a five year, $2.8 million dollar Mobile Wellness Center at homeless encampments in Berkeley. It will provide an on-site menu of services chosen by individuals who reside at the encampments. Peers with lived experience of homelessness will staff this project and include partners from encampments to encourage participation, help define service needs, and support service provision at the sites.

The project will be implemented through a community-based nonprofit partner to be chosen through a competitive Request for Proposal (RFP) process. As of May 2023, a final provider has not yet been selected, but providers have submitted proposals. It is anticipated that services on this project will begin this fall following approval from City Council and contract execution. The Mental Health Commission has had opportunities during its public meetings to consider this project and send a recommendation to City Council for funding it, but seeks to participate in implementation to serve people in encampment communities located in Berkeley.

g. Reimagining Public Safety Task Force for the City of Berkeley

Three Mental Health Commissioners participated in the Reimagining Public Safety Task Force for the City of Berkeley. The Mental Health Commission appointed Edward Opton to the Reimagining Public Safety Task Force, and Berkeley City Councilmembers appointed two persons to the Task Force who were Commission members. The Reimagining Public Safety Task Force produced a final report with recommendations. The Berkeley City Council adopted final recommendations on March 10, 2022.

Areas for Follow-Up and Further Consideration in 2023-24

a. Statewide Reforms, Inclusion of Substance Use Disorder and Adapting to New Funding Scheme for FSP Programs by the Division of Mental Health

The statewide reforms will fundamentally change how city and county behavioral health providers offer access to substance use disorder services, resources, and facilities. There is a need for accurate, complete assessment of local capacity to provide substance use disorder treatment and appropriate housing, employment, counseling, and other community services and supports. This approach to treating substance use disorder depends on implementing effective and empathetic harm reduction instruction and techniques for improving wellbeing for sustained recovery. Depending on a community assessment, it is relevant and important to ensure people who use alcohol and/or drugs have access to this type of instruction and techniques as part of their treatment plan for behavioral health care.

b. Crisis Response and the Specialized Care Unit (SCU)

The MHC is eager to see the impact of the SCU and to better understand how it will be evaluated so that we can advocate for its future funding, including for providing a range of services and resources to address mental health and substance use crises, in addition to non-urgent medical care to treat wound infections resulting from drug use and to provide hepatitis and HIV testing—with the aim to avoid emergency department visits whenever possible.

c. Crisis Stabilization Center for Berkeley

As part of the MHC's determination to support diversion policies, the Mental Health Commission will be especially interested in the results of assessing the city and county capacity to provide a continuum of crisis care without processing individuals through the criminal legal system or incarcerating them. As the attached letter demonstrates, there is a need for both mental health and substance use crisis stabilization services.

d. Encampment-based Mobile Wellness Center

We look forward to meeting the provider for this program when they are selected and to receiving updates on the implementation process as soon as possible. We hope that this will happen by the end of summer 2023.

e. Reimagining Public Safety Task Force Recommendations

The implementation of the SCU as well as the Encampment Based Mobile Wellness Center are in direct response to the findings of the Reimagining Public Safety Task Force. Both are in process currently. By next year, the MHC expects to be able to

review data and conduct interviews that attest to the effectiveness of these initiatives. The MHC will further review the recommendations of the Reimagining Public Safety Task Force and seek to understand the level of implementation of other recommendations from the Final Report that are related to providing care for individuals with mental health and substance use disorders.

f. Site Visits

Our members have expressed interest in visiting substance use programs and recovery facilities. It is suggested to visit Cherry Hill. In addition, Commissioners intend to visit the Alameda County C.A.R.E.S navigation facility. In addition, the Mental Health Commissioners will request visits to the new SCU location and the Encampment-based Wellness Resource Center when they become operational.

Mental Health Commission
Berkeley, CA

March 30, 2022

Via Email
Mayor Arreguin & Berkeley City Councilmembers
Berkeley, CA 94706

Re: Mental Health Commission's Position on Establishing a Berkeley Crisis Stabilization Center for People Experiencing Behavioral Health (mental health, substance use) Challenges

Dear Mayor and Berkeley City Councilmembers,

Over the last two decades, crisis stabilization centers have been expanding across the country, evolving to become more comprehensive, recovery-oriented, and welcoming spaces for individuals experiencing behavioral health crisis—from mental illness and/or substance use—in the community (NASMHPD, 2020; 10).[1] Crisis stabilization centers further serve as an alternative to using emergency departments and moreover, criminal legal and incarceration systems for individuals who are willing to accept voluntary urgent care.

The Mental Health Commission advises the Berkeley City Council about its position for developing a crisis stabilization center for Berkeley, which generally relies on SAMHSA's definition for crisis stabilization and at least meeting the Administration's recommendations for establishing a crisis stabilization center in Berkeley. In 2020, SAMHSA published National Guidelines for Behavioral Health Crisis care as a best practice toolkit.[2]

[1] Addressing Substance Use in Behavioral Health Crisis Care: A Companion Resource to the SAMHSA Crisis Toolkit. (2020). [online] Available at: https://www.nasmhpd.org/sites/default/files/2020paper4.pdf

[2] National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit. Knowledge Informing Transformation. SAMHSA (2020). [online] Available at: https://www.samhsa.gov/sites/default/files/nationalguidelinesfor-behavioral-health-crisis-care-02242020.pdf and Crisis Services: Effectiveness, Cost- Effectiveness, and Funding Strategies. SAMHSA. (2014). [online] Available at: https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4848.pdf

Defining Crisis Stabilization & SAMHSA's Definition

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders (SAMHSA, 2020; 6). SAMHSA's mission is to reduce the
impact of substance abuse and mental illness on America's communities (Ibid.). This administration defines crisis stabilization as:

> A direct service that assists with deescalating the severity of a person's level of distress and/or need for urgent care associated with a substance use or mental disorder. Crisis stabilization services are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness by providing continuous 24-hour observation and supervision for persons who do not require inpatient services." (SAMHSA, 2014; 9) (SAMHSA, 2020; 23).

This definition is important as it recognizes the significance of using de-escalation techniques, the need for providing voluntary urgent care, and potentially the need to address behavioral health—both mental health and substance use—to prevent or ameliorate a crisis. It is further important as a crisis can manifest from symptoms associated with mental illness such as schizophrenia that mirror symptoms from substance use such as with methamphetamine. These symptoms can manifest simultaneously and they may not be decipherable unless, for instance, the impacts from substance use diminish in intensity over time. This prevalent reality means addressing both mental health and substance use issues and conditions in order to offer adequate voluntary care to meet the needs of people in crisis and avoid 5150 involuntary holds, arrest, detainment, criminal case processing, and incarceration.

SAMHSA's Minimum Expectations to Operate a Crisis Receiving/Stabilization Center

When considering the suitability of a crisis stabilization center for Berkeley, SAMHSA sets forth the minimum expectations to operate a crisis receiving and stabilization service including the following core elements (SAMHSA, 2020; 22-23):

1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in order to transfer the individual to more medically staffed services if needed;

5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
    a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
    b. Nurses
    c. Licensed and/or credentialed clinicians capable of completing assessments in the region;
    d. Peers with lived experience similar to experience of those served.
6. Offer walk-in and first responder drop-off options;
7. Be structured in a manner that offers capacity to accept all referrals at least 90% of the time with a no rejection policy for first responders (SAMHSA, 2020; 22).

Additionally, in areas where methamphetamine use is prevalent such as California, crisis providers have further become skilled in addressing methamphetamine induced psychosis, recognizing the need to treat the psychosis first and then connect individuals to the right level of care (NASMHPD, 2020; 10). Further crisis stabilization centers have addressed individuals who may need withdrawal management services (detoxification), including to offer services or provide immediate linkages and referrals, and to arrange transport to detoxification programs for crisis center clients who require that service (Ibid).

Crisis Stabilization Centers can thus represent a clear opportunity for improving the crisis response system to better meet the needs of distressed individuals from mental illness and/or substance use. They can further reduce trauma and costs as a more appropriate level of care for people who do not require involuntary commitment to address their behavioral health needs (Ibid.). In fact, many individuals in crisis brought to hospital EDs for stabilization report experiencing increased distress and worsening symptoms due to noise and crowding, limited privacy in the triage area, and being attended to by staff who have little experience with psychiatric crisis care (SAMHSA, 2020; 23). Crisis stabilization centers, on the other hand, are designed to address the behavioral health crisis, reducing acute symptoms in a safe, warm, and supportive environment while observing for safety and assessing the needs of the individual (NASMHPD, 2020; 10).

We thank you for taking the time to read this letter, and will shortly be sending a recommendation by the Mental Health Commission to the Berkeley City Council.

Respectfully submitted,

Mental Health Commissioners
Mental Health Commission
Berkeley, CA

Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Mental Health Commission
From: Jeffrey Buell, Mental Health Division Manager
Date: 8/2/2023
Subject: Mental Health Manager Report

Mental Health Services Report

Please find the attached report on Mental Health Services for July 2023.

Information Requested by Mental Health Commission

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

Mental Health Division Updates

The Mental Health Division's areas of updates:

A) BMH Staffing: several offers for positions have been sent out and accepted. These accepted positions include: Training and Diversity Coordinator, Results Based Accountability Program Evaluator, Workforce Development and Retention Specialist, Full Service Partnership Services Program Supervisor, and four office specialist staff. Several staff have also either resigned or announced their resignation, including one psychiatrists (leaving one in the Division), one mental health nurse, and one behavioral health clinician. The Mobile Crisis Team staffing remains at two out of three regular clinicians, the level that it's maintained since just before the COVID19 pandemic.

B) Alameda County Behavioral Health rolled out a new client services data system called SmartCare to replace the decades old database (INSYST) that has been running on 50-year-old technology. While the cut-over to SmartCare occurred on July 1st 2023, the implementation is not functioning properly and electronic client records have unable to be updated. Berkeley Mental Health and other County contractors will continue to enter data into Clinician's Gateway, but the database can't be updated until the systems can be properly integrated. There is no current information on when database integrity will be restored.

C) Continued collaborations with community agencies: BMH's adult services intake and follow-up team (CAT/TOT) continues to provide time limited field services at various partner agencies. Most recently, this partnership has been with Ursula Sherman Village (formerly Harrison House). Previous partner agencies have included programs as the Women's Daytime Drop-in Center, Horizon Transitional Village, and the Rodeway Inn.

Berkeley Mental Health Caseload Statistics for July 2023

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 July 2023
Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	5 Clinicians, 1 Non-Licensed Clinician, 1 Clinical Supervisor	54	$9,021	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 (July Stats)	1-100	.5 FTE	43		
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)				$2,037,600	
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	3 Clinicians, 2 Non-Licensed Clinician, 1 Clinical Supervisor	39	$7,720	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 July 2023

					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
HFPS Psychiatry (July Stats)	1-100	.0 FTE	29		
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			TBD		
Comprehensive Community Treatment (CCT) **(High level outpatient clinical case management and treatment)**	1-20	6 Clinicians 1 Team Lead 1 Clinical Supervisor	152	$2,989	Clients: 178 American Indian: 2 API: 17 Black or African-American: 69 Hispanic or Latino: 7 Other/Unknown: 3 Pacific Islander: 1 White: 79 Male: 92 Female: 77 Multiple Gender Identities: 2 Missing Gender ID: 1 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 July 2023

					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 (July Stats)	1-200	0.75 FTE	121		
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$2,617,010		
Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1 Licensed Clinician 1 CHW Sp./ Non-Degreed Clinical, 1 Clinical Supervisor	86	$1,603	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 (July Stats)	1-200	.25	77		
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$900,451		

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Last 12 months	Fiscal Year 2024 (July '23-June '24) Demographics as of July 2023
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician	9	$7,890	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 (July Stats)	1-100	0	4		
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$489,235		
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	3 Clinicians, 1 Clinical Supervisor	51	$2,298	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/EPSDT Psychiatry (July Stats)	1-100	0	12		
EPSDT/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	4 Clinicians, 0 Clinical Supervisor	Drop-in: 2 Externally referred: 4 Ongoing tx:21 Groups: 0 Offered/ 0 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 2023 (Jan '23- Dec '23) Demographics – From Mobile Crisis Incident Log (through July 2023)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	• 87 - Incidents • 16- 5150 Evals • 7 - 5150 Evals leading to involuntary transport	• 54 - Incidents: Location - Phone • 24 - Incidents: Location - Field • 0 - Incidents: Location - Home	Clients: 419 API: 15 Black or African-American: 62 White: 99 Hispanic or Latino: 9 Other/Unknown: 234 Female: 166 Male: 207 Transgender: 1 Unknown: 45
MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$771,623		
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	• 7 – Incident(s)	N/A	Clients: 29 API: 3 Black or African-American: 6 White: 13 Hispanic or Latino: 2 Other/Unknown: 5 Female: 17 Male: 10 Transgender: 0 Unknown: 2
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$272,323		
Crisis, Assessment, and Triage (CAT)	N/A	2 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	• 88 - Incidents	N/A	Clients: 378 API: 9 Black or African-American: 72 White: 75 Hispanic or Latino: 10 Other/Unknown: 1212 Female: 141 Male: 153 Transgender: 1 Unknown: 83

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.

Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Mental Health Commission
From: Jeffrey Buell, Mental Health Division Manager
Date: 9/8/2023
Subject: Mental Health Manager Report

Mental Health Services Report

Please find the attached report on Mental Health Services for August 2023.

Information Requested by Mental Health Commission

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

Mental Health Division Updates

The Mental Health Division's areas of updates:

A) BMH Staffing: several key positions have been accepted and filled. These positions include: Training and Diversity Coordinator, Results Based Accountability Program Evaluator, Workforce Development and Retention Specialist, Full Service Partnership Services Program Supervisor, and four office specialist staff. Several clinical positions are also in final steps of hiring, as well, balancing with several staff resignations.

B) For many years, the country has been facing a chronic and systemic shortage of mental health workers, especially nurse and psychiatrist providers. With an aging workforce, practitioner burnout, and increasing mental health needs/acuity in the community (all heightened and accelerated by the pandemic), the trend has only grown worse. The need for practitioners is expected to grow significantly in the coming years, and training programs are not equipped to be able to increase the supply of professionals fast enough to meet this demand. Medical staffing and services availability for the Berkeley Mental Health Division are at a historic low. In the past 15 months, two out of our three psychiatrists have resigned or announced their resignation. Our regular mental health staff nurses will have reduced from 3.5 FTE in 2019 to 1 FTE remaining in 2023. The Division is

budgeted for 5 FTE mental health nurses for the number of clients we serve. In the bay area, we have noted that service agencies appear to be competing for the same pool of providers, making both recruitment and retention challenging. The Division has sought to hire contracted providers to plug the current gap, but similar competition and workforce shortages have prevented this from being a viable solution. Other local jurisdictions have raised wages significantly in recent years, and Berkeley's current 3-year Union contract provides a 7% COLA over 3 years, does not expire until June 2024, and is hardly competitive. Other nearby jurisdiction's current contracts include: Contra Costa: 20% over 2 years, San Francisco: 10% over 2 years, Alameda County: 15% over 3 years. Public salary numbers place BMH salaries primarily in the bottom third of the 9 bay area counties.

Current BMH Psychiatry Staffing to Client Information

#	Team	Total Team Patients	MD Pts	Model MD to Patient Ratio	Model FTE	Budgeted FTE	Current FTE	October FTE
1	**HFSP**	40	20	1-100	0.5	0.5	0.5	0.5
2	**FSP**	50	50	1-100	0.5	0.75	0	0
3	**CCT & FIT**	240	200	1-200	1	1	1	0
	Total	**330**	**270**		**2**	**2.25**	**1.5**	**0.5**

Current BMH Mental Health Nurse Staffing to Client Information

#	Team	Total Team Patients	Model Nurse to Patient Ratio	Model FTE	Budgeted FTE	Current FTE	October FTE
1	**HFSP**	40	1-50	1	1	0	0
2	**FSP**	50	1-50	1	1	1	1
3	**CCT & FIT**	240	1-100	2.5	3	1	.5
	Total	**330**		**4.5**	**5**	**2+1 Contractor**	**1.5+1 Contractor**

C) Alameda County Behavioral Health rolled out a new client services data system called SmartCare to replace the decades old database (INSYST) that has been

running on 50-year-old technology. While the cut-over to SmartCare occurred on July 1st 2023, the implementation is not yet complete and electronic client records still have a gap to be updated with information from July and August. Berkeley Mental Health and other County contractors will continue to enter data into Clinician's Gateway, but the database isn't projected to be fully updated until around the middle of September 2023.

D) Continued collaborations with community agencies: BMH's adult services intake and follow-up team (CAT/TOT) continues to provide time limited field services at various partner agencies. Most recently, this partnership has been with Ursula Sherman Village (formerly Harrison House). Previous partner agencies have included programs such as the Women's Daytime Drop-in Center, Horizon Transitional Village, and the Rodeway Inn.

E) And finally, the Specialized Care Unit (SCU), contracted to and run by Bonita House, officially launched on 9/5/23. This pilot project ($4.5 million for two years) is the City's first non-law enforcement crisis response team, borne out of years of community discussion and feedback, as well as hard work from community and City stakeholders. The team's direct phone number is 510-948-0075, and they are operating during daytime hours (6a-4p) in this ramp up phase. Despite a few hiccups in implementation, the team is up and running at current and will eventually staff up fully to support 24/7 services 365 days per year.

Berkeley Mental Health Caseload Statistics for September 2023

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 August 2023
Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	5 Clinicians, 1 Non-Licensed Clinician, 1 Clinical Supervisor	52	$8,080	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 (August Stats)	1-100	0 FTE	40		
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)				$2,037,600	
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	3 Clinicians, 2 Non-Licensed Clinician, 1 Clinical Supervisor	41	$7,648	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 September 2023

					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
HFPS Psychiatry (August Stats)	1-100	0.5 FTE	31		
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			TBD		
Comprehensive Community Treatment (CCT) **(High level outpatient clinical case management and treatment)**	1-20	6 Clinicians 1 Team Lead 1 Clinical Supervisor	144	$2,988	Clients: 178 American Indian: 2 API: 17 Black or African-American: 69 Hispanic or Latino: 7 Other/Unknown: 4 Pacific Islander: 1 White: 78 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 September 2023

					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 (August Stats)	1-200	0.75 FTE	120		
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$2,617,010		
Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1 Licensed Clinician 1 CHW Sp./ Non-Degreed Clinical, 1 Clinical Supervisor	86	$1,709	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 (August Stats)	1-200	.25	78		
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$900,451		

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Last 12 months	Fiscal Year 2024 (July '23-June '24) Demographics as of August 2023
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician	10	$7,949	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 (August Stats)	1-100	0	4		
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$489,235		
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	3 Clinicians, 1 Clinical Supervisor	50	$2,051	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/EPSDT Psychiatry (August Stats)	1-100	0	11		
EPSDT/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	4 Clinicians, 0 Clinical Supervisor	Drop-in: 17 Externally referred: 10 Ongoing tx: 36 Groups: 0 Offered/ 0 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 2023 (Jan '23- Dec '23) Demographics – From Mobile Crisis Incident Log (through August 2023)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	• 88 - Incidents • 22- 5150 Evals • 6 - 5150 Evals leading to involuntary transport	• 55 - Incidents: Location - Phone • 26 - Incidents: Location - Field • 0 - Incidents: Location - Home	Clients: 480 API: 17 Black or African-American: 71 White: 110 Hispanic or Latino: 13 Other/Unknown: 268 Female: 192 Male: 240 Transgender: 1 Unknown: 47
MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$771,623		
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	• 9 – Incident(s)	N/A	Clients: 36 API: 3 Black or African-American: 8 White: 15 Hispanic or Latino: 3 Other/Unknown: 7 Female: 21 Male: 13 Transgender: 0 Unknown: 2
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$272,323		
Crisis, Assessment, and Triage (CAT)	N/A	2 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	• 110 - Incidents	N/A	Clients: 432 API: 9 Black or African-American: 81 White: 84 Hispanic or Latino: 12 Other/Unknown: 246 Female: 160 Male: 171 Transgender: 2 Unknown: 99

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.

Hello Commissioners,

Please see the information below and attached from Edward Opton.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@berkeleyca.gov
510-423-8365 cl
510-981-7721 office

From: Edward Opton <eopton1@gmail.com>
Sent: Friday, September 8, 2023 7:03 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Understanding Berkeley's Behavioral Health Efforts in the context of CITY OF BERKELEY DRAFT CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR PROGRAM YEAR 2022

To:
Members, Mental Health Commission
CC:
Behavioral Health Management
From:
Edward Opton
Date:
September 8, 2023
Re:
Understanding Berkeley's Behavioral Health Efforts

A "CITY OF BERKELEY DRAFT CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR PROGRAM YEAR 2022," distributed today, deserves our close attention. The draft document is Berkeley's self-evaluation of most or all of the services provided by our city in the areas of housing, community development, and public services—but excepting mental health--during the most recent fiscal year. The federal government provided about $3,700,000 to Berkeley for these services during fiscal 2002-23.

A single division of our municipal government, Health, Housing & Community Services ("HHCS"), administers Berkeley's mental health efforts. Mental Health services are not included in the HHCS report because the

federal government administers most of its mental health funding through state governments, not at the city or county level.

Let's look at the draft HHCS report to see what a report of similar scope could do for our city's administration of mental health services. Here is what I see:

1. Appraisal, also known as performance evaluation, is important. Taxpayers provide the money. Our city's government spends it. What do Berkeley residents get for it? This is always a tough question, but it is especially difficult for mental health services. Appraising mental health efforts is radically unlike evaluating physical objects such as streets. We can count miles paved, average traffic speed, parking meter receipts, potholes filled, and the like. We can't reliably count the number of clouds of despair lifted, agonizing fear dissipated, or overwhelming loneliness and social isolation alleviated.

2. But one can ask the opinions of people with varying perspectives: clients, former clients (both those who left because they were feeling better and those who left because they were not feeling better), as well as the opinions of clients' spouses or partners, and, sometimes, clients' parents, teachers, caregivers, social workers, and therapists.

3. Berkeley could say:

> "We appraise results as best we can.
> Here are the results as we see. them: _____
> This is how we use the results for programmatic decisions: _____.
> Here are changes we have made that are based on factual data we gathered: _____."

Berkeley could base decisions on such reasoning, but should it?

4. Or should Berkeley say, instead:

"We don't even attempt to appraise the outcomes of our mental health efforts.
a) It would be too expensive to assign clients at random to a variety of therapists and/or to various treatment methods, then spend substantial taxpayer money to assess the results.
b) It would be unethical to assign clients randomly to various therapists and/or treatment methods without each client's informed consent to the random assignment—consent that many clients may not be legally competent to provide.
c) Hardly anyone tries to appraise the comparative efficacy of the various types of therapies except in the context of artificial—and expensive—research.
d) Apart from artificial and expensive research settings, hardly anyone can make credible claims of success in comparing one method of treatment or management with another.
e) It would be unfair to criticize our hope-and-faith-based treatment decisions just because they are supported by nothing more than hope and faith. Hope and faith are the foundations of most public policy. For example, legislatures, juries, and judges prescribe wildly varying sentences for crimes. The variability is almost entirely faith-based. Public policy decisions based on facts rather than on personal opinion, faith, and hope may be desirable, but data-based decisions are mostly on the far horizon, not at all close at hand, especially in matters of the human mind."

5. If programmatic decisions are fated to be personal-opinion-based, not fact-based, for the foreseeable future, who benefits from the work of the Mental Health Commission?

What changes would the MHC need to make to merit the thousands of person-hours per year and the taxpayer dollars—probably in the low tens of thousands of dollars per year-- that the MHC consumes?

What changes might Berkeley's behavioral health services agency need to make to benefit from the efforts of the MHC?

Note: the text of the CITY OF BERKELEY DRAFT CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR PROGRAM YEAR 2022 can be accessed via the link at the bottom of the forwarded item below.

———

Begin forwarded message:

From: "Works-Wright, Jamie" <JWorks-Wright@berkeleyca.gov>
Subject: FW: CITY OF BERKELEY SEEKING PUBLIC COMMENT ON ITS DRAFT CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR PROGRAM YEAR 2022 (July 1, 2022 through June 30, 2023)
Date: September 8, 2023 at 11:33:44 AM PDT
To: "Works-Wright, Jamie" <JWorks-Wright@berkeleyca.gov>

FYI

From: Oehler, Joshua
Sent: Friday, September 8, 2023 9:07 AM
To: Oehler, Joshua <JOehler@berkeleyca.gov>
Subject: CITY OF BERKELEY SEEKING PUBLIC COMMENT ON ITS DRAFT CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR PROGRAM YEAR 2022 (July 1, 2022 through June 30, 2023)

Internal

CITY OF BERKELEY
SEEKING PUBLIC COMMENT ON ITS
CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT
FOR PROGRAM YEAR 2022 (July 1, 2022 through June 30, 2023)

Beginning Friday, September 8, 2023, and ending at 5:00 p.m. on Monday, September 25, 2023, the public can review and comment on the City of Berkeley's draft Consolidated Annual Performance and Evaluation Report (CAPER) for Program Year 2022 (July 1, 2022 to June 30, 2023).

The CAPER is a report required by the U.S. Department of Housing and Urban Development (HUD) which informs HUD and the public how the City allocated certain federal funds in the prior year. During the period covered by the CAPER, the City of Berkeley allocated $2,644,820 in Community Development

Block Grant (CDBG) funds to projects involving housing, community development and public services, $229,225 in Emergency Solutions Grant (ESG) funds to projects for services for people who are homeless, and $839,741 in HOME funds. The CAPER shows how the activities funded through HUD, Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), and Emergency Solutions Grants (ESG), support the goals written in the City's Program Year 2022 Annual Action Plan. The Annual Action Plan is a required HUD document which shows how the City plans to use HUD funds. The City must complete the CAPER and submit it to HUD no later than September 28th of each year, including City responses to all written public comments.

During this period hard copies of the draft CAPER will be available for public review at the following locations:

- City of Berkeley's Health, Housing & Community Services Department, 2180 Milvia Street, Second Floor;
- Berkeley Public Library Reference Desk, 2090 Kittredge Street, 2nd floor, during business hours; and the

An electronic copy is available at the City of Berkeley website: https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports beginning Friday, September 8, 2023.

Submit written requests and comments to Joshua Oehler through email: JOehler@berkeleyca.gov, or regular mail at the Health, Housing & Community Services Department 2180 Milvia Street, 2nd Floor, Berkeley, 94704. **All comments must be received no later than Monday, September 25, 2023 at 5:00 p.m.**

Joshua Oehler
Pronouns: he/him
Community Services Specialist III
City of Berkeley
Housing and Community Services
2180 Milvia Street, 2nd Floor
Berkeley, CA 94704
(510) 981-5408 (office)
joehler@berkeleyca.gov

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, September 11, 2023 1:10 PM
To: Works-Wright, Jamie
Subject: FW: Updates: Governor's BH Modernization Proposal - www.calbhbc.org/bhsa

Internal

Please see the information below.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@berkeleyca.gov
510-423-8365 cl
510-981-7721 office

From: CAL BHBC <cal@calbhbc.com>
Sent: Friday, September 8, 2023 5:20 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Updates: Governor's BH Modernization Proposal - www.calbhbc.org/bhsa

UPDATES: SB 326 (and a related ballot initiative) proposes substantial amendments to the Mental Health Services Act

MHSOAC SB 326 Support Letter, September 7, 2023

***Updated* Impacts to Local Mental/Behavioral Health Board / Commissions**, September 5, 2023
Amendments (to become operative January 1, 2025 if SB 326 is enacted and CA voters approve the related ballot initiative):

1. **1) Youth Membership Requirement:** 5604. (2)(B)(i) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received *behavioral* health services. One of these members shall be an individual who is 25 years of age or younger. (ii) At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.
2. **2) Local Education Agency Membership Requirement:** 5604. (2)*(D)*

1. (i) At least one member of the board shall be an employee of a local education agency.
2. (ii) To comply with clause (i), a county shall notify its county office of education about vacancies on the board.

3. **3) "Mental"** is changed to **"Behavioral"**, and advising regarding "substance use disorder" is added within the duties.

Additional Analyses & Articles are at: www.calbhbc.org/bhsa

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, September 8, 2023 11:34 AM
To: Works-Wright, Jamie
Subject: FW: CITY OF BERKELEY SEEKING PUBLIC COMMENT ON ITS DRAFT CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR PROGRAM YEAR 2022 (July 1, 2022 through June 30, 2023)
Attachments: DRAFT PY22 CAPER and attachments for public comment.pdf

FYI

From: Oehler, Joshua
Sent: Friday, September 8, 2023 9:07 AM
To: Oehler, Joshua <JOehler@berkeleyca.gov>
Subject: CITY OF BERKELEY SEEKING PUBLIC COMMENT ON ITS DRAFT CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR PROGRAM YEAR 2022 (July 1, 2022 through June 30, 2023)

Internal

CITY OF BERKELEY
SEEKING PUBLIC COMMENT ON ITS
CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT
FOR PROGRAM YEAR 2022 (July 1, 2022 through June 30, 2023)

Beginning Friday, September 8, 2023, and ending at 5:00 p.m. on Monday, September 25, 2023, the public can review and comment on the City of Berkeley's draft Consolidated Annual Performance and Evaluation Report (CAPER) for Program Year 2022 (July 1, 2022 to June 30, 2023).

The CAPER is a report required by the U.S. Department of Housing and Urban Development (HUD) which informs HUD and the public how the City allocated certain federal funds in the prior year. During the period covered by the CAPER, the City of Berkeley allocated $2,644,820 in Community Development Block Grant (CDBG) funds to projects involving housing, community development and public services, $229,225 in Emergency Solutions Grant (ESG) funds to projects for services for people who are homeless, and $839,741 in HOME funds. The CAPER shows how the activities funded through HUD, Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), and Emergency Solutions Grants (ESG), support the goals written in the City's Program Year 2022 Annual Action Plan. The Annual Action Plan is a required HUD document which shows how the City plans to use HUD funds. The City must complete the CAPER and submit it to HUD no later than September 28th of each year, including City responses to all written public comments.

During this period hard copies of the draft CAPER will be available for public review at the following locations:

- City of Berkeley's Health, Housing & Community Services Department, 2180 Milvia Street, Second Floor;
- Berkeley Public Library Reference Desk, 2090 Kittredge Street, 2nd floor, during business hours; and the

An electronic copy is available at the City of Berkeley website: https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports beginning Friday, September 8, 2023.

Submit written requests and comments to Joshua Oehler through email: JOehler@berkeleyca.gov, or regular mail at the Health, Housing & Community Services Department 2180 Milvia Street, 2nd Floor, Berkeley, 94704. **All comments must be received no later than Monday, September 25, 2023 at 5:00 p.m.**

Joshua Oehler
Pronouns: he/him
Community Services Specialist III
City of Berkeley
Housing and Community Services
2180 Milvia Street, 2nd Floor
Berkeley, CA 94704
(510) 981-5408 (office)
joehler@berkeleyca.gov

CITY OF BERKELEY
SEEKING PUBLIC COMMENT ON ITS
CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT
FOR PROGRAM YEAR 2022 (July 1, 2022 through June 30, 2023)

Beginning Friday, September 8, 2023, and ending at 5:00 p.m. on Monday, September 25, 2023, the public can review and comment on the City of Berkeley's draft Consolidated Annual Performance and Evaluation Report (CAPER) for Program Year 2022 (July 1, 2022 to June 30, 2023).

The CAPER is a report required by the U.S. Department of Housing and Urban Development (HUD) which informs HUD and the public how the City allocated certain federal funds in the prior year. During the period covered by the CAPER, the City of Berkeley allocated $2,644,820 in Community Development Block Grant (CDBG) funds to projects involving housing, community development and public services, $229,225 in Emergency Solutions Grant (ESG) funds to projects for services for people who are homeless, and $839,741 in HOME funds. The CAPER shows how the activities funded through HUD, Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), and Emergency Solutions Grants (ESG), support the goals written in the City's Program Year 2022 Annual Action Plan. The Annual Action Plan is a required HUD document which shows how the City plans to use HUD funds. The City must complete the CAPER and submit it to HUD no later than September 28th of each year, including City responses to all written public comments.

During this period hard copies of the draft CAPER will be available for public review at the following locations:

- City of Berkeley's Health, Housing & Community Services Department, 2180 Milvia Street, Second Floor;
- Berkeley Public Library Reference Desk, 2090 Kittredge Street, 2nd floor, during business hours; and the

An electronic copy is available at the City of Berkeley website:
https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports beginning Friday, September 8, 2023.

Submit written requests and comments to Joshua Oehler through email: JOehler@berkeleyca.gov, or regular mail at the Health, Housing & Community Services Department 2180 Milvia Street, 2nd Floor, Berkeley, 94704. **All comments must be received no later than Monday, September 25, 2023 at 5:00 p.m.**

A partir del viernes 8 de septiembre del 2023 hasta el lunes 25 de septiembre del 2023 la ciudadanía es invitada a revisar y comentar en el Informe Anual de Evaluación y Funcionamiento (CAPER-siglas en inglés) de la ciudad de Berkeley. El informe cubre el Año de servicios 2022 que empezó el 1 de julio del 2022 hasta el 30 de junio del 2023.

El CAPER es un informe requerido por el Departamento de Vivienda y Desarrollo Urbano de los E.E. U.U. (HUD siglas en inglés). El CAPER informa a HUD y a la ciudadanía como el Municipio gastó los fondos federales recibidos el año anterior. Durante este año de servicios Berkeley recibió $2,644,820 por medio de la de la Beca de Desarrollo del Bloque Comunitario (Community Development Block Grant - CDBG) los cuales financiaron proyectos de vivienda, desarrollo comunitario y servicios públicos. Por medio de la Beca de Soluciones de Emergencia (Emergency Solutions Grant - ESG) la Ciudad recibió $229,225 que ayudó a financiar proyectos de personas sin hogar. Además, recibió $839,741 por medio de la Beca HOME. El informe también demuestra como las actividades y proyectos financiados el año anterior apoyan y promueven las metas y objetivos descritos en el Plan Anual de Acción de la Ciudad del Año de servicios 2021. HUD también requiere que la Ciudad de Berkeley presente un Plan Anual de Acción, en el cual se describa la planificación de financiamiento de los fondos federales de HUD. La Ciudad debe completar y presentar el informe a HUD y el informe debe incluir los comentarios recibidos por escrito del público y las respuestas de la Ciudad a más tardar el 28 de septiembre de 2023.

Durante este período de revisión (del 8 al 25 de septiembre del 2023) copias del borrador del informe de Evaluación y Funcionamiento Anual (CAPER-siglas en inglés) estará disponible al público en los siguientes lugares:

- En el escritorio de recepción del Departamento de Salud, Vivienda y Servicios Comunitarios de la ciudad de Berkeley localizado en la Calle Milvia 2180, 2do Piso.
- En el escritorio de referencia de la Biblioteca Pública ubicada en la calle Kittredge 2090, 2do piso
- En nuestra página electrónica https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports a partir del viernes 8 de septiembre de 2022.

Por favor presentar sus comentarios por escrito a Joshua Oehler al correo electrónico JOehler@cityofberkely.info o por correo regular al Health, Housing & Community Services Department, 2180 Milvia St., Berkeley, CA 94704. **El periodo para recibir comentarios del público terminará el lunes 25 de septiembre del 2023 a las 5 de la tarde**.

伯克萊市
公眾視訊聽證會通知
及
計劃評論徵求
有關於市政府的2022年度行動 (2022年7月1日- 2023年6月30日)
之年終績效和評估報告《CAPER》

由2023年9月8日(星期五）開始，伯克萊市政府將邀請公衆人仕對有關於伯克萊市政府的2022財政年度行動之年終績效和評估報告《CAPER》。《CAPER》報告蓋括2022財政年度（由2022年7月1日至2023年6月30日）。伯克萊市必須完成該報告並將其提交給HUD，包括伯克萊市對所有書面公眾評論的答**复**，且不得遲於2023年9月25日（星期一）下午5:00。

《CAPER》是美國住房和城市發展部（HUD）要求的報告，該報告向HUD和公眾通報了伯克萊市在過去一財政年度如何分配某些聯邦資金。 在CAPER涵蓋的時期內，伯克利市對於社區發展和公共服務的項目分配了$2,644,820美元的社區發展整體撥款（CDBG），此外分配了$229,225美元的緊急解決方案撥款（ESG）為無家可歸者提供服務， 以及$839,741的HOME資金。 CAPER還顯示了資助的活動如何支持伯克萊市計劃年2022年度行動計劃中製定的目標。 年度行動計劃也是HUD的必需文件，其中顯示了伯克萊市計劃如何使用HUD資金。伯克萊市必須完成該報告並將其提交給HUD，包括伯克萊市對所有書面公眾評論的答**复**，且不得遲於2023年9月28日（星期五）下午5:00。

在此期間，CAPER草案可在以下位置可供公眾審查：

- The City of Berkeley's Health, Housing & Community Services Department,
  2180 Milvia Street, Second Floor;
- Berkeley Public Library Reference Desk, 2090 Kittredge Street, 2nd floor, during business hours; and the
- 由2023年9月8日,(星期五)開始從以下網站提供網絡副本:
  https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports

如果有任何書面需要,請向衛生，住房和社區服務部的Josh Oehler先生（電子郵件：JOehler@berkeleyca.gov）提交書面請求和意見提供, 或者請郵寄您的郵件到以下地址:
伯克萊市衛生和住房及社區服務部City of Berkeley, Department of Health, Housing & Community Service, 2180 Milvia St, Berkeley, CA 94704.。請注意, 無論書面或郵件都必須在2023年9月25日,(星期一)下午5:00之前收到。

BV 6776306 September 8, 2023

City of Berkeley

Program Year 2022
(July 1, 2022 – June 30, 2023)
Consolidated Annual Performance and Evaluation Report (CAPER)

Prepared by the City of Berkeley
Health, Housing and Community Services Department
for the U.S. Department of Housing and Urban Development

September 28, 2023

Table of Contents

ATTACHMENTS:

1. PR 03 – CDBG Activity Summary Report – TO BE ATTACHED
2. PR 23 – Summary of Accomplishments – TO BE ATTACHED
3. PR 26 –CDBG & CDBG-CV Financial Summary Reports – TO BE ATTACHED
4. Continuum of Care: EveryOne Home Systemwide Outcomes and Efficiency Measures for ESG funds – TO BE ATTACHED
5. Sage ESG Report CR-00 and ESG-CV CAPER Bundle – ATTACHED
6. Summary of Noticing, Outreach and Public Comments – TO BE ATTACHED

CR-05 - Goals and Outcomes

Progress the jurisdiction has made in carrying out its strategic plan and its action plan. 91.520(a)

This could be an overview that includes major initiatives and highlights that were proposed and executed throughout the program year.

Program Year (PY) 2022 is the third year of the five-year strategic plan. In PY 2022, the City of Berkeley received $2,644,820 in Community Development Block Grant (CDBG), $839,741 in HOME Investment Partnerships Program (HOME), and $229,225 in Emergency Solutions Grant (ESG) entitlement funds. An additional $475,755-update in program income and $503,823-update in prior years' carryover added to the CDBG resources available. An additional $458,424-update in HOME program income was also available. The City used its adopted Public Participation Plan to encourage community input into funding priorities and proposed funding allocations for a variety of housing, homeless, and community development activities. As in years prior, in PY 2022, the City continued to invest a significant amount of City General Funds into related priorities.

Major highlights executed in PY22 in the four goal areas include:

Affordable Housing Supply and Quality: The City is on track to meet its affordable housing goals outlined in the five-year Strategic Plan, and currently has 17 projects in its affordable housing pipeline. The City completed one HOME-assisted project in PY 22 - Jordan Court, a 35-unit senior housing development with 17 HOME-assisted units. The City completed four other projects in PY 22 that were supported with local funds. Berkeley Way is a new construction development that includes three projects on one site, including 89 units affordable to households earning 50-60% AMI, 53 units of permanent supportive housing, and 44 shelter beds. Stuart Street Apartments is a renovation project with 8 units at 80% AMI.

Two additional projects were under construction in PY 22. Maudelle Miller Shirek Community is another new construction unit and will provide 87 affordable units to households earning between 20%-80% AMI, including 12 units for formerly homeless households. Construction began on 2527 San Pablo Ave (also known as the Grinnell or Blake Apartments) in PY22, which will provide 63 units of affordable housing with 12 units reserved for people with an intellectual or developmental disability and 7 HOME-assisted units.

In PY22, the City continued to work with projects that received Measure O bond funds and other City funds in PY19, PY20, and PY22. The City approved development funds for two new construction projects in South Berkeley, an area that continues to face gentrification pressures. Those developments were first funded in PY20, and are projecting a combined total of 130 new affordable housing units. The City

continued to issue solicitations to allocate its available housing funds, adding five new construction and renovation projects to its pipeline in PY21 and three new construction and renovation projects to its pipeline in PY22.

In addition, the City funded the Center for Independent Living (CIL), completed 2 minor and major residential rental unit's rehabilitation projects that improved accessibility improvements to qualified low-income and disabled persons in PY22.

Homeowner Housing Rehab (Single Family Rehabilitation - SFR): The City's Single-Family Rehabilitation (SFR) Programs comprised of the City's Senior and/or Disabled (Home) Loan Program (SDRLP), Center for Independent Living, and Habitat for Humanity East Bay/Silicon Valley resumed their program activities that serves some of the most vulnerable Berkeley residents. However, while small construction activities resumed many SFR programs continue to face various obstacles in completing all their active SFR projects due to higher construction costs, increased materials costs, and contractor availability.

Overall, the SFR Programs completed 17 health and safety repairs and ADA accessibility improvements projects (with an additional 2 renter households supported by CIL as mentioned above in the prior section). There is a combined total of 16 active SFR projects.

Multi-Family Rehabilitation: The City re-allocated $1,963,233 of PY19 and PY20 CDBG public facilities improvement and earlier unused CDBG funds to an emergency multi-family housing rehabilitation need at Lorin Station and Rosewood Manor. Rehabilitation efforts will benefit 49 low-income households by ensuring sustainability of these affordable housing units. The emergency rehabilitation will include upgrades to the plumbing system at both properties and possible roof repair at both sites as funding permits. Construction of plumbing upgrades at Rosewood Manor began December 2022 and is expected to be completed by August 31, 2023. Upgrades to the sewer lateral as required by the City have been completed for both Rosewood Manor and Lorin Station. Construction of plumbing upgrades for individual units at Lorin Station will begin September 5, 2023, and is expected to be completed by October 1, 2023. SBNDC will have sufficient funds to repair or replace the roof at Rosewood Manor and is in process of soliciting bids for the job. The goal is to spend down the CDBG funds by end of calendar year 2023.

Improve Public Facilities: In PY22, continuing from the PY19 rolling NOFA, Larkin Street's Turning Point Housing Program was awarded $415,144, and are in the process of releasing their contractor bid. The Turning Point Housing Program provides temporary housing to approximately 12 at-risk young adults whom HUD describes as 'chronically homeless". A new NOFA was released in PY23, with Insight Housing's Dwight Way Center (DWC) being awarded $680,000 to provide people who are experiencing homelessness supportive services and a safe place to live while they build income, skills, and seek permanent housing. DWC operates 24 hours/day, 365 days/year and offers clean, warm beds, meals,

shower and laundry facilities, access to computers and telephones, case management, mental health resources, dental and medical health support, and links to mainstream services. DWC is in the process of drafting their contractor bid for release. The West Berkeley Service Center, a prior awardee, is also in the process of finalizing the bid documents for release.

Public Services: The City funded homeless and fair housing services in PY22. These programs combined served 545 persons, primarily literally homeless people, living in Berkeley.

Homeless Prevention, Rapid Re-housing, Outreach and Shelter: In PY22, Bay Area Community Services (BACS) and Women's Daytime Drop-In Center (WDDIC), the two the Housing Resource Center /Access Points (HRC) in Berkeley, shelters and outreach workers continued to provide services to Berkeley's unhoused population. COVID-19 continued to limit services, operations and the shelter and transitional housing census. Both BACS' and WDDIC's HRC operations were available via telephone and in-person drop-in hours. BACS provided housing navigation services to 147 people, and served 46 people through outreach. BACS and shelter operators convened monthly meetings to coordinate care and housing opportunities for shelter participants. A total of 149 uniquely identified persons were served by ESG funded rapid re-housing, outreach, and shelter activities. Eviction Defense Center administered the City's Housing Retention Program to support households facing COVID related and other economic challenges. Eviction Defense Center served 257 unduplicated households.

Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)

Categories, priority levels, funding sources and amounts, outcomes/objectives, goal outcome indicators, units of measure, targets, actual outcomes/outputs, and percentage completed for each of the grantee's program year goals.

Goal	Category	Source / Amount[1]	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete (Strategic Plan)	Expected – Program Year	Actual – Program Year	Precent Complete (PY)
Affordable Housing Supply and Quality	Affordable Housing	CDBG: $7,915,918 HOME: $3,410,264	Rental units constructed	Household Housing Unit	17	17	100%	4	17	425%
Affordable Housing Supply and Quality	Affordable Housing	CDBG: $7,915,918 HOME: $3,410,264	Rental units rehabilitated	Household Housing Unit	129	8	4%	53	2	42%
Affordable Housing Supply and Quality	Affordable Housing	CDBG: $7,915,918 HOME: $3,410,264	Homeowner Housing Rehabilitated	Household Housing Unit	165	44	27%	23	17	74%
Homeless Prevention and Rapid Re-housing	Homeless	ESG: $1,171,770	Rapid re-housing	Households Assisted	50	133	266%	20	6	30%

[1] The amount is the five-year allocation of funds by Goal Area listed in the City of Berkeley's 2020-2024 Consolidated Plan.

Goal	Category	Source / Amount[1]	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete (Strategic Plan)	Expected – Program Year	Actual – Program Year	Precent Complete (PY)
Homeless Prevention and Rapid Re-housing	Homeless	ESG: $1,171,770	Shelter	Households Assisted	0	83	8300%	80	102	127%
Homeless Prevention and Rapid Re-housing	Homeless	ESG: $1,171,770	Outreach	Households Assisted	450	132	29%	70	52	74%
Improve Public Facilities and Public Services	Non-Housing Community Development	CDBG: $5,714,135	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	2,000	364	18%	1,012	0	0%
Improve Public Facilities and Public Services	Non-Housing Community Development	CDBG: $5,178,137	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	5,525	1,290	23%	875	545	62%

Goal	Category	Source / Amount[1]	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete (Strategic Plan)	Expected – Program Year	Actual – Program Year	Precent Complete (PY)
Prevent, prepare for and respond to COVID-19	Affordable Housing, Homeless, Non-Housing Community Development	CDBG-CV 1&3: $2,501,926 ESG-CV 1&2: $6,648,603	Public service activities other than Low/Moderate Income Housing Benefit Tenant-based rental assistance / Rapid re-housing / Shelter / Outreach	Persons Assisted	3,265	257	8%	N/A	N/A	N/A
Prevent, prepare for and respond to COVID-19	Affordable Housing, Homeless, Non-Housing Community Development	ESG-CV 1&2: $6,648,603	Tenant-based rental assistance / Rapid re-housing	Persons Assisted	100	161	161%	64	65	101%
Prevent, prepare for and respond to COVID-19	Affordable Housing, Homeless, Non-Housing Community Development	ESG-CV 1&2: $6,648,603	Shelter	Persons Assisted	258	383	148%	147	39	27%

Table 1 - Accomplishments – Program Year & Strategic Plan to Date

Assess how the jurisdiction's use of funds, particularly CDBG, addresses the priorities and specific objectives identified in the plan, giving special attention to the highest priority activities identified.

The City's continued operation of the following programs was key to making progress on goals in PY22:

Housing Trust Fund: In PY22, the City completed 2012 Berkeley Way, 1601 Oxford (now called Jordan Court), and Stuart Street Apartments projects. The City provided HOME funding to Jordan Court in PY20, and the project includes 17 HOME-assisted units. The City approved funding for three new projects through the Housing Trust Fund Program in PY22. They join a pipeline of affordable housing projects, two of which are currently under construction: Maudelle Miller Shirek Community at 2001 Ashby and Blake Apartments (also known as the Grinnell) at 2527 San Pablo Ave. The City provided HOME funding to Blake Apartments / the Grinnell in PY22, and the project will include 7 HOME-assisted units. Five additional projects in the City's affordable housing pipeline (St. Paul Terrace, Ephesian Legacy Court, 1740 San Pablo, Supportive Housing in People's Park, and Berkeley Unified School District Workforce Housing) continue to move towards their development phase.

Single Family Rehab: The City has a CalHome reuse account balance of $571,959- update for future Senior and Disabled Rehabilitation Loan Program projects. The City also dedicates $150,000 annual of CDBG funding for Single Family Rehabilitation projects. The City continued to operate its Senior and Disabled Rehabilitation (Home) Loan Program, fund the Center for Independent Living for minor and major ADA access improvements and modification services, and work with Habitat for Humanity East Bay/Silicon Valley for minor and major housing rehabilitation repairs for low-income Berkeley homeowners' residential properties. These programs served 19 unduplicated households in PY22 which included homeowner and rental rehabilitation.

Multi-Family Rehab: In PY22, construction began for South Berkeley Neighborhood Development Corporation's (SBNDC) emergency rehabilitation project involving two properties. After some delays in the permit process, rehabilitation of Rosewood Manor, the 35-unit affordable housing development, began in December 2022. To date, plumbing upgrades for 18 units in Rosewood Manor have been completed. The permit for Lorin Station was recently approved and construction will begin mid-August on the 14 units at this site. The required plumbing upgrades at Rosewood Manor will be completed before end of August, and the plumbing upgrades at Lorin Station are anticipated to be completed in September 2023. Temporary relocation is being implemented at Rosewood Manor according to the relocation plan. After all the plumbing upgrades required by HUD have been completed, it is anticipated there will be enough funding to complete roof repair at Rosewood Manor and Lorin Station, as

recommended by HUD.

Public Facility Improvements: n PY22, continuing from the PY19 rolling NOFA, Larkin Street's Turning Point Housing Program was awarded $415,144. The Turning Point Housing Program provides temporary housing to approximately 12 at-risk young adults whom HUD describes as 'chronically homeless". A new NOFA was released in PY23, with Insight Housing's Dwight Way Center (DWC) being awarded $$$ to provide people who are experiencing homelessness supportive services and a safe place to live while they build income, skills, and seek permanent housing. DWC operates 24 hours/day, 365 days/year and offers clean, warm beds, meals, shower and laundry facilities, access to computers and telephones, case management, mental health resources, dental and medical health support, and links to mainstream services. One other application is currently being considered for award by the Housing Advisory Commission.

Public Services: In PY22, there continued to be 12 Housing Resource Centers/Access Points (HRC/AP) in Alameda County for unsheltered adults and families. This includes an HRC/AP in North County to serve unhoused families at Women's Daytime Drop-in Center (WDDIC). In partnership with the County, Berkeley is the lead for the CES implementation in North County, covering the cities of Emeryville, Berkeley and Albany. The HRC/AP, operated by Bay Area Community Services (BACS) and WDDIC` conducts assessments using a countywide standardized tool resulting in dynamic crisis and housing queues that prioritize individuals for a variety of interim housing and supportive and housing services including Housing Navigation, SSI advocacy, rapid re-housing, and Permanent Supportive Housing placements. The North County Adult Housing Resource Center (HRC) served 375 individuals providing flex funds, street outreach assistance, housing navigation and rapid rehousing/shallow subsidies. The North County Adult HRC conducted 845 crisis and housing assessments. The WDDIC Access Point conducted 217 crisis and housing assessments. In PY22, the BACS Stair Navigation Center served six people in six households with ESG Rapid Re-housing Assistance. BACS staff find and cultivate relationships with landlords, resulting in permanent housing placements, though not enough to meet the demand.

The City supported Fair Housing services with ECHO in PY22. These services resulted in 80 persons receiving fair housing services.

The City continued to fund community agencies to operate emergency, transitional and permanent supportive housing, and related services. The City provided approximately $14.1 million to sustain homeless programs in PY22. The PY22 homeless funding was comprised of City General Fund (75%); federal funds (6%); and other state and local funds (18%).

CR-10 - Racial and Ethnic composition of families assisted

Describe the families assisted (including the racial and ethnic status of families assisted).

91.520(a)

	CDBG	HOME	ESG
White	152	7	43
Black or African American	239	8	82
Asian	12	0	7
American Indian or American Native	15	0	7
Native Hawaiian or Other Pacific Islander	5	0	3
Other multiracial	**35**	**2**	
Total	**423**	**n/a**	**149**
Hispanic	47	1	18
Not Hispanic	416	16	131

Table 2 – Table of assistance to racial and ethnic populations by source of funds

Narrative

The City of Berkeley captures the above required race and ethnic categories as well as demographic information for persons identified as Other and/or Multiracial. The Other and/or Multiracial totals *are* captured in the Hispanic/Non-Hispanic totals for all funding sources.

The above CDBG data includes beneficiaries for public services, single family rehabilitation services, community facility improvement and affordable housing projects. In addition to the people listed above, data was not collected or client refused for seven unhoused people.

The City provided HOME funding for Jordan Court, which has 17 new "floating" HOME-assisted units during the program year. Jordan Court was completed in PY22.

ESG only data represents 149 people represents an unduplicated count across ESG programs. In addition to those listed above, 7 identified as multiple races.

CR-15 - Resources and Investments 91.520(a)

Identify the resources made available

Source of Funds	Source	Resources Made Available	Amount Expended During Program Year
CDBG	CDBG	$3,860,484 - update	$2,004,009 - update
HOME	HOME	$1,233,237 - update	$130,433 - update
ESG	ESG	$233,523 - update	$125,953 - update
Other: CDBG-CV	Other: CDBG-CV	N/A	$1,685,321 - update
Other: ESG-CV	Other: ESG-CV	N/A	$2,979,043 - update

Table 3 - Resources Made Available

Narrative

The total amount of funds expended in PY20 includes resources made available from prior years.

Identify the geographic distribution and location of investments

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description
BERKELEY	100	100	

Table 4 – Identify the geographic distribution and location of investments

Leveraging

Explain how federal funds leveraged additional resources (private, state and local funds), including a description of how matching requirements were satisfied, as well as how any publicly owned land or property located within the jurisdiction that were used to address the needs identified in the plan.

In addition to leveraging at the individual agency level, the City has historically matched the investment of CDBG, HOME, and ESG

dollars with the investment of General Funds. In PY22, Berkeley invested a total of nearly $20 - update million in community agency contracts, with approximately 36% - update of the funding for community agency programs coming from General Funds.

- Over $8.5 million - update were federal funds, including Community Services Block Grant (CSBG).
- Approximately $7.4 - update million were City General Funds
- More than $10.5 million - update came from other state and local sources
- Few if any agencies are largely dependent on City, CDBG, ESG or HOME funding to maintain their operations. Most agencies providing community services are nonprofit organizations, which raise funds from a variety of sources including individual donations, foundation grants, and other governmental sources of funds, besides those allocated by the City of Berkeley. Each application for City funding requires both an agency and a program budget, so that the diversification of funding sources and leveraging can be evaluated.
- In PY 2022, CDBG-, and ESG- funded community agencies reported a total of $XXXXXX in reported leveraged funds for their CDBG and ESG funded programs. No HOME funded community agencies reported leverage funding for their HOME funded projects. a total of $UPDATE in leveraged funding. HOME funded projects

69

The City has long-term leases of City-owned property with nonprofit organizations that address the needs of people who are homeless in Berkeley. Programs operating in leased City-owned properties include:

- Dorothy Day House Emergency Storm Shelter;
- Dorothy Day House Veteran's Building Shelter;
- Dorothy Day House Berkeley Community Resource Center;
- BOSS' Harrison House Shelter for Homeless men, women and families;
- BOSS' Sankofa House Shelter for homeless families;
- BACS' STAIR Center – navigation center, including a 45-bed emergency shelter for homeless adults;
- Women's Daytime Drop-In Center – a homeless daytime center for women and children; and
- Women's Daytime Drop-In Center's Bridget House – transitional housing for homeless families.

The City met the dollar-for-dollar match requirements for the ESG program by allocating funding to Dorothy Day House Veteran's

Building, Horizon, and Emergency Storm Shelters, totaling $1,976,501 in City Funds in PY2022.

During Federal Fiscal Year 22, the City did not incur any HOME match liability. The City's source of HOME match in Federal FY22 were its expenditures through the Square One program, which is a locally funded housing subsidy program with policies consistent with the HOME program.

At this point, the City has over $9M in surplus HOME match, though a significant portion of that is made up of bond proceeds.

Fiscal Year Summary – HOME Match	
1. Excess match from prior Federal fiscal year	$8,983,793.52
2. Match contributed during current Federal fiscal year	$72,341
3. Total match available for current Federal fiscal year (Line 1 plus Line 2)	$9,056,134.52
4. Match liability for current Federal fiscal year	$0
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	$9,056,134.52

Table 5 – Fiscal Year Summary - HOME Match Report

Match Contribution for the Federal Fiscal Year								
Project No. or Other ID	**Date of Contribution**	**Cash (non-Federal sources)**	**Foregone Taxes, Fees, Charges**	**Appraised Land/Real Property**	**Required Infrastructure**	**Site Preparation, Construction Materials, Donated labor**	**Bond Financing**	**Total Match**
Square One	6/30/2022	$72,341	$0	$0	$0	$0	$0	$72,341

Table 6 – Match Contribution for the Federal Fiscal Year

Program Income – Enter the program amounts for the reporting period - update				
Balance on hand at beginning of reporting period $	**Amount received during reporting period $**	**Total amount expended during reporting period $**	**Amount expended for TBRA $**	**Balance on hand at end of reporting period $**
$593,321	$82,882	$467,334	$0	$206,869

Table 7 – Program Income

71

Minority Business Enterprises and Women Business Enterprises Report - update

Indicate the number and dollar value of contracts for HOME projects completed during the reporting period

	Total	Minority Business Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Contracts						
Dollar Amount	0	0	0	0	0	0
Number	0	0	0	0	0	0
Sub-Contracts						
Number	0	0	0	0	0	0
Dollar Amount	$0		$0	$0	$0	$0

	Total	Women Business Enterprises	Male
Contracts			
Dollar Amount	0	0	0
Number	0	0	0
Sub-Contracts			
Number	0	0	0
Dollar Amount	$0	$0	$0

Table 8 - Minority Business and Women Business Enterprises

Minority Owners of Rental Property – Indicate the number of HOME assisted rental property owners and the total amount of HOME funds in these rental properties assisted

	Total	Minority Property Owners				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0

Table 9 – Minority Owners of Rental Property

Relocation and Real Property Acquisition – Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition		
Parcels Acquired	0	0
Businesses Displaced	0	0
Nonprofit Organizations Displaced	0	0
Households Temporarily Relocated, not Displaced	0	0

Households Displaced	Total	Minority Property Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Cost	0	0	0	0	0	0

Table 10 – Relocation and Real Property Acquisition

CR-20 - Affordable Housing 91.520(b)

Evaluation of the jurisdiction's progress in providing affordable housing, including the number and types of families served, the number of extremely low-income, low-income, moderate-income, and middle-income persons served.

	One-Year Goal	Actual
Number of Homeless households to be provided affordable housing units	0	65
Number of Non-Homeless households to be provided affordable housing units	3	120
Number of Special-Needs households to be provided affordable housing units	0	0
Total	**3**	**185**

Table 11 – Number of Households

	One-Year Goal	Actual
Number of households supported through Rental Assistance	0	
Number of households supported through the Production of New Units	4/17	4/17
Number of households supported through Rehab of Existing Units	88	16

	One-Year Goal	Actual
Number of households supported through Acquisition of Existing Units	0	0
Total	**438**	**406**

Table 12 – Number of Households Supported

Numbers in Table 12 represent households served through affordable housing development/rehabilitation and the City's Single Family rehabilitation program which included homeowners and rental rehabilitation. In addition to the above CDBG and HOME supported affordable housing programs the City supported Rental Assistance through, ESG, ESG-CV and CDBG-CV in PY20. ESG and ESG-CV supported UPDATE households and CDBG-CV supported UPDATE households with rental assistance surpassing our goal of 350 households served with rental assistance.

Discuss the difference between goals and outcomes and problems encountered in meeting these goals.

With the completion of five new construction and renovation projects in PY22, including Jordan Court and its 17 HOME-assisted units, the City has met its goal to support 3-4 federally-funded new construction units this program year.

As reported in last year's CAPER, the City has encountered challenges in using HOME funds for rehabilitation, particularly in finding a project than can satisfy all of the HOME criteria, including rent levels, rehabilitation scope, and organizational capacity, to manage federal funds. As in years past, availability of low-cost funds for development and site acquisition within a built-up city, were challenges to new housing construction. This program year brought the added challenge of the COVID-19 pandemic, which disrupted work routines for many organizations.

In PY22, the City completed 5 projects that created 177 new units, 44 shelter beds, and 8 newly renovated units to low-income Berkeley residents. The City continues to support an additional 17 active projects in its pipeline The renovation activities include projects converting from market-rate to affordable, and the preservation of the City's existing affordable housing portfolio.

Due to two local ballot measures (U1 in 2016 and O in 2018), the City has more local funds available than ever before to support affordable housing activities. The City is currently funding 17 projects in its affordable housing pipeline that are in various stages of development. These projects are anticipated to create 969 new homes and renovate 205 existing units. The City has provided most of these projects with local predevelopment loans to support early-stage activities and expects the investments will pay off in the coming years, as more projects are completed.

Discuss how these outcomes will impact future annual action plans.

Berkeley's City Council has frequently expressed concern about the housing crisis and demonstrated commitment to addressing it through their support of various programs and City actions. Staff expect that future annual action plans will continue to reflect a strong local commitment to housing affordability. Since HOME funds are not available at a level that can fully fund new construction or rehabilitation, the City will continue to use HOME funds in combination with local funds. Two aspects of the HOME program combine to limit the use of HOME funds to Community Housing Development Organization (CHDO)-sponsored projects:

- The City must use 15% of the HOME allocation for a CHDO-sponsored project.
- 15% of the HOME allocation (and actually even 100% of the HOME allocation) is not enough to fully fund the local portion of a housing development.

Therefore, the City must limit the use of HOME funds to CHDOs, or risk forfeiting the CHDO portion. Fortunately, the City has certified two CHDOs and the commitment deadline for recent HOME funds was extended.

The City expects to exceed its Consolidated Plan goals for affordable housing units supported with HOME funds through its support for the Grinnell / Blake Apartments project, which will include 7-HOME assisted units.

Include the number of extremely low-income, low-income, and moderate-income persons served by each activity where information on income by family size is required to determine the eligibility of the activity.

Number of Households Served	CDBG Actual	HOME Actual
Extremely Low-income	38	9
Low-income	17	8
Moderate-income	22	0
Total	**77**	**17**

Table 13 – Number of Households Served

The numbers in Table 13 represent households served through the City's Single Family Rehabilitation program, and Multi-Family rehabilitation projects, and HOME funded multi-family developments.

The City's goal for PY22 was to create 3-4 new federally funded affordable housing units. This is an average of units created by the Jordan Court project over the Consolidated Plan period. As noted above, Jordan Court has 17 HOME-Assisted units, and was completed in PY22. Jordan Court has 34 restricted affordable units (all rental), and will serve 7 households at 20% AMI, 5 at 30% AMI, 11 at 50% AMI, and 11 at 60% AMI. In addition, the Grinnell / Blake Apartments project will create 63 restricted affordable rental units serving extremely low-income and low-income households, seven of which will be HOME-assisted. 12 of the units will serve people with an intellectual or developmental disability.

The City continues to make progress on producing on critically needed affordable rental housing for extremely-low and low-income households through its non-federally funded Housing Trust Fund projects, most of which address worst case housing needs. For instance, three of the projects are located in South Berkeley, an area that continues to face gentrification pressures, and will help serve community members who have been involuntarily displaced and extremely low-income renters. Two of the projects, Supportive Housing in People's Park and Berkeley Way Hope Center, are creating over 172 units of permanent supportive housing and 44 shelter beds for people experiencing homelessness.

Three of City-funded projects mentioned above – Berkeley Way, Jordan Court, and Maudelle Miller Shirek - are creating a combined total of 40 No Place Like Home units for formerly homeless households with mental illnesses. No Place Like Home is a program funded through the California Housing and Community Development Department (HCD) and assists Berkeley in serving "worst case needs" serving homeless persons with a mental illness/disability. In addition to the restricted units, the program requires a commitment of services (including case management) to support the residents.

In order to produce more rental housing for moderate income households, the City is working with Berkeley Unified School District and their development team on an educator housing project that would include units available to households earning up to 120% AMI. The project is in predevelopment and received its entitlements in PY22.

At present, Berkeley does not have a homeownership program outside of the City's Senior and Disabled (Home) Rehabilitation Loan Program and Single Family Rehabilitation (SFR) programming which is carried out by contracted community agencies to serve homeowners and renters whose annual gross households' income is below 80% AMI. As part of the City's SFR portfolio, the City continues to contract with the Center for Independent Living to provide ADA access improvements to homeowners and renters' housing units and Habitat for Humanity East Bay/Silicon Valley to provide housing rehabilitation repairs. While small construction activities resumed many SFR programs continue to face various obstacles in completing all their active SFR projects due to higher construction costs, increased materials costs, and contractor availability. Additionally, in regards to homeowners, the City's Housing Trust Fund program can fund limited equity and non-equity cooperative projects. Stuart Street Apartments, a major renovation of 8 vacant units, was completed in PY22. The project will operate as a non-equity cooperative serving households earning up to 80% AMI. The City also reserved predevelopment funding in PY22 to Woolsey Gardens, which will provide 65 units of permanently affordable homeownership units for low and moderate-income households.

CR-25 - Homeless and Other Special Needs 91.220(d, e); 91.320(d, e); 91.520(c)

Evaluate the jurisdiction's progress in meeting its specific objectives for reducing and ending homelessness through:

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The City of Berkeley continues to participate in the Alameda County Continuum of Care. In PY21, the City endorsed the Alameda County Home Together 2026 Implementation Plan, which quantifies the amount of funding needed to add sufficient interim housing, permanent housing and homelessness prevention resources. Berkeley participants are deeply involved in Everyone Home's implementation: City staff and Berkeley-based housing developers, service providers and community members serve on the Leadership Board and multiple committees. Also, in PY21, the City endorsed the All Home CA Regional Action Plan on Homelessness which also supports increases in interim housing, permanent housing and homelessness prevention resources.

Both North County HRC/APs conduct assessments and prioritize people with longer lengths of homelessness and multiple barriers for a variety of services funded by the City of Berkeley including housing navigation, shelter, transitional housing, permanent supportive housing, and case management tied to permanent housing, rapid re-housing, SSI advocacy and other services. The HRC also conducts focused outreach to people living on the streets, parks and in encampments throughout Berkeley, in order to conduct assessments and help with linkages to available services in the community. In PY22, the BACS HRC served 375 unhoused people.

Addressing the emergency shelter and transitional housing needs of homeless persons

Emergency homeless services and transitional housing programs continued to be impacted due to the COVID-19 pandemic. In PY22, shelters in Berkeley continued to follow COVID-19 protocols outlined by the City's Health Officer: 1) Reduced shelter capacity to maintain 6' physical distancing (See below table); 2) Mandatory mask wearing; 3) Enhanced and increased frequency of cleaning and disinfection of facility; 4) Minimum daily symptom checks and recording, including every time someone enters the building; 5) and Compliance with COVID-19 Shelter Response Plan. The City funded shelters to maintain 24/7 operations initiated after the March 2020 Shelter-In-Place Order was issued. The City continued to work closely with County agencies to support emergency shelters and transitional housing programs. The City funded temporary emergency shelter project, comprised of 12 non-congregate trailers and a four-bedroom house, continued to operate. The City's new non-congregate interim shelter continued to operate using California State Encampment Resolution Grant funding. This program enrolled 42 new

households who were living on the streets in Berkeley.

The City funded two winter shelter programs. One program operated 24/7 and opened on October 4, 2022, almost two months earlier than usual opening date and closed on April 15, 2023. This shelter served 39 unduplicated people. The other shelter was an inclement weather shelter and was open for an unpresented 127 nights and provided 5,733 bed nights – keeping 440 unduplicated individuals dry and warm.

The City continued to provide COVID-19 testing kits personal protective equipment, cleaning supplies, and COVID-19 education, to shelters and transitional programs. The City's Public Health Division continued to host vaccines clinics at all Berkeley shelters and gift cards were offered as incentives. The City continued to fund porta-potties and handwashing stations where people congregate and sleep, and a mobile shower and laundry services at three locations weekly.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); and, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

The City's anti-poverty strategy continues to be closely tied to the funding of approximately 50 community agencies to provide services to enable people in poverty to attain self-sufficiency, support at-risk youth to succeed in school and graduate, and protect the health and safety of low-income people. Services are targeted toward people with disabilities, child care for working parents, and job seekers.

In PY22, the City continued to use federal funds for homeless services at the Bay Area Community Services CES Housing Resource Center (HRC) and Berkeley Food and Housing Project's Men's Overnight Shelter. With local funds, the City funded a large number of community agencies that serve Berkeley's poorest residents, and who represent other key components of Berkeley's overall anti-poverty strategy for health care, disabled services, senior and youth services, and workforce development. These services are in addition to the array of homeless services described in the CAPER.

Additionally, in PY22, the City allocated over $1,250,000 in local funds and continued to spenddown the $1.8 million in CDBG-CV allocated in FY20 for housing retention financial assistance to support low-income households from being displaced.

Most systems that discharge people who may be at risk of homelessness are county-administered systems. Therefore, the City of Berkeley does not have a stand-alone discharge policy, but rather abides

by the Alameda County discharge policy that is reported on annually in our countywide Continuum of Care application through Everyone Home. The ESG funds received by the City in PY22 did not fund any specific discharge coordination activities, but all homeless agencies work with the mainstream systems such as the Foster Care, Health Care, Mental Health and Corrections, as needed.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

The two North County HRCs/Access Points, operated by BACS and WDDIC conducted CES intakes and assessments, which prioritize people who are homeless for resources that best meet their needs, including rapid re-housing placements and placement on the County's Permanent Supportive Housing (PSH) registry, HomeStretch. In both cases, the goal is to rapidly re-house households and support them for as long as retention services are needed and allowed.

The City's Shelter Plus Care programs fills all of its openings through HomeStretch. When an opening occurs, Home Stretch prioritizes unhoused people based on chronicity, need and date of referral, and provides participant information to the City of Berkeley, to be matched with a partner service agency that will provide case management and housing stabilization support. The case manager will support the participant to obtain and retain their housing, although services are not required in order to qualify for the rental assistance. Along the way, case managers work with participants to address issues that may have contributed to their housing instability or present obstacles to obtaining rental housing (such as poor credit, a lack of income, missing documents like a picture ID, outstanding legal issues, etc.).

- In PY20, Berkeley's Health, Housing and Community Services (HHCS) Department administered two (formerly five grants, which have been consolidated to two) Permanent Supportive Housing (PSH) programs serving primarily people who are chronically homeless. **The Shelter Plus Care COACH grant**, with 86 Shelter Plus Care certificates, targets people who are chronically homeless. The program combines the federal housing subsidy with services provided by Berkeley Mental Health, Berkeley Case Management and Lifelong Medical Care.
- **The Supportive Housing Collaborative (SHC) Project** is the newly consolidated grant [formerly four grants) and provides a mixture of site based and scattered site housing opportunities. The SHC Project supplies 166 Shelter Plus Care Certificates. These certificates of participation all the program to provide rental subsidy support to unhoused population in the Northern Alameda County, who are chronically homeless and permanently disabled.
- **The Square One (SQ1) program** leverages City of Berkeley's general funds to create a locally funded housing subsidy. Due to the nature of the funding source, the program is able to provide housing support to the unhoused population that may be otherwise ineligible to qualify for HUD based funding sources. Although, enrollments are still being coordinated through Home Stretch.

The above mentioned programs all aim to include prioritization for people who have the longest lengths of homelessness and the highest needs. It then connects these participants to Housing Navigators, to help support their application to Home Stretch and ultimate housing placement, as units become available.

CR-30 - Public Housing 91.220(h);

Actions taken to address the needs of public housing

Berkeley Housing Authority Programs: : In FY 22-23, BHA assisted an average of 1,657 households (serving approximately 2,797people) to households in Berkeley, 82 of which were issued to new participants. The voucher recipients were pulled from the BHA tenant-based and project-based waitlists, port-ins from other jurisdictions, and were referred to BHA from partners, the Mainstream Voucher Program, the Emergency Housing Voucher Program (EHV) and the Veterans Affairs Supportive Housing Program (VASH).

Housing Choice (tenant-based) Voucher Program: Applicants from the tenant-based waitlist are screened for eligibility, invited to attend a briefing (orientation), via Zoom and are issued a voucher. Voucher holders then identify their own unit, which is inspected for adherence to Housing Quality Standards inspections protocol, prior to move in.

Project-based Voucher Program: The last allocation/award occurred in May 2023 in which BHA awarded 59 project-based vouchers to three projects, two of which are new construction projects, and one rehabilitation project. The units will house various populations, including: people who are homeless, seniors, 20% or less poverty rate and individual fleeing domestic violence. The projects are: Ephesian Legacy Court, St. Paul Terrace and Northern California Land Trust.

Non-Elderly Disabled (NED) Mainstream Voucher Program: In January 2023, HUD awarded an additional 30 NED Mainstream Vouchers to BHA, increasing the total number to 121, from 90. The vouchers serve people who are homeless, at-risk of being homeless, disabled, people who are at risk of being institutionalized, and people exiting an institution. Sixty-eight of the vouchers were prioritized for people who were homeless in Berkeley. BHA has leased up 81 of the 121 Mainstream Vouchers; 21

have been issued MS vouchers and are searching for a unit; and is processing referrals for 13 applicants. The program is a partnership between the City of Berkeley Housing and Community Services Department, the North County Coordinated Entry System, operated by Bay Area Community Services and the Women's Daytime Drop in Center shelter.

VASH Program: Partnering with the Veterans Administration, HUD made additional allocations to BHA to house homeless veterans. BHA currently has 40 VASH vouchers, 36 of which are leased up currently.

Emergency Housing Voucher Program (EHV): 51 vouchers were awarded to BHA. Of the referrals, 42 formerly homeless are now have leased up in Berkeley and in other jurisdiction via portability; 3 have participated in a briefing and in receipt of their vouchers; and 2 referrals have been received and will be schedule for a briefing

Family Self-Sufficiency (FSS) Program: BHA had 26 participants in the program in PY21. Five of the participants met their goals and successfully graduated from the program and 15 were earning escrow. To earn escrow, participants must increase their income after starting the FSS program. After earning escrow, participants receive funds that amount to the same increase in their income, as matching funds. The participants can use these matching funds, which are set aside in an escrow account, if they graduate from the program within 5 years and are no longer receiving TANF assistance. In PY 2022, one participant was approved for a one-year extension to their FSS contract, while two participant's contracts expired and were removed from the program.

Actions taken to encourage public housing residents to become more involved in management and participate in homeownership

BHA no longer owns public housing units. They were disposed of/sold, rehabilitated, and transitioned to project-based voucher units in 2014. BHA does not operate a homeownership program. BHA does operate a Family Self-Sufficiency Program that encourages homeownership and is only available to people who hold Section 8 vouchers (see above).

Actions taken to provide assistance to troubled PHAs

Eleventh consecutive year High performer in the S8 Voucher Program under HUD's annual "Section 8 Management Assessment" (SEMAP). Note: due to the pandemic, there was no SEMAP submission in 2021, or 2022.

Move-To-Work (MTW): In FY 21-23, BHA was one of the 29 PHA's selected in the Landlord Incentive Cohort of HUD's MTW Program expansion. Under this Cohort, BHA will be able to exercise certain waivers and flexibilities to encourage landlords to participate in the Section 8 program.

Actions taken to encourage public housing residents to become more involved in management and participate in homeownership

BHA no longer owns public housing units. They were disposed of/sold, rehabilitated, and transitioned to project-based voucher units in 2014. BHA does not operate a homeownership program. BHA does operate a Family Self-Sufficiency Program that encourages homeownership and is only available to people who hold Section 8 vouchers or are residents of public housing (see above).

CR-35 - Other Actions 91.220(j)-(k);

Actions taken to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment. 91.220 (j);

The City continued to enforce its Affordable Housing Mitigation Fee, Inclusionary Housing, and Condo Conversion ordinances to protect and increase affordable housing opportunities in Berkeley. In PY22, the City entitled the Ephesian Legacy Court project under the State of California law known as SB35, which streamlines the land use approval process for certain residential developments which have, among other things, at least 50% affordable housing. The City also entitled the Berkeley Unified School District Workforce Housing project in PY22.

Actions taken to address obstacles to meeting underserved needs. 91.220(k);

In PY22, the City completed 5 projects that created 177 new units, 44 shelter beds, and 8 newly renovated units to low-income Berkeley residents. The City continues to support an additional 17 active projects in its pipeline that are anticipated to create 969 new homes and renovate 205 existing units. The renovation activities include projects converting from market-rate to affordable, and the preservation of the City's existing affordable housing portfolio.

In PY22, the City of Berkeley committed $1,750,000 in local funds to leverage the remaining $72,117 in CDGB-CV to provide 257 households with Housing Retention Grants.

Actions taken to reduce lead-based paint hazards. 91.220(k);

The City of Berkeley Childhood Lead Poisoning Prevention Program collaborates with the City of Berkeley Environmental Health Division and the Alameda County Healthy Homes Department's Lead Poisoning Prevention Program. The Alameda County Lead Poisoning Prevention Program also has a HUD Lead Hazard Control grant to remediate lead hazards. Berkeley residents are eligible to apply for grants in this program, to receive funding for lead hazard repairs.

Berkeley's program also provides case management services to families with children who have elevated blood lead levels. If the child is found to have one venous blood lead level at or above 14.5 mcg/dL, (or persistent BLLs at or above 9.5 mcg/ dL taken at least 30 days apart & with 2nd testing being venous, then child meets state definition for lead poisoning. All cases – as well as potential cases (single BLL 9.5-14.4 mcg/dL) – receive case management from a Public Health Nurse. Between July 1, 2021-June 30, 2022, a Public Health Nurse provided case management services to a total of eleven (11) potential cases and two (2) basic cases (4.5-9.4 mcg/dL). There were no state cases.

Actions taken to reduce the number of poverty-level families. 91.220(k);

- Continued the City's **First Source local hiring policy** and worked closely with local workforce development programs to coordinate outreach to potential employers and to low-income, at-risk residents to ensure access to employment opportunities on publicly funded projects.
- Continued to implement the **Community Workforce Agreement** (CWA) ordinance in partnership with the Alameda County Building and Construction Trades Council. Participants in the city funded Rising Sun Center for Opportunity pre-apprenticeship training program received coaching and career exploration support from the building trades. The program continues efforts to increase the number of women in the building and construction trades by providing training to women-only cohorts. In January 2021, the CWA was extended through June 2023 and includes a local hire goal of 20% of total craft hours for city-funded capital improvements projects of $500,000 or more.
- The **YouthWorks Employment Program** provided career readiness activities, addressing youth unemployment, crime and poverty, by teaching fundamental life (e.g., financial Literacy, interpersonal skills, etc.) and workplace skills, to help youth explore, prepare for, transition, and ultimately succeed in the world of work. Youth were placed in paid, temporary jobs with local community agencies and in City departments during the summer and after-school programs per length of respective seasonal placement cycle. Transition Age Youth participated in the Extended Program which helps older youth continue to earn income for up to 6 months while continuing their academic and vocational pursuits.
- Continued to focus on communities of color, youth experiencing socio-economic and educational barriers and at-risk transition age youth (including homeless youth) for internships, job training and employment opportunities.
- The City of Berkeley's **Minimum Wage Ordinance (MWO)** increased to $16.99 in PY22 (effective July 1, 2022).
- The City of Berkeley's **Living Wage Ordinance (LWO)** applies to employers contracted to provide goods and services to the city and the wage rate requirement increased from $19.67 to $20.30 (effective July 1, 2022).
- The City of Berkeley's **Paid Sick Leave Ordinance (PLSO)** provides workers in Berkeley with higher paid sick leave accrual limits as compared to the state law and allows workers to receive more take home pay when they are not able to work due to injury, illness or preventative

measures for themselves or family members that they care for. Paid Sick Leave can also be utilized for "safe time" for workers affected by domestic violence.

- The City of **Berkeley Family Friendly and Environment Friendly Ordinance (BFFEFWO)** allows workers to seek a flexible or alternative work arrangements with their employer to accommodate needs such as child or elder care as well as consideration for a modified schedule to reduce environmental impacts associated with traveling to and from work.
- The City of Berkeley continued to serve as the backbone for **Berkeley's Youth Equity Partnership (YEP)** (formerly known as **Berkeley's 2020 Vision)**, a communitywide initiative that strives to advance the academic, social and physical wellbeing of African American/Black and Latinx young people living in Berkeley and/or enrolled in Berkeley public schools. In the past year, YEP has undergone a rebranding effort with a central focus on placing African American/Black and Latinx young people at the center of this initiative. To that end, a team of Black and Brown high school and community college students led a design process to create YEP's new youth-friendly logo. This fall YEP will launch its next cycle of ~1.7 million in community agency contracts to support the success of African American/Black and Latinx young people in Berkeley. For the first time, we are establishing an application review panel consisting of Black and Brown youth to make funding award recommendations to Berkeley City Council.

Actions taken to develop institutional structure. 91.220(k);

In PY22, the seven divisions of Berkeley's Department of Health, Housing & Community Services' (HHCS) continue to closely collaborate on the planning and delivery of services to Berkeley's low-income residents. It also holds monthly coordinating meetings with the Planning Department and staff continue to work with staff of other public agencies, such as the Berkeley Housing Authority and the Berkeley Rent Stabilization Board, as topics of mutual interest arise.

Most of the housing and community services programs described in the Consolidated Plan are delivered by nonprofit community-based organizations. In PY 2022, the City contracted with a wide range of housing and service providers using CDBG, HOME, ESG, Community Services Block Grant (CSBG), General Fund, and other sources of funding. These organizations leverage significant financial and in-kind support from individual community members, foundations, and private organizations that help meet the needs identified in this plan.

In PY 2022, staff met regularly with staff of agencies in other Alameda County jurisdictions on the Everyone Home Leadership Board and in a variety of committees working to implement the Everyone Home Plan. Agencies routinely consulted include:

- Alameda County Housing and Community Development Department.
- Alameda County Office of Homeless Care and Coordination
- Everyone Home.

- City of Oakland Department of Human Services.
- Alameda County Social Services Agency.
- Alameda County Behavioral Health Care Services.
- City of Emeryville
- City of Albany

Berkeley's 2020 Vision continues furthering partnerships with the Berkeley Unified School District, Berkeley City College, University of California at Berkeley, and other community partners to achieve equitable outcomes for African American and Latinx students enrolled in Berkeley's public schools. The City has established closer and smoother working relationships with these organizations as a result of coordinated work during COVID-19, which may contribute to even more effective partnerships as the initiative continues with our efforts toward achieving educational equity for Berkeley children and youth.

Actions taken to enhance coordination between public and private housing and social service agencies. 91.220(k);

City staff continued to work with Everyone Home, which spearheaded Alameda County's Continuum of Care in PY22. Staff continued to participate in the County's Home Stretch implementation efforts, which was moved to Alameda County's Office of Homeless Care and Coordination. Alameda County

has more than 4,000 units of Permanent Supportive Housing (PSH) for formerly homeless people, comprised of Shelter Plus Care and other tenant-based vouchers to be used in the private market and site-based units
operated by affordable housing developers. Home Stretch is Alameda County's strategy to prioritize PSH opportunities to homeless and disabled people with the highest needs in order to maximize the impact PSH can have in ending homelessness. Home Stretch has established a county-wide housing queue of people who are homeless and disabled, and a centralized process for linking high need individuals and households with PSH opportunities. In addition, Home Stretch will include housing navigation
services for people prioritized for PSH in order to provide a supportive process that includes assistance obtaining necessary.

Identify actions taken to overcome the effects of any impediments identified in the jurisdiction's analysis of impediments to fair housing choice. 91.520(a)

During PY22, the City affirmatively furthered fair housing by:

- Funding the community agency Eden Housing for Hope and Opportunity (ECHO) to provide fair housing outreach and education;

- Continuing to require all City-funded affordable housing developments to create and implement affirmative marketing plans;
- Funding support programs, which increase opportunities for people with disabilities to live in a way that is integrated into the community;
- Continuing to provide housing and community services planning notifications in English, Spanish, and Chinese based on past evaluation of language needs; and
- Continuing to encourage the use of universal design in Housing Trust Fund, by retaining discussion of universal design in the HTF guidelines.

In PY22, ECHO provided fair housing services to 80 Berkeley tenants. ECHO opened the following discriminatory investigations for 67 households: 2 Age, 17 Disability, 1 Familial Status, 1 Marital Status, 14 National Origin, 3 Source of Income, 4 Race, and 25 Others.

ECHO's Fair Housing Counselor completed a systemic audit of 10 residential rental sites in the City of Berkeley. The results are being analyzed, and the report was published in September 2021. In addition, ECHO had nine outreach events including four Regional Fair Housing Trainings with 87 Berkeley residents, service providers, and members of the housing industry that serve Berkeley. Additionally, ECHO distributed 2,473 flyers, and gave interviews on KPFA and KCBS Radio stations.

Much of ECHO's outreach efforts have been halted due to the pandemic related to COVID-19. Prior to the pandemic, ECHO conducted door-to-door canvassing efforts in high density multifamily properties, to increase visibility and provide direct education to tenants. As a result of the pandemic, all Fair Housing training and workshops to Berkeley residents have been Zoom-based. ECHO is committed to continuing online workshops, but anticipates that traditional outreach efforts will resume once the pandemic is over.

CR-40 - Monitoring 91.220 and 91.230

Evaluate the juridiction's progress in meeting its specific objectives for reducing and ending homelessness through:

Describe the standards and procedures used to monitor activities carried out in furtherance of the plan and used to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

City staff monitor approximately 50 community agency services contracts. Contracts include CDBG, CSBG, ESG, and General Funds. The City requires outcome reporting for all agency contracts, and both staff and citizen commissions draw on performance outcomes during the RFP process to make funding recommendations to City Council. Monitoring staff review and invoices, program and expense reports on a quarterly basis. On-site monitoring visit frequency is determined by an Agency Risk Assessment tool based on type and amount of funding, and concerns related to program delivery or fiscal and accounting systems. On-site monitoring occurs a minimum of once per contract cycle, but were placed on hold

during COVID-19. Full monitoring will resume in PY21 and will be conducted both remotely and on-site as needed. Monitoring staff works with the agencies to resolve findings or other problems that may keep an organization from meeting its contractual obligations.

The City's community facility contracts with agencies, passes on all obligated federal requirements. Staff supplies Wage Decisions at bid notice, reviews bid language, general contractor selection, contracts between the agency and the contractor, to ensure that all local and federal requirements are passed on; holds pre-construction conferences to review all federal requirements and solicit information related to subcontractors, salaries and wages and timeline to makes site visits to monitor performance, and interview workers using Record of Employee Interview form (HUD 11) required for Davis Bacon monitoring.

(City staff monitors affordable housing developments funded by the Housing Trust Fund (HTF) to ensure ongoing compliance with federal regulations under HOME and CDBG, and other local requirements. The City's HTF Program pools funds from various sources including: HOME, CDBG, affordable housing mitigation fees, commercial linkage fees, and condominium conversion fees. The City provides loans to qualified nonprofit developers, and incorporates federal and local requirements into deed restrictions.

City staff also monitors the City's below market rate (BMR) program to ensure property owners are in compliance with the City's BMR affordability requirements. The BMR program provides deed restricted affordable units within residential market rate rental housing developments. The City monitors an affordable housing portfolio consisting of 56 HTF rental properties and 46 BMR rental properties. Of the 56 HTF properties, 18 are HOME-assisted projects within an active HOME compliance period. The City is involved in monitoring funded developments during construction as described in the 2020-2025 Consolidated Plan. Individual projects require varying degrees of City staff involvement depending upon the following variables: project size; complexity of the construction activity; type of sponsor, and subrecipient development expertise and process. If a subrecipient or developer/owner is new or is inexperienced with construction management, the City staff may play a substantive role in managing its initial construction activities. City staff involvement in the construction process can be intensive, moderate, or minimal. The level selected depends on how much responsibility the City staff relinquishes to the property developer/owner, Subrecipient, and/or general contractor.

PY22 Housing Monitoring Accomplishments:

In PY21 and PY22, staff resumed in-person, on-site monitoring visits which consists of a Desk Review (meeting with the Property site staff and review of a sample of tenant files) and Physical Inspection of a sample of units and common areas. In PY 22, HTF staff prioritized completing on-site monitoring visits for 4 HOME-assisted projects, which were originally scheduled for PY21. By the end of PY22, a total of 18 on-site monitoring visits were completed including the aforementioned 4-HOME assisted properties and 14 non-HOME assisted projects in the HTF portfolio. Staff observed various levels of deferred

maintenance that were not addressed during the pandemic when most properties postponed routine inspections. The majority of the properties are back on track and have started to implement annual unit inspections and are once again scheduling deferred maintenance that have been placed on hold during 2021 and the early part of 2022. All properties in the HTF portfolio are required to submit annual compliance reports, including financial information, updated occupancy information and a narrative report on physical conditions and planned improvements. Since the annual reporting is completed through the City's on-line reporting system, the properties continued to submit the annual reports which allowed staff to stay connected property owners and on-site management staff.

PY22 Construction monitoring accomplishments: In PY22, the City reviewed monthly reports from a third-party construction monitor for Blake Apartments/ The Grinnell during construction. Construction on Blake Apartments/The Grinnell commenced in August 2022.

Citizen Participation Plan 91.105(d); 91.115(d)

Describe the efforts to provide citizens with reasonable notice and an opportunity to comment on performance reports.

In compliance with the City's Citizen Participation Plan dated September 15, 2020, the City made the Draft CAPER available for public comment prior to its submission on September 28,2023. On September 9, 2022, the City published its notice making the draft CAPER available for public comment. The notice was published in the Berkeley Voice, a local, print and online publication, and the public comment period was from September 9, 2022 through September 26, 2022. The draft CAPER was made available on the City's website: https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports, at the City of Berkeley's Health, Housing and Community Services Department offices at 2180 Milvia Street, Berkeley, 2nd Floor, at the City of Berkeley's Health, Housing and Community Services Department offices, and at Berkeley's Public Library Reference Desk, 2090 Kittredge Street, 2nd Floor.

The draft CAPER was shared with the Housing Advisory Commission on September 7, 2023.

CR-45 - CDBG 91.520(c)

Specify the nature of, and reasons for, any changes in the jurisdiction's program objectives and indications of how the jurisdiction would change its programs as a result of its experiences.

N/A

Does this Jurisdiction have any open Brownfields Economic Development Initiative (BEDI) grants?

No.

CR-50 - HOME 91.520(d)

Include the results of on-site inspections of affordable rental housing assisted under the program to determine compliance with housing codes and other applicable regulations

Please list those projects that should have been inspected on-site this program year based upon the schedule in §92.504(d). Indicate which of these were inspected and a summary of issues that were detected during the inspection. For those that were not inspected, please indicate the reason and how you will remedy the situation.

In PY 22, HTF staff prioritized completing on-site monitoring visits for 4 HOME-assisted projects, which were originally scheduled for PY21. By the end of PY22, a total of 18 on-site monitoring visits were completed including the aforementioned 4-HOME assisted properties and 14 non-HOME assisted projects in the HTF portfolio. Staff observed various levels of deferred maintenance that were not addressed during the pandemic when most properties postponed routine inspections due to Shelter-in-Place order and COVID-19 health reasons. The majority of the properties are back on track and have started to implement annual unit inspections and are once again scheduling deferred maintenance that have been placed on hold during 2021 and the early part of 2022. All properties in the HTF portfolio are required to submit annual compliance reports, including financial information, updated occupancy information and a narrative report on physical conditions and planned improvements. Since the annual reporting is completed through the City's on-line reporting system, the properties continued to submit the annual reports which allowed staff to stay connected property owners and on-site management staff even when on-site monitoring was temporarily on hold.

In this last round of in-person monitoring visits, staff observed most properties have been consistent about filing all documentation required to evaluate household eligibility and calculate rent. The majority of properties are current with the annual income certifications as required by HUD and other funders, such as TCAC and limited partner investors. As previously reported one property, Savo Island Housing Cooperative, experienced turnover in property management staff in PY21, leading to inconsistencies in maintaining tenant files, including monitoring of tenant eligibility and changes in occupancy. Satellite Affordable Housing Associates (SAHA), a more established and experienced nonprofit housing developer in Berkeley, assumed property management responsibilities at Savo Island in Fall 2022. Staff is working with SAHA to correct the inconsistencies and develop better procedures in the future, and to get an updated annual report for Savo Island.

The majority of the properties suspended routine physical inspection of units during the pandemic and Shelter-in-Place period, and property management limited their inspections and repairs on an as-needed basis. In 2022, most properties have resumed annual unit inspections, and as resources permits, are working steadily on addressing maintenance and capital improvements placed on hold during the pandemic. There are a number of properties that have been slow to resume routine

inspections and/or are behind in filing income certification documentation in the tenant file. These instances are noted in the monitoring follow up report and will be monitored by HTF staff.

On-Site Monitoring Program Year 2022 (July 1, 2022 – June 30, 2023)				
PROJECT NAME	Total HOME Units Inspected	Total Non-HOME (to be inspected)	Physical Inspection Passed (P) / Not Passed (NP) or N/A	Desk Review Passed (P) / Not Passed (NP) / Inconclusive (I) [1]
Harmon Gardens	4	2	P	P
University Neighborhood Apts (UNA)	1	4	P	P
Strawberry Creek Lodge	4	8	P	I
Sacramento Sr Homes	4	2	P	I
Casa Buenos Amigos	0	2	P	P
Haste, 2207	0	2	P	P
Sankofa House	0	2	P	I
McKinley House	0	2	P	I
Allston Commons	0	2	P	I
Prince St	0	2	P	P
Bonita House	0	2	P	P
Channing House	0	2	P	P
Ashby Courts	0	2	P	P
Ashby Studios	0	2	P	P
Rosevine	0	2	P	P
Regent House	0	2	P	P
Ocean View Gardens	0	6	P	P
Helios Corner	0	8	P	P
TOTAL COMPLETED (UNITS)	13	54		

Note 1: On-site Monitoring visits marked as "I" for "Inconclusive" require further documentation or explanation from Property Owner. For the Desk Review portion of the site visit, questions may be related to missed annual income recertifications or lack of documentation of physical inspections. At the time of the writing of this CAPER, the Property Owner responses have not yet been submitted.

Provide an assessment of the jurisdiction's affirmative marketing actions for HOME units. 92.351(b) and 91.520(e)

Berkeley's Housing Trust Fund Guidelines require that HTF recipients undertake affirmative market practices when leasing up their units. These requirements are incorporated directly into the City's Development Loan Agreements that are executed with developers to provide development funding. As part of the annual reporting, HTF recipients are required to submit a copy of their marketing and tenant selection plan if there are changes. The program monitoring staff also reviews the leasing and marketing plans during the on-site monitoring visits.

Refer to IDIS reports to describe the data on the amount and use of program income for projects, including the number of projects and owner and tenant characteristics.

HOME program income in the amount of $139,829.06-update was received in PY2022 and will be allocated to the first HOME eligible development project available.

Describe other actions taken to foster and maintain affordable housing. 91.220(k)

The high cost of homes and rental units in Berkeley has highlighted the need to preserve and create affordable housing. The City continues to dedicate local funds for affordable housing development. As described in previous CAPERs, Berkeley voters passed a $135M housing bond measure in PY18 called Measure O.

In PY22, the City had a total of 17 projects in the housing pipeline. Of those pipeline projects, 9 are new construction and will create 969 new affordable housing opportunities. The pipeline includes four new renovation projects that will create an additional 90 deed-restricted affordable units and four existing projects that will renovate 115 units. Five new construction and renovation projects were completed in PY22, creating 177 units of new affordable housing and 44 shelter beds.

In PY19, City staff issued an RFP for PY20 Community Housing Development Organization (CHDO) funding, and requested from our local HUD office to utilize the COVID-19 waiver on CHDO operating funds so that the City could fund housing organizations at a higher level. The City Council approved contracts of $50,000 each for Resources for Community Development (RCD) and Satellite Affordable Housing Associates (SAHA) for PY20. This total includes $70,000 in HOME funds available under the COVID-19 waiver. In PY21, the total contract amount was $30,000 in HOME funds for RCD and $30,000 in City general funds for SAHA. The City also provided $200,000 in operating support for Bay Area Community Land Trust to support capacity building in PY21.

The City continued to work with Bay Area Community Land Trust (BACLT) on acquisition and rehab projects. Using City funds, BACLT completed the renovation of eight units at 1638 Stuart Street that have been vacant for over 20 years and now provide affordable housing. BACLT also acquired 1685 Solano in

PY21, which it continued to renovate in PY22. 1685 Solano is a 13-unit partially occupied property that will be affordable to households earning up to 80% AMI.

The City of Berkeley received a 2019 Senate Bill 2 Planning Grant from the State, in the amount of $310,000 to focus on preparation, adoption and implementation of zoning regulations that streamline housing approvals, and accelerate housing production at North Berkeley BART and Ashby BART stations. More specifically, funds will be used to develop transit-oriented development (TOD) zoning regulations that facilitate the development of affordable housing. This project was initiated by Jerry Brown signing Assembly Bill 2923, State legislation that requires rezoning of the North Berkeley and Ashby BART parking lots to accommodate high-density, transit-oriented development. Berkeley has until July 1, 2022 to rezone BART's property in conformance with the standards established in AB 2923. The Draft Environmental Impact Report (EIR) for the project is being prepared and will evaluate the impact of up to 1,200 dwelling units at the Ashby BART station and up to 1,200 dwelling units at the North Berkeley BART station. The final EIR and zoning ordinance amendments must be adopted by City Council by the end of the second quarter of 2022, which aligns with the Housing Element schedule.

The City finalized their **Housing Element Update** for the 6th Cycle Regional Housing Needs Allocation, which will serve as the City's housing plan for the next 8 years. The City submitted a draft Housing Element to the State for initial review on August 10, 2022 and met the state deadline for Housing Element adoption and certification by May 2023. The total budget for the 2023-2031 Housing Element Update is $540,000, in addition to staff time. The City has allocated $325,000 in State of California Local Early Action Planning (LEAP) grant funds, $83,506 in non-competitive Regional Early Action Planning (REAP) grant funds, $75,000 in competitive REAP grant funds, and $56,494 in Community Planning Fees towards this effort. The project includes preparation of a programmatic EIR pursuant to California Environmental Quality Act (CEQA) to assess impacts of proposed housing policies and programs in lower density Residential districts and the Southside Area.

The City has just received an award to develop a Specific Plan focused on increased housing opportunities within the City's San Pablo Avenue Priority Development Areas (PDA). The total anticipated budget for the **San Pablo Avenue Specific Plan** is $750,000. The PDA Planning Grant will go entirely towards the completion of that effort. This project must be completed within three years of initiation.

Southside Zoning Ordinance Update: City Council has referred six items to the City Manager supporting increased housing in the Southside Plan Area, recognizing the need for more student housing near campus to alleviate student housing pressure elsewhere in the City. The purpose of this project is to modify development standards near campus to facilitate and streamline housing development. This project will include preparation of a programmatic EIR pursuant to the California Environmental Quality Act (CEQA). The proposed project has the potential add 4,597 new units in the Southside. The Draft EIR is currently being prepared and will guide discussions about zoning modifications. The final EIR and Zoning Ordinance amendments are anticipated to come before City Council by summer 2022, which aligns with the Housing Element update schedule.

Objective Standards: Since 2017, Berkeley has been working towards adoption of objective zoning standards for density, design and shadows. Recommendations from the Joint Subcommittee for the

Implementation of State Housing Laws are under review by City Council. Staff is preparing to begin the second phase of this project, which will evaluate recommendations and bring feasible options to Planning Commission and then City Council for consideration. Ideally this project will be completed by the end of the second quarter of 2022. Advancing this project is a priority and will benefit the Housing Element update, because affordability projections for selected sites are quantified per HCD guidance using objective density standards. Furthermore, as the State legislature considers more legislation for ministerial approval of development projects, objective zoning standards will add more certainty to project outcomes.

Missing Middle / City Council Resolution to Abolish Exclusionary Zoning: City Council has stated via a 2021 Resolution and a 2019 referral, its desire to review, research and consider rezoning of lower density residential districts to allow for more dense housing. This resolution and referral align with the proposed programs in the Housing Element and the Housing Element EIR assess 770 additional units distributed throughout the R-1 and R-1A districts. Staff have presented preliminary development standards to City Council, Planning Commission, and the Zoning Ordinance Revision Project (ZORP) subcommittees, and will present a draft ordinance for Middle Housing to the Planning Commission in Spring 2023 once the final Housing Element Update and final Environmental Impact Report (EIR) are adopted. Upon receiving further direction and recommendation from the Planning Commission, staff will return to the Council with a final recommended zoning ordinance and zoning map changes.

Southside Zoning Ordinance Update: City Council has referred six items to the City Manager supporting increased housing in the Southside Plan Area, recognizing the need for more student housing near campus to alleviate student housing pressure elsewhere in the City. The proposed project has the potential add 1,000 new units in the Southside. Preliminary development standards and map amendments will be presented to City Council at a work session in September 2022. Based on City Council direction, staff will return to the Planning Commission in Fall 2022 with revised development standards for Southside, to be presented in concert with options for a local density bonus methodology. Staff will then return to the ZORP subcommittees in Spring 2023, and then present a draft ordinance to the Planning Commission in Fall 2023. Upon receiving further direction and recommendation from the Planning Commission, staff will return to the Council with a final recommended zoning ordinance and zoning map changes.

Residential Objective Standards: Since 2017, Berkeley has been working towards adoption of objective zoning standards for density, design and shadows. Staff are preparing to begin the second phase of this project, which will evaluate recommendations and bring feasible options to Planning Commission and then City Council for consideration. As part of Phase 2 Residential Objective Standards for Higher Density Residential and Commercial Districts, the Planning Department will consider confirming, modifying or creating objective design and development standards for projects in higher density residential and commercial districts, which may include R-3, R-4, and all C Districts. These policies will provide clarity and predictability for State-streamlined projects (e.g. SB 35, AB 1397) and create a pathway for additional local streamlined projects in order to reduce reliance on the use permit process and non-detriment findings. In addition to staff time, the City has budgeted $350,000 to hire a consultant to assist in the development of objective design standards for higher density residential and commercial districts.

Affordable Housing Requirements: The City has engaged Street Level Advisors to analyze and recommend updates to the City's policies pertaining to affordable housing requirements for new market rate residential developments. The City is exploring transitioning its affordable housing mitigation fee requirements to an inclusionary housing requirement stimulate the development of below market rate units to assist Berkeley to meet its Regional Housing Needs Allocation (RHNA) targets for very-low and

low- income households. It will also provide developers the opportunity to contribute in-lieu fees to support affordable housing development via the City's Housing Trust Fund. City Council conducted a work session on May 18, 2021, to discuss and provide input on draft policy recommendations. The City's Planning Commission and Housing Advisory Commission provided comments and recommendations to the proposed ordinance revisions in Spring 2022. Staff anticipates bringing final recommendations to City Council for consideration in Fall 2022.

CR-60 - ESG 91.520(g) (ESG Recipients only)

ESG Supplement to the CAPER in *e-snaps*

For Paperwork Reduction Act

1. Recipient Information—All Recipients Complete

Basic Grant Information

Recipient Name	BERKELEY
Organizational DUNS Number	076529924
EIN/TIN Number	946000299
Identify the Field Office	SAN FRANCISCO
Identify CoC(s) in which the recipient or subrecipient(s) will provide ESG assistance	Oakland/Alameda County CoC

ESG Contact Name

Prefix	Ms.
First Name	Jennifer
Middle Name	
Last Name	Vasquez
Suffix	
Title	CSSIII, Housing and Community Service Division

ESG Contact Address

Street Address 1	2180 Milvia Street
Street Address 2	0
City	Berkeley
State	CA
ZIP Code	94704
Phone Number	510.981.5400
Extension	0
Fax Number	0
Email Address	jvasquez@cityofberkeley.info

ESG Secondary Contact

Prefix	Mr.
First Name	Joshua
Last Name	Oehler
Suffix	0
Title	Community Development Project Coordinator
Phone Number	510.981.5408

Extension	0
Email Address	joehler@cityofberkeley.info

2. Reporting Period—All Recipients Complete

Program Year Start Date	07/01/2020
Program Year End Date	06/30/2021

3a. Subrecipient Form – Complete one form for each subrecipient - UPDATE

Subrecipient or Contractor Name: Bay Area Community Services **City:** Oakland **State:** CA **Zip Code:** 94609 **DUNS Number:** 073931628 **Is subrecipient a victim services provider:** No **Subrecipient Organization Type:** Other Nonprofit Organization **ESG Subgrant or Contract Award Amount:** $350,612
Subrecipient or Contractor Name: Berkeley Food and Housing Project **City:** Berkeley **State:** CA **Zip Code:** 94703 **DUNS Number:** 363816703 **Is subrecipient a victim services provider:** No **Subrecipient Organization Type:** Other Nonprofit Organization **ESG Subgrant or Contract Award Amount:** $1,785,729
Subrecipient or Contractor Name: Dorothy Day House **City:** Berkeley **State:** CA **Zip Code:** 94712 **DUNS Number:** 054767178 **Is subrecipient a victim services provider:** No **Subrecipient Organization Type:** Other Nonprofit Organization **ESG Subgrant or Contract Award Amount:** $309,595

Subrecipient or Contractor Name: Worldwide Travel Staffing Limited **City:** Tonawanda **State:** NY **Zip Code:** 14150 **DUNS Number:** 085377757 **Is subrecipient a victim services provider:** No **Subrecipient Organization Type:** Other Nonprofit Organization **ESG Subgrant or Contract Award Amount: $** 30,000
Subrecipient or Contractor Name: Alameda County **City:** Hayward **State:** CA **Zip Code:** 94544 **DUNS Number:** 064165053 **Is subrecipient a victim services provider:** No **Subrecipient Organization Type:** Local Jurisdiction **ESG Subgrant or Contract Award Amount: $** 2,100,000

CR-65 - Persons Assisted

4. Persons Served

4a. Complete for Homelessness Prevention Activities - N/A

Number of Persons in Households	Total
Adults	0
Children	0
Don't Know/Refused/Other	0
Missing Information	0
Total	**0**

Table 16 – Household Information for Homeless Prevention Activities

4b. Complete for Rapid Re-housing Activities - STAIR,

Number of Persons in Households	Total
Adults	0
Children	0
Don't Know/Refused/Other	
Missing Information	
Total	**0**

Table 17 – Household Information for Rapid Re-housing Activities

4c. Complete for Shelter - STAIR CENTER,

Number of Persons in Households	Total
Adults	0
Children	0
Don't Know/Refused/Other	0
Missing Information	0
Total	**0**

Table 18 – Shelter Information

4d. Street Outreach - HRC/Stair

Number of Persons in Households	Total
Adults	0
Children	0
Don't Know/Refused/Other	0

Missing Information	0
Total	**0**

Table 19 – Household Information for Street Outreach

4e. Totals for all Persons Served with ESG - ES/RRH/Outreach

Number of Persons in Households	Total
Adults	0
Children	
Don't Know/Refused/Other	0
Missing Information	0
Total	**0**

Table 20 – Household Information for Persons Served with ESG (unduplicated count across all programs)

5. Gender—Complete for All Activities - ES/RRH/Outreach

	Total
Male	0
Female	0
Transgender	0
Don't Know/Refused/Other	0
Missing Information	0
Total	**0**

Table 21 – Gender Information

Age—Complete for All Activities - ES/RRH/Outreach

	Total
Under 18	0
18-24	0
25 and over	0
Don't Know/Refused/Other	0
Missing Information	0
Total	**0**

Table 22 – Age Information

7. Special Populations Served—Complete for All Activities – ES/RRH/Outreach

Number of Persons in Households

Subpopulation	Total	Total Persons Served – Prevention - Not Applicable	Total Persons Served – RRH	Total Persons Served in Emergency Shelters
Veterans				
Victims of Domestic Violence				
Elderly				
HIV/AIDS				
Chronically Homeless				
Persons with Disabilities:				
Severely Mentally Ill				
Chronic Substance Abuse				
Other Disability				
Total (Unduplicated if possible)				

Table 23 – Special Population Served - People can report more than one disability so the total count by disability is not unduplicated.

CR-70 – ESG 91.520(g) - Assistance Provided and Outcomes STAIR ONLY

10. Shelter Utilization

Number of New Units - Rehabbed	0
Number of New Units - Conversion	0
Total Number of bed-nights available	0
Total Number of bed-nights provided	0
Capacity Utilization	0

Table 24 – Shelter Capacity

Shelter capacity and utilization rate was impacted by COVID-19, which required shelters to reduce capacity to comply with 6' social distancing requirements. Also, many unhoused people chose not to go to congregate shelters.

11. Project Outcomes Data measured under the performance standards developed in consultation with the CoC(s)

ESG funds were used for rapid re-housing financial assistance. See attached Continuum of Care EveryOne Home Systemwide Outcomes and Efficiency Measures for ESG funds.

CR-75 – Expenditures

11. Expenditures

11a. ESG Expenditures for Homelessness Prevention

	Dollar Amount of Expenditures in Program Year		
	2019	**2020**	**2021**
Expenditures for Rental Assistance	0	0	0
Expenditures for Housing Relocation and Stabilization Services - Financial Assistance	0	0	0
Expenditures for Housing Relocation & Stabilization Services - Services	0	0	0
`Expenditures for Homeless Prevention under Emergency Shelter Grants Program	0	0	0
Subtotal Homelessness Prevention	0	**0**	**0**

Table 25 – ESG Expenditures for Homelessness Prevention

11b. ESG Expenditures for Rapid Re-housing

	Dollar Amount of Expenditures in Program Year		
	2019	**2020**	**2021**
Expenditures for Rental Assistance	$0		0
Expenditures for Housing Relocation and Stabilization Services - Financial Assistance	0	0	
Expenditures for Housing Relocation & Stabilization Services - Services	0	0	0
Expenditures for Homeless Assistance under Emergency Shelter Grants Program	0	0	0
Subtotal Rapid Re-housing	**$0**		0

Table 26 – ESG Expenditures for Rapid Re-housing

11c. ESG Expenditures for Emergency Shelter

	Dollar Amount of Expenditures in Program Year		
	2019	**2020**	**2021**
Essential Services (Personnel plus taxes and benefits)	0	0	
Operations - non-personnel	$0	$0	0
Renovation	0	0	0
Major Rehab	0	0	0
Conversion	0	0	0

Subtotal	**$0**	**$0**	0

Table 27 – ESG Expenditures for Emergency Shelter

11d. Other Grant Expenditures

	Dollar Amount of Expenditures in Program Year		
	2019	**2020**	**2021**
Street Outreach	$0		0
HMIS	$0		$0
Administration	$0	0	

Table 28 - Other Grant Expenditures

11e. Total ESG Grant Funds

Total ESG Funds Expended	2019	2020	2021
	$0	$108,439	$17,514

Table 29 - Total ESG Funds Expended

11f. Match Source

	2019	2020	2021
Other Non-ESG HUD Funds	0	0	0
Other Federal Funds	0	0	0
State Government	0	0	0
Local Government	$884,351	$914,526	$1,350,000
Private Funds	0	0	0
Other	0	0	0
Fees	0	0	0
Program Income	0	0	0
Total Match Amount	**$884,351**	**$914,526**	**$1,350,000**

Table 30 - Other Funds Expended on Eligible ESG Activities

11g. Total

Total Amount of Funds Expended on ESG Activities	2019	2020	2021
	$828,336	**$1,244,735**	**$1109152**

Table 31 - Total Amount of Funds Expended on ESG Activities

HUD ESG CAPER

Report: **CAPER** Period: **7/1/2022 - 6/30/2023** Your user level here: **Data Entry and Account Admin**

Contains all user-entered forms and aggregate CAPER-CSV data.

Report Date Range

7/1/2022 to 6/30/2023

Contact Information

First Name	Jennifer
Middle Name	
Last Name	Vasquez
Suffix	
Title	
Street Address 1	2180 Milvia Street
Street Address 2	
City	Berkeley
State	California
ZIP Code	94704
E-mail Address	jvasquez@cityofberkeley.info
Phone Number	(510)304-9504
Extension	
Fax Number	()-

Project types carried out during the program year

Components	Projects	Total Persons Reported	Total Households Reported
Emergency Shelter	1	102	102
Day Shelter	0	0	0
Transitional Housing	0	0	0
Total Emergency Shelter Component	1	102	102
Total Street Outreach	1	52	51
Total PH - Rapid Re-Housing	1	6	6
Total Homelessness Prevention	0	0	0

Grant Information

Emergency Shelter Rehab/Conversion	
Did you create additional shelter beds/units through an ESG-funded rehab project	No
Did you create additional shelter beds/units through an ESG-funded conversion project	No

Data Participation Information

Are there any funded projects, except HMIS or Admin, which are not listed on the Project, Links and Uploads form? This includes projects in the HMIS and from VSP	No

Project Outcomes

Project outcomes are required for all CAPERS where the program year start date is 1-1-2021 or later. This form replaces the narrative in CR-70 of the eCon Planning Suite.

From the Action Plan that covered ESG for this reporting period copy and paste or retype the information in Question 5 on screen AP-90: "Describe performance standards for evaluating ESG."

The below are the performance standards for subrecipients providing ESG funded services [shelter, outreach and rapid rehousing services) in Berkeley.

SHELTER
How Well?
1. Data Quality: Data entry within 3 days. Goal =100%
2. Data Quality: Completion. Proportion of adult participants with income information recorded at entry, annual and exit. Goal = 75%
3. Average length of participation. Goal = 183 average

With What Impact?
1. Are participants retaining/increasing income? Goal = 75%
2. Are participants accessing mainstream benefits? Goal = 80%
3. Are participants enrolled in health insurance? Goal = 90%
4. Are we successfully moving people into permanent housing? Goal = 30%
5. Exits to Homelessness: What proportion of people exit to homeless destinations? Goal less than 25%

STREET OUTREACH
1. Data Quality: Data entry within 3 days. Goal =50%
2. Data Quality: Completion of income and sources at entry. Goal = 75%

With What Impact?
2. Are participants accessing mainstream benefits? Goal = 80%
3. Are participants enrolled in health insurance? Goal = 90%
4. Are we successfully moving people indoors? Goal = 50%

RAPID REHOUSING:
How Well?
1. Data Quality: Data entry within 3 days. Goal =100%
2. Data Quality: Completion. Adult participants with income info. recorded in HUD Element at entry and annual or exit assessments. Goal = 90%
3. Average length of time from enrollment to move in. Goal = 60% within 2 months

With What Impact?
1. Are participants growing their income? Goal = 50%
2. Are participants accessing mainstream benefits? Goal = 85%
3. Are participants enrolled in health insurance? Goal = 85%
4. Are we successfully moving people into permanent housing? Goal = 80%
5. Exits to Homelessness: What proportion of people exit to homeless destinations? Goal less than 5%

Based on the information from the Action Plan response previously provided to HUD:

1. Briefly describe how you met the performance standards identified in A-90 this program year. *If they are not measurable as written type in N/A as the answer.*

The ESG funded shelter program moved 39% of the exited participants into permanent housing, with less than 25% returning to homeless destinations.

Street Outreach met both of its data quality goals: Data entry within 3 days equaled 95% and data completion of income and sources at entry was 100%.

The Rapid Rehousing program also met its data quality goals: Data entry within 3 days and data completion were both at 100%. The Rapid Rehousing Program also met its goal with zero % of program participants exiting to homeless destinations.

2. Briefly describe what you did not meet and why. *If they are not measurable as written type in N/A as the answer.*

The following performance measure were not met or slightly below the goal. During the program year there were several clients who voluntarily left the program, so exit data couldn't be collected.

Numerous clients were referred to residential programs that support mental health issues prior to being linked to mainstream services. Some clients are choosing to return to homelessness, rather than access services most likely due to substance abuse and mental health reasons.

Many unsheltered people are declining congregate shelter options resulting in a lower success rate of moving people into shelter.

OR

3. If your standards were not written as measurable, provide a sample of what you will change them to in the future? *If they were measurable and you answered above type in N/A as the answer.*

TBD

Financial Information

ESG Information from IDIS

As of 8/11/2023

FY	Grant Number	Current Authorized Amount	Funds Committed By Recipient	Funds Drawn	Balance Remaining	Obligation Date	Expenditure
2022	E22MC060008	$229,225.00	$229,225.00	$0	$229,225.00	9/19/2022	9/19/2024
2021	E21MC060008	$233,523.00	$233,523.00	$17,514.20	$216,008.80	9/6/2021	9/6/2023
2020	E20MC060008	$234,354.00	$234,354.00	$233,576.00	$778.00	7/13/2020	7/13/2022
2019	E19MC060008	$227,398.00	$227,398.00	$227,398.00	$0	7/23/2019	7/23/2021
2018	E18MC060008	$219,480.00	$219,480.00	$219,480.00	$0	8/22/2018	8/22/2020
2017	E17MC060008	$222,915.00	$222,915.00	$222,915.00	$0	10/19/2017	10/19/2019
2016	E16MC060008	$220,578.00	$220,578.00	$220,578.00	$0	8/22/2016	8/22/2018
2015	E15MC060008	$222,546.00	$222,546.00	$222,546.00	$0	7/15/2015	7/15/2017
Total		$2,182,195.99	$2,182,195.99	$1,736,184.19	$446,011.80		

Expenditures	2022 Yes	2021 Yes	2020 Yes		2019 No	2018 No	2017 No
	FY2022 Annual ESG Funds for	FY2021 Annual ESG Funds for	FY2020 Annual ESG Funds for				
Homelessness Prevention	Non-COVID	Non-COVID	Non-COVID	COVID			
Rental Assistance							
Relocation and Stabilization Services - Financial Assistance							
Relocation and Stabilization Services - Services							
Hazard Pay *(unique activity)*							
Landlord Incentives *(unique activity)*							
Volunteer Incentives *(unique activity)*							
Training *(unique activity)*							
Homeless Prevention Expenses	0.00	0.00	0.00	0.00			
	FY2022 Annual ESG Funds for	FY2021 Annual ESG Funds for	FY2020 Annual ESG Funds for				
Rapid Re-Housing	Non-COVID	Non-COVID	Non-COVID	COVID			
Rental Assistance	0.00	39,366.39					
Relocation and Stabilization Services - Financial Assistance		14,898.96					
Relocation and Stabilization Services - Services		7,091.35					
Hazard Pay *(unique activity)*							
Landlord Incentives *(unique activity)*							
Volunteer Incentives *(unique activity)*							
Training *(unique activity)*							
RRH Expenses	0.00	61,356.70	0.00	0.00			
	FY2022 Annual ESG Funds for	FY2021 Annual ESG Funds for	FY2020 Annual ESG Funds for				
Emergency Shelter	Non-COVID	Non-COVID	Non-COVID	COVID			
Essential Services							
Operations	38,407.50						

Renovation				
Major Rehab				
Conversion				
Hazard Pay *(unique activity)*				
Volunteer Incentives *(unique activity)*				
Training *(unique activity)*				
Emergency Shelter Expenses	**38,407.50**	**0.00**	**0.00**	**0.00**
	FY2022 Annual ESG Funds for	**FY2021 Annual ESG Funds for**	**FY2020 Annual ESG Funds for**	
Temporary Emergency Shelter	**Non-COVID**	**Non-COVID**	**Non-COVID**	**COVID**
Essential Services				
Operations				
Leasing existing real property or temporary structures				
Acquisition				
Renovation				
Hazard Pay *(unique activity)*				
Volunteer Incentives *(unique activity)*				
Training *(unique activity)*				
Other Shelter Costs				
Temporary Emergency Shelter Expenses				**0.00**
	FY2022 Annual ESG Funds for	**FY2021 Annual ESG Funds for**	**FY2020 Annual ESG Funds for**	
Street Outreach	**Non-COVID**	**Non-COVID**	**Non-COVID**	**COVID**
Essential Services	**99,127.50**			
Hazard Pay *(unique activity)*				
Volunteer Incentives *(unique activity)*				
Training *(unique activity)*				
Handwashing Stations/Portable Bathrooms *(unique activity)*				
Street Outreach Expenses	**99,127.50**	**0.00**	**0.00**	**0.00**
	FY2022 Annual ESG Funds for	**FY2021 Annual ESG Funds for**	**FY2020 Annual ESG Funds for**	
Other ESG Expenditures	**Non-COVID**	**Non-COVID**	**Non-COVID**	**COVID**
Cell Phones - for persons in CoC/YHDP funded projects *(unique activity)*				
Coordinated Entry COVID Enhancements *(unique activity)*				
Training *(unique activity)*				
Vaccine Incentives *(unique activity)*				
HMIS				
Administration				
Other Expenses	**0.00**	**0.00**	**0.00**	**0.00**

	FY2022 Annual ESG Funds for	FY2021 Annual ESG Funds for	FY2020 Annual ESG Funds for	
	Non-COVID	Non-COVID	Non-COVID	COVID
Total Expenditures	137,535.00	61,356.70	0.00	0.00
Match				
Total ESG expenditures plus match	137,535.00	61,356.70	0.00	

Total expenditures plus match for all years

Sources of Match

	FY2022	FY2021	FY2020	FY2019	FY2018	FY2017	FY2016	FY2015
Total regular ESG plus COVID expenditures brought forward	$137,535.00	$61,356.70	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total ESG used for COVID brought forward	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total ESG used for regular expenses which requires a match	$137,535.00	$61,356.70	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Match numbers from financial form	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Match Percentage	0.00%	0.00%	0%	0%	0%	0%	0%	0%

Match Source	FY2022	FY2021	FY2020	FY2019	FY2018	FY2017	FY2016	FY2015
Other Non-ESG HUD Funds								
Other Federal Funds								
State Government								
Local Government	1,976,501.00	1,350,000.00	914,526.00	884,351.00				
Private Funds								
Other								
Fees								
Program Income								
Total Cash Match	1,976,501.00	1,350,000.00	914,526.00	884,351.00	0.00	0.00	0.00	0.00
Non Cash Match								
Total Match	1,976,501.00	1,350,000.00	914,526.00	884,351.00	0.00	0.00	0.00	0.00

Works-Wright, Jamie

From: Margaret Fine <margaretcarolfine@gmail.com>
Sent: Thursday, September 7, 2023 11:52 AM
To: Works-Wright, Jamie; Works-Wright, Jamie
Subject: Attached Scanned MHC Annual Report 2022-2023 from Margaret Fine
Attachments: Mental Health Commission.pdf

Dear Jamie,

I hope all is well with you

I am meeting with Monica and we reviewed the annual report. A scanned copy is attached for the agenda packet.

Best wishes,
Margaret

Margaret Fine
Cell: 510-919-4309

Works-Wright, Jamie

From: boona cheema <boonache@aol.com>
Sent: Thursday, August 24, 2023 12:24 PM
To: Berkeley Community Safety Coalition
Subject: From the generours heart of Berkeley..to the peoples of Maui
Attachments: maui fundraiser.JPG; MauiEvent.docx

empathy, love, volunteers, compassion and Money is desperately needed

This event is hosted by Berkeley very own Patrick Landeza

Sunday, September 3, 2023 at 7 PM

Freight and Salvage 2020 Addison Street, Berkeley CA
$30 Admission plus heartfelt contribution of larger amounts.

Any devastation of people's lives, homes and land awakens our generosity through which we can help support the returning life to Lahaina.

Join us as Northern California's top Hawaiian musicians gather in the spirit of kōkua (assistance) and aloha (love).

Community organizations will table in the lobby- such as Consider the Homeless, President Paul Kealoha Blake (born and raised in Lahaina).

Contribute to: HAWAI'I COMMUNITY FOUNDATION

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, August 21, 2023 9:50 AM
To: Works-Wright, Jamie
Subject: FW: Invitation: September 16th Meeting and/or Training (CALBHB/C) - Please Share!

Please see the information below

Thank you for your time.

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

From: CAL BHBC <cal@calbhbc.com>
Sent: Monday, August 21, 2023 9:05 AM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Invitation: September 16th Meeting and/or Training (CALBHB/C) - Please Share!

View as PDF

CALBHB/C Quarterly Meeting *and/or* **Training**
Hybrid: Zoom / In-Person (Chico*)
Saturday, September 16, 2023

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

Please Register at: www.calbhbc.org/registration

Meeting - September 16, 9:30 am* - 12 pm
Updates/presentations from statewide organizations, including:

- CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C)

- CA Behavioral Health Planning Council
- Mental Health Services Oversight & Accountability Commission
- Peer Provider Certification Update
- Issue-Based Discussion

Training - September 16, 1 pm - 3:30 pm

- How to Be an Effective MH/BH Board/Commission (Rules, Duties and Tools)
- Community Engagement: Ensuring Community and Provider Involvement throughout local planning processes

Please Register at: www.calbhbc.org/registration

* In-Person Registrants:

Coffee & Pastries will be available at 9 am.
Deli lunch buffet will be available at 12 pm.
Expenses: CALBHB/C will pay travel-related expenses for one** MH/BH board/commission member per county in the Superior Region** (**but more are welcome to register and attend.)
Hotel room-block deadline is August 30th (CALBHB/C will pay the hotel directly for individuals on our room list.)
Registration deadline: *In-person* attendees are asked to register by Friday, September 7th, 2023.
Location information is provided through registration confirmations to attendees.

***The Superior Region includes: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama and Trinity.)*

The CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) supports the work of CA's 59 local mental/behavioral health boards and commissions.

www.calbhbc.org email: info@calbhbc.com facebook/CALBHBC

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, August 21, 2023 9:32 AM
To: Works-Wright, Jamie
Subject: FW: Newsom plan - "Cal Matters" document for Mental Health Commission meeting 9/28/23

Please see the information below 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: Saturday, August 19, 2023 11:05 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Newsom plan - "Cal Matters" document for Mental Health Commission meeting 9/28/23

8.19.23

To:
Jamie Works-Wright
From: Edward Opton

I'd appreciate it if you would distribute an important report to the Mental Health Commission and to others who may be interested. If distributed in advance, it can be discussed at the Commission's September 28 meeting. The report, by Kristen Huang, dated August 17, 2023, was published in *Cal Matters* under the title:

"Gavin Newsom gives ground to critics on his mental health plan. Will voters back it?"

It can be accessed electronically at:

https://calmatters.org/health/mental-health/2023/08/california

If that address doesn't work, please let me know—I have a hard copy.

. . . . . .

To:
Berkeley Mental Health Commission
From:
Edward Opton
Date:
August 19, 2023
Re:
Governor Newsom's revised plan for mental health services

An August 17 report in *Cal Matters* is titled: "Gavin Newsom gives ground to critics on his mental health plan. Will voters back it?" The report deserves our attention. I have asked that copies be distributed to Commission members.

As the report indicates, Governor Newsom, earlier this year, proposed radical changes in the distribution of mental health funds. His newly revised plan seems to be a partial retreat, but it still would shift the allocation of hundreds of millions, or perhaps billions, of dollars per year from one type of mental health program to another—for example, from homeless persons to children. Many jobs supported by current allocations would vanish, and counties (and Berkeley) would have to compete to hire for new and augmented programs many new employees with quite different qualifications, degrees, certifications, and experiences as compared to the mental health professionals and paraprofessionals currently on their payrolls.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, August 21, 2023 9:25 AM
To: Works-Wright, Jamie
Subject: FW: Mental Health Advisory Board Meeting (August 21, 2023)
Attachments: MHAB Main Board Agenda (August 2023) .pdf; MHAB Meeting Minutes (UNAPPROVED) 07.17.2023.pdf; ACBH Director's Report (August 2023).pdf; MHAB Banquet Planning Update (August 2023).pdf; Crisis System of Care and 988 Presentation.pdf

Internal

Please see the information below and attached.

Thank you for your time.

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

From: MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
Sent: Friday, August 18, 2023 2:55 PM
Subject: Mental Health Advisory Board Meeting (August 21, 2023)

Good afternoon,

Please see attached materials for the Mental Health Advisory Board (MHAB) meeting scheduled for **Monday, August 21, 2023**.

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/s/84285334458?pwd=bURyU1JqS2YvVGhRU2g4SW5yL0xRQT09
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

Monday, August 21, 2023 | 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

Webinar ID: 842 8533 4458 (Password: 269505) | Teleconference: (877) 336-1831 (Code: 988499)

MHAB Members:	**Warren Cushman** *(Interim Chair, District 3)* **Terry Land** *(Interim Vice Chair, District 1)* **Thu Quach** *(District 2)*	**Ashlee Jemmott** *(District 3)* **Brian Bloom** *(District 4)* **Anh Thu Bui** *(District 5)*	**Juliet Leftwich** *(District 5)* **Abigail West** *(District 5)* **Amy Shrago** (*BOS Representative)*

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** _____ **Interim Chair Cushman**

3:00 PM **I. Roll Call**

3:05 PM **II. Approval of Minutes**

3:10 PM **III. Public Comments (Agenda Items)**

3:15 PM **IV. Interim Chair's Report**
- A. Jay Mahler Crisis Residential Facility Tour (August 24th at 11AM)
- B. Care First, Jails Last Taskforce Temporary Vacancy
- C. MHAB Officer Elections (**Action Item**)

3:25 PM **V. ACBH Director's Report**

3:35 PM **VI. MHAB Banquet Planning**

3:50 PM **VII. MHAB Annual Report Planning**

4:00 PM **VIII. Committee and Liaison Reports**
- A. Adult Committee

4:10 PM **IX. Crisis System of Care Presentation**

4:50 PM **X. Public Comment (Non-Agenda Items Only)**

5:00 PM **XI. Adjourn**

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Mental Health Advisory Board UNAPPROVED Minutes
Monday, July 17, 2023 | 3:00pm-5:00pm

Meeting Conducted In-Person and through Video/Telephone Conference

Alameda County Mental Health Advisory Board

MHAB Members:	☐ **Brian Bloom** *(Interim Chair, District 4)* ☒ **Warren Cushman** *(Interim Vice Chair, District 3)* ☒ **Terry Land** *(District 1)*	☒ **Thu Quach** *(District 2)* ☐ **Ashlee Jemmott** *(District 3)* ☐ **Anh Thu Bui** *(District 5)*	☒ **Juliet Leftwich** *(District 5)* ☐ **Abigail West** *(District 5)* ☒ **Amy Shrago** *(BOS Representative)*
ACBH Staff:	☒ **Dr. Karyn Tribble** *(ACBH Director);* ☒ **James Wagner;** ☒ **Asia Jenkins;** ☐ **Dainty Castro** *(Administrative Liaison);*		
Excused Absences:	Brian Bloom		

Meeting called to order at 3:13 PM by **Interim Vice Chair Cushman**

ITEM	DISCUSSION	DECISION/ACTION
Roll Call / Introductions	Roll Call completed.	
Approval of Minutes	Minutes from last month's meeting were approved and adopted.	
Public Comments on Agenda Items	No public comment.	
Interim Chair's Report	Interim Vice Chair Cushman announced that due to health reasons, Interim Chair Bloom will be taking a leave of absence for the coming months and in accordance with the bylaws, Interim Vice Chair Cushman will serve as Interim Chair until further notice. **<u>MHAB Recruitment Update</u>** Vice Chair Cushman announced an inquiry from a prospective member was received. Member Land reached out and awaiting response. **<u>MHAB Annual Banquet</u>** The Executive Committee decided to place this item on the August MHAB agenda in order to provide Member Jemmott direction as to how to move forward with planning.	

ITEM	DISCUSSION	DECISION/ACTION
ACBH Director's Report	**Upcoming MHAB Meeting Presentations** The Crisis System of Care presentation scheduled for August will go forward. Additionally, the Children's System of Care presentation set for September was discussed. The concern was that since the MHAB membership is so low, the MHAB would not be prepared to move forward with the Children's System of Care presentation. It was suggested that this be brought before the Executive Committee in August for a status update to determine what will take place for future meetings. **Update on MHAB Letter to the Board of Supervisors (BOS) regarding the MHSA 3-Year Plan** ACBH Director, Dr. Tribble provided an update. There was a recent Board of Supervisors (BOS) Health Committee presentation by ACBH MHSA Director, Tracy Hazelton. The Governor's proposed amendments and changes was the focus of discussion. In summary, the proposed budget is much higher than the allocated funds. Approximately 30% of staffing is funded through MHSA. All innovative plans must go back to the State for approval, which could delay implementation. There has not been any need to return unspent funds. Under the Governor's proposal, any potential changes will appear on a ballot measure in March 2024. If the initiative passes, reallocation of funds will have to take place. **Bond Measure Legislation** This bond measure legislation was discussed at the Executive Committee meeting and four items was discussed. The MHAB wanted to get the County's position on the topics that Interim Chair Bloom raised at the Executive Committee meeting. It was also suggested that the MHAB would request HCSA Policy Director, Eileen Ng, to provide a presentation to the full board. **Jay Mahler Tour Update** Member Leftwich reported that a tour of the facility is set for July 24, 2023 at 11:00 a.m.	✓Member Leftwich will send email to the MHAB Members regarding potential dates.

ITEM	DISCUSSION	DECISION/ACTION
Jay Mahler Crisis Residential Facility Tour Report	**Annual Report** Discussion is still taking place regarding the format and content of the Annual Report. Member Leftwich stated that proposed recommendations would be included in the letter to be voted on. **Election of Officers** Per the MHAB bylaws, a Nominating Committee should be organized in July, with the elections taking place in August. In the event the position of Chair is vacant, the Vice-Chair assumes the role of Chair, and a new Vice-Chair is elected. In addition, a Nominating Committee was organized to oversee the elections that will be held in September, lasting for 2 years. Said elections will be held in August for the upcoming year. Members Leftwich and Quach accepted the appointment to the Committee.	✓Motion approved. ✓Member Land was nominated as Interim Vice-Chair. Member Land accepted the nomination, and unanimously approved.
CalAIM Presentation Aurrera Health	Brianna Nielson and Allison Homewood of Aurrera Health Group provided a **Cal**ifornia **A**dvancing & **I**nnovating **M**edi-Cal (CalAIM) presentation focusing on various policy and initiatives. Some current CalAIM initiatives include: Criteria for Access to SMHS; No Wrong Door and Co-Occurring Treatment; Screening and Transition of Care Tools; Impact to County and/or Beneficiaries; Enhanced Care Management (ECM); Community Supports; Mobile Crisis Services; DMC-ODS Policy Improvements; Documentation Redesign; BH Payment Reforms; Justice Involved Initiatives; Population Health Management; and Administrative Integration. Most of these initiatives will become effective in 2024.	
Committee & Liaison Reports	**Adult Committee** ACBH Adult & Older Adult System of Care Director, Kate Jones, provided information regarding the continuum of care. **Criminal Justice Committee** The committee has been focusing on Behavioral Health Court and proposed recommendations to consider regarding improving the system. There will be no committee meeting in July, and future meetings to be determined.	

ITEM	DISCUSSION	DECISION/ACTION
	Care First, Jails Last (CFJL) Task Force Dr. Tribble shared that the CFJL Task Force did not have a quorum at the last meeting. The facilitator, RDA, will assist the Task Force in merging some of the issues for a more efficient use of time in preparation for presentation to the ad hoc committee. **MHSA Committee** The last meeting was on June 23, 2023, with a presentation on primary care integration programs and update on the African American Wellness Hub. A unanimous vote was taken to not move forward with the purchase of the building. A vote was also taken stating that psychiatric and counseling services for the Wellness Hub should be a mandatory element of the program.	
Public Comment Non-Agenda Items	Public comment provided.	
Adjournment	Adjourned at 5:00 PM	

Alameda County Behavioral Health Care Services

Director's Report

Mental Health Board Advisory Board Meeting

August 21, 2023

Presenter:
Karyn L. Tribble, PsyD, LCSW
ACBH Director

Agenda:

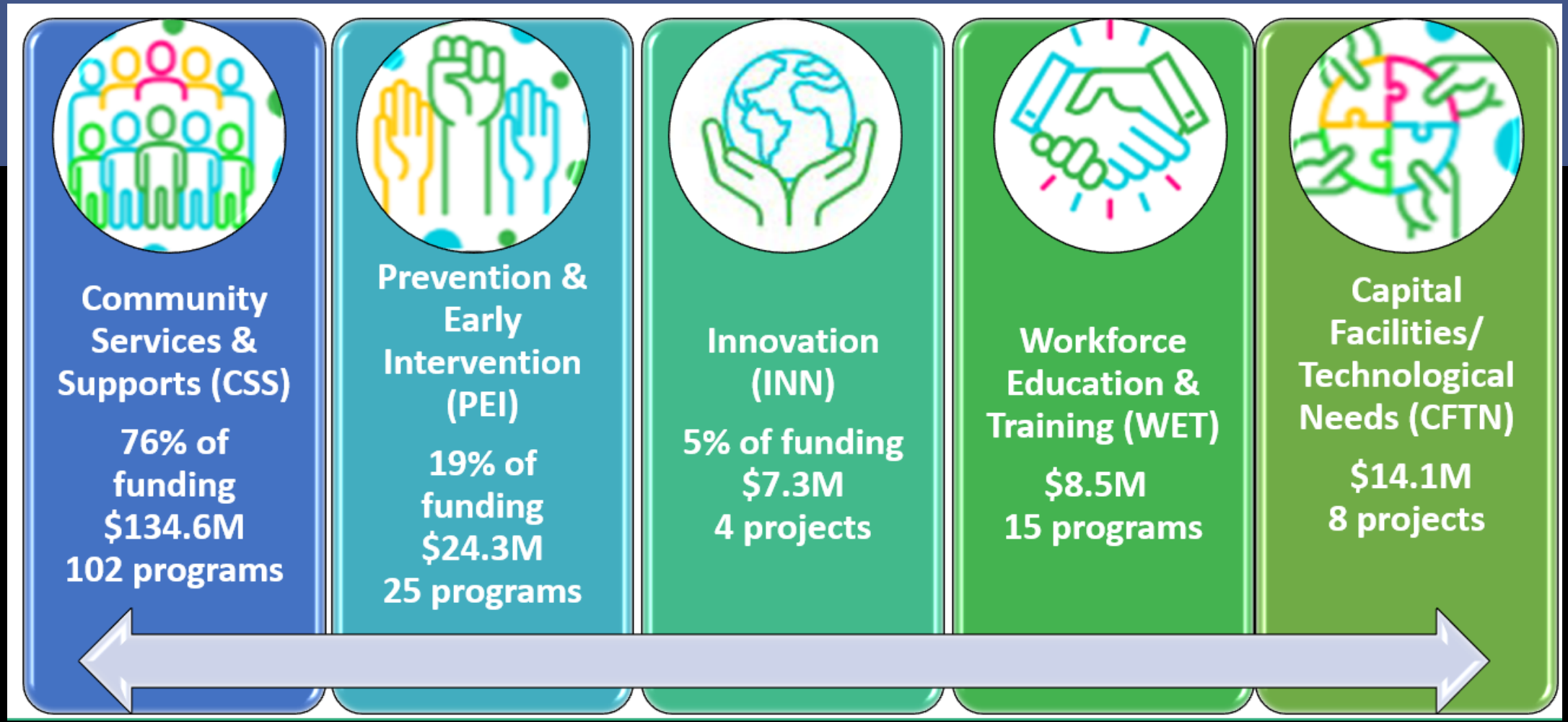
- **Departmental Operations & Planning Updates**

- ***Modernizing* Mental Health Services Act (MHSA) Update**

Departmental Operations & Planning Updates

- **Leadership Changes & Updates**
  - Current Recruitment Underway for a permanent Plan Administrator (**Deputy Director, Plan Administration**)
  - Workforce, Education, & Training Unit & **Manager recruitment**
- **Strategic Planning Update**
- **County Planning: Disability Rights of California & the United States Department of Justice**
- **African American Wellness Hub Facility Planning, Stakeholder Engagement, & Programming**

MHSA Update: Current State



Modernizing MHSA Update

Governor Newsom has proposed a March 2024 ballot initiative to improve how California treats mental illness, substance abuse, and homelessness. This initiative will cover three (3) areas:

- A **General Obligation Bond to build state-of-the-art mental health treatment residential settings** in the community to house Californians with mental illness and substance use disorders and to create **housing for homeless veterans**
- ***Modernize*** **the Mental Health Services Act**, and
- **Increase Accountability and Fiscal Transparency** of all funding streams.

MHSA → Behavioral Health Services Act (SB326)

<u>Replaces</u> Components with Four (4) New "Buckets" for Assigning BHSA Allocations:

- Housing Interventions 30%
- Full-Service Partnerships 35%
- Behavioral Health Services and Supports 30%
- Prevention 5%

Mental Health Services Act (MHSA):

Estimated Fiscal Impacts to Alameda County

(NOTE: Estimates based upon Fiscal Year 2024-2025 State Revenue Projections.)

- **FY 24/25 Revenue Estimate =** $129,180,215 **– 3% ($3,875,406)** for Statewide WET → $125,304,809
- **FY 24/25 Budget Estimate =** $141,191,568
- **FY 24/25 Budget Estimate Breakdown using proposed new components:**
  1. **Housing 30% = 42,357,470**
     - Current Projected Housing Budget: $14,592,048 (+27,765,422)
  2. **Full-Service Partnerships 35% = $49,417,048**
     - Current Projected Budget: $26,777,629 (+22,639,419)
  3. **BH Services and Supports 30% = $42,357,470**
     - Current Budget Plan for Non-FSP, INN, WET, CFTN: $77,695,838 **(-35,338,368)**
  4. **Prevention 5% = $7,059,578**
     - Current Budget Plan for PEI: $20,126,051 **(-$13,066,473)**

Summary:

- **Continued Planning based upon regulatory changes and new state-wide initiatives.**

- **Continued focus on strategic and required operational changes.**

- **Ongoing focus and planning relative to MHSA redesign.**

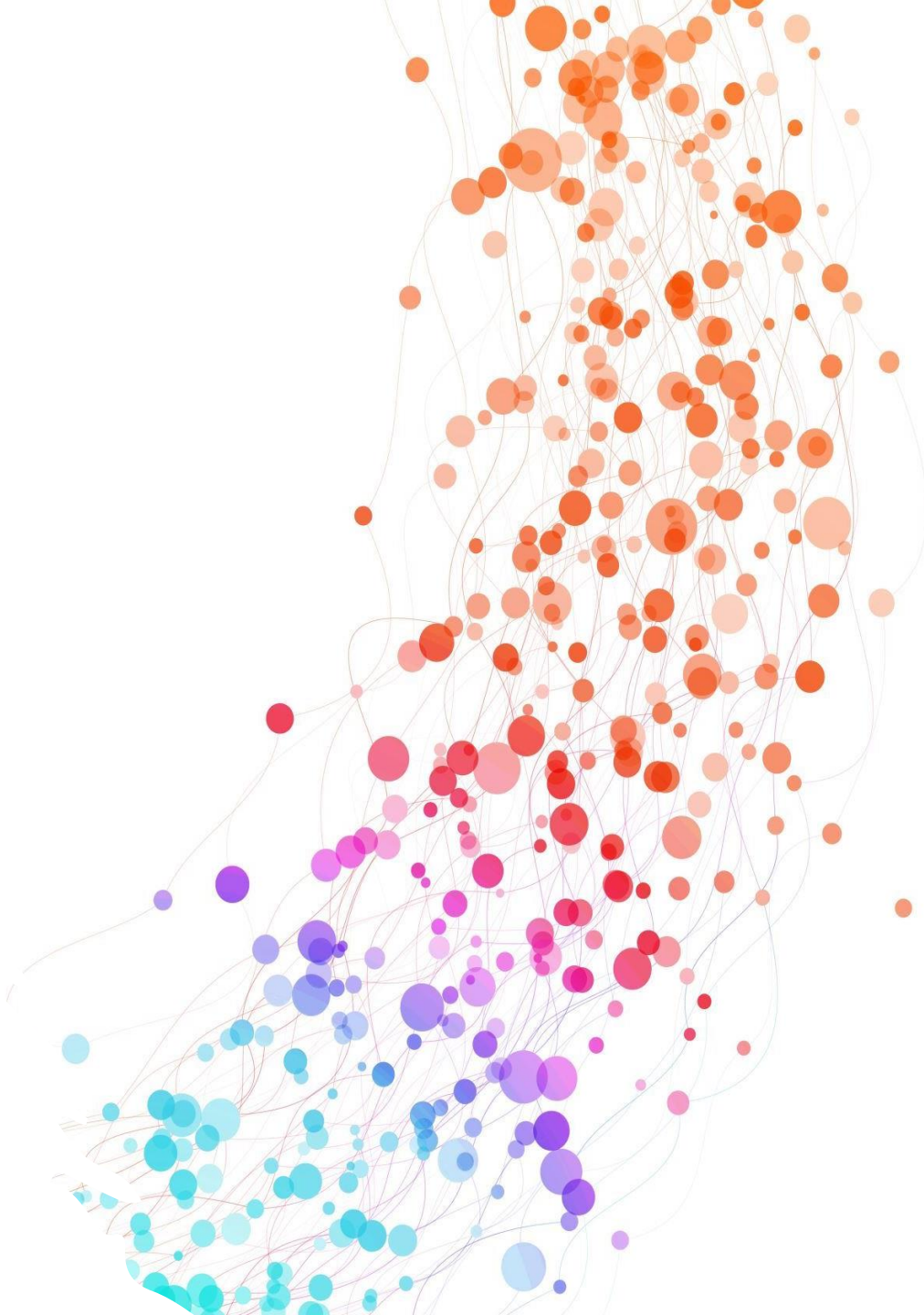
Questions or Comments?


THANK YOU

Mental Health Advisory Board 2024 Awards Banquet Update

Presented by:

Ashlee Jemmott, MHAB Member



Banquet Ideas

Date

- May 16, 2024
- September 16, 2024

Awards, Absolutely we want to honor the work being done in the community at large

- Business: An individual, group of individual or company operating as a for-profit who is not a mental health contractor and provided extoradinary services in the community
- Child/ Young Adult: An individual, group or organization that has contributed, enhanced and expanded children, youth, and/or young adults mental health, SUD in Almead County
- Consumer: An individual who has received mental health services and who has helped to improve the provision of mental health services through any of the above activites
- Cultural Responsiveness: An individual or agency who has performed outstanding work in the area of promoting or embracing utilization of culturally responsive, community defined, trauma –informed approaches to more effectively work with ethnic cultural communities they serve and support
- Promising Innovation program: Program nominated should exemplify innovation in any of the following area: new approach to treatment modalities, and or program development indicating new measurable indicators of success
- Outstanding Youth Honorarium: Nominations will be accepted from the community for an youth doing amazing work in the field of MH to support their peers. (We will be inviting the youth to come and speak and share their projects or community work

Style of Banquet

- Buffet style with servers
- Resource tabling from partnering MH Oragnizations

How will we pay for it?

- The MHAB has a designated budget of 5K but we will be looking to see if we can increase it.
- The MHAB is looking for opportunities to gain sponsorships from private organizations that support MH initiatives in Alameda County

How will the nomination process be handled?

- In prior years I understand that this process was extremely tedious for the board.
- I would like to enlist outside support potentially a few community members (peers) or friends of the boards, as well as community leaders to help me conduct the initial nomination review and come back to the board with recommendations for voting

alameda county behavioral health

MENTAL HEALTH & SUBSTANCE USE SERVICES

Crisis Services System of Care

STEPHANIE LEWIS, LMFT, ACTING CRISIS SYSTEM OF CARE DIRECTOR

YESENIA LOTT, INTERIM DIVISION DIRECTOR

SARAH OU. LCSW

TRINH REYES, LCSW

THEMA PAGE, LCSW

BEHAVIORAL HEALTH CRISIS INTERVENTION SPECIALIST SUPERVISOR

Crisis Services SOC – Our Mission

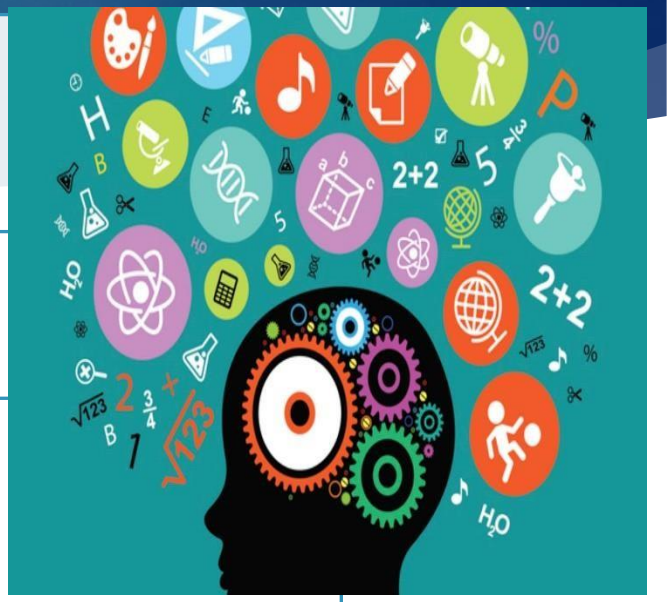
Providing the right service at the right time, in the right location.

Crisis Services SOC – Our Vision

- Someone to talk with – 988/Crisis Support Services , ACBH Crisis Services
- Someone to respond – MCT/MET/CATT /CC/PCFT/GART
- Safe places to go – CSU/CRT, Detox/Sobering, Urgent Med Clinics, JGP, CHO, Willow Rock, Herrick, Wellness Centers and Sub-Acute Facilities *
- Someone to follow-up and link to care– CC/PCFT/GART
- Services to meet ongoing mental health /SUD needs – ACCESS/Center Point
  - Adult/OA SOC (Kate Jones)
  - SUD (Clyde Lewis)
  - Child and Young Adult SOC (Lisa Carlisle)
  - Clinical Operations (James Wagner)

Knowledge

Education, training, life experiences

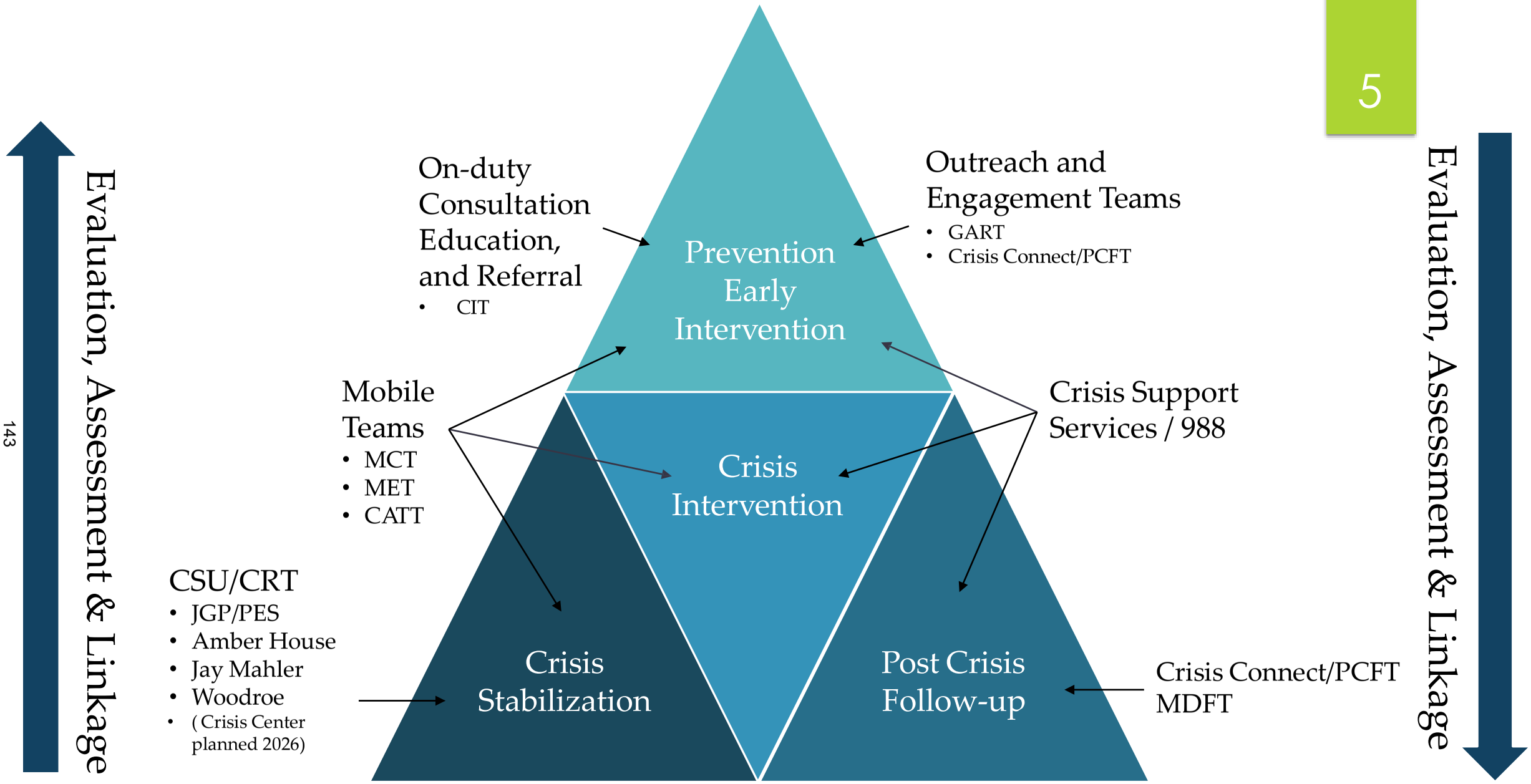


Skills

Applying what we know

Empathy

Demonstrating care and concern while applying what we know when working with our community and colleagues.


Evaluation, Assessment & Linkage
143
On-duty Consultation Education, and Referral
• CIT
Outreach and Engagement Teams
• GART
• Crisis Connect/PCFT
Prevention Early Intervention
Mobile Teams
• MCT
• MET
• CATT
Crisis Support Services / 988
Crisis Intervention
CSU/CRT
• JGP/PES
• Amber House
• Jay Mahler
• Woodroe
• (Crisis Center planned 2026)
Crisis Stabilization
Post Crisis Follow-up
Crisis Connect/PCFT
MDFT
Evaluation, Assessment & Linkage

Mobile Crisis Teams

licensed clinicians providing mental health crisis intervention to children & adults throughout Alameda County

Clinicians

Mobile Crisis Team (MCT)

Countywide *except Fremont & Berkeley*

- Crisis intervention
- 5150/5585 assessment
- **Diversion**
- Referral to a wide range of mental health & SUD services
- Currently: **Mon-Fri 8am-6pm**
- Dispatched via 911, 988, or by calling (510) 891-5600

Clinician & Officer

Mobile Evaluation Team (MET)

Oakland and Hayward

- Crisis intervention
- 5150/5585 assessment
- **Diversion**
- Referral to a wide range of mental health & SUD services
- Currently:
  - **Oakland- Mon-Thurs 8am-3pm**
  - **Hayward – Mon – Fri 8am-4pm**
- Dispatched via 911, 988, or by calling (510) 891-5600

Clinician & EMT

Community Assessment & Transport Teams (CATT)

Countywide

- Crisis intervention
- 5150/5585 assessment
- **Diversion**
- Referral **& transportation** to a wide range of mental health &SUD services
- **7 days a week 7:30 am-11pm**
- **Dispatched via 911**
- **(24/7, 988 dispatched soon)**

Outreach and Engagement Teams

Staffed by peers, others with lived experience, and licensed clinicians

- Outreach and Engagement services are provided post crisis to individuals in need of non-urgent response and follow-up care.
  - These services are provided via:
    - Telephonic outreach
    - In-reaching activities at psych emergency, JGP
    - Field outreach
- Services are available to Alameda County residents who are Medi-Cal eligible and/or uninsured (the privately insured are referred to their insurance provider)
- Teams provide brokerage and linkage services to assist with care coordination and navigation of resources
  - Response time within 24-48 hours after receipt of referral (510)891-5600

Geriatric Assessment & Response Team

- This team provides brief voluntary behavioral health care services to older adults ages 55 and above with the aim of resolving mental health needs within 60 days through short term treatment and linkage to on-going behavioral health and community resources.
- A multidisciplinary team includes behavioral health clinicians and nurse who provide culturally aware, trauma informed, and age appropriate interventions.

Monday – Friday
8:30am-5pm

(510) 891-5600

Ask for GART On-Duty Clinician for consultation and referrals.

City of Alameda Community Assessment Response & Engagement Team (CARE Team)

- Comprised of Alameda Fire Dept. Paramedics/EMTs and Alameda Family Services licensed clinicians via Telehealth.
- Serves individuals of any age within the city of Alameda who are experiencing a non-violent mental health crisis.
- Provides mental health and medical assessments, 5150/5585 assessments, de-escalation and safety planning.
- 14-30 days of intensive clinical case management and linkage to care.
- Anyone can call (510) 337-8340 (APD non-emergency) or call 911.
- 24-hours a day, 7-days a week

ALAMEDA

City of Oakland
Mobile Assistance Community Responders of Oakland (MACRO)

- Comprised of Oakland Fire Dept. paramedics/EMTs and civilian responders.
- Quality of life calls, non-emergency, non-violent, low acuity calls in East Oakland and West Oakland.
- 7am-11pm, 7-days a week

BART Police Dept.
Progressive Policing Bureau

- Comprised of transit ambassadors and crisis intervention specialists who focus on quality of life issues and free up officers to respond to high acuity calls for situations when a traditional police response is appropriate.
- Staff wear special uniforms and are visible throughout the BART system.
- Anyone can call BPD Dispatch at (510) 200-0992
  - Text at (510) 200-0992
  - Via BART Watch app
  - Speak w/ train operator
  - Intercom to speak with the train operator
  - White emergency phone in the station
  - Speak to any uniformed BART staff.
- Open all BART operating hours.

Who? What? When? Where?

Mental Health, Substance Use, Medical Emergency

&

after 6pm and weekends Mobile Team (CATT)

911

150

Consultation, ACBH Outreach and Mobile Crisis Team response

Monday-Friday
8am-6pm

510 891-5600

Phone support for person in crisis 24/7

988 or (800)309-2131

Text Line – text "Safe" to 20121

*** text support is currently available 7-days, 8am-midnight***

There are situations that require law enforcement and/or paramedics.

Call 911 for mental health **emergencies involving imminent danger to self or others.**

Request a "CIT officer"

(an officer who has had **C**risis **I**ntervention **T**raining)

Have **AB 1424 Form** ready for officers when they arrive.

Provide as many relevant details as possible:

- What's happening now?
- What do you or the person need?
- Any history with law enforcement?
- History of hospitalizations? Symptoms such as paranoia, hallucinations, depression, or history of violence, etc.

Crisis Residential Treatment
alternatives to psychiatric hospitalization (Adults)

- **Jay Mahler Recovery Center (CRT)**

15430 Foothill Blvd, San Leandro, CA 94578, (510)357-3562

152

- **Woodroe Place (CRT)**

22505 Woodroe Ave, Hayward, CA 94541, (510)613-0330

- **Amber House CRT & Crisis Stabilization Unit, (CSU)**

516 31st St. Oakland, 94609
(510) 379-4179

* Call ahead, services are voluntary, participants can stay up to two weeks in a CRT, 23hrs, 59min in a CSU.

988 Update

NARGES DILLON, EXECUTIVE DIRECTOR

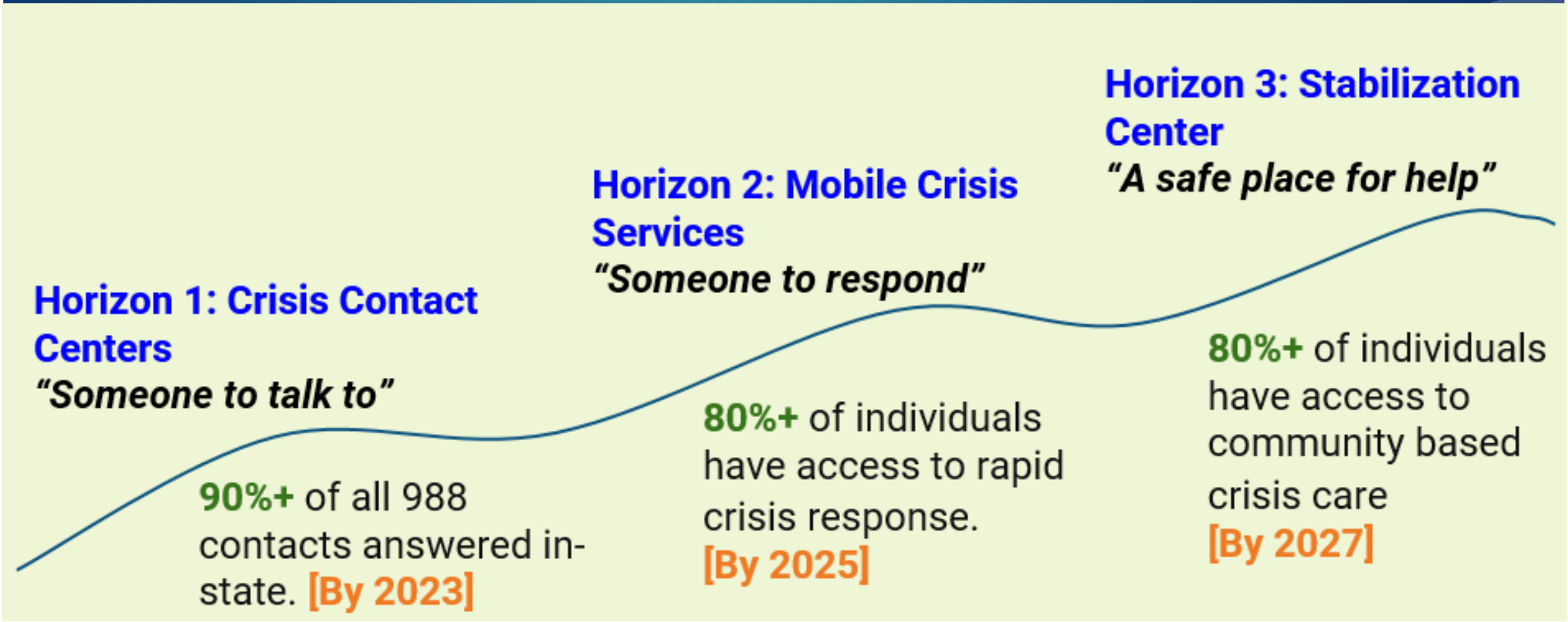
CRISIS SUPPORT SERVICES OF ALAMEDA COUNTY

What is 988?

- Starting July 16, 2022, 988 is the new number for the existing National Suicide Prevention Lifeline (800-273-8255), where free compassionate support is available 24/7 for anyone experiencing mental health-related distress—whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress.

- People can also dial 988 if they are worried about a loved one who may need crisis support. **988 is not 911** but if a caller is experiencing a medical emergency, is in imminent danger, or in need of an immediate intervention, 988 will contact 911.

Turning point in suicide prevention Federal Timeline



Crisis Hotline Call Volume

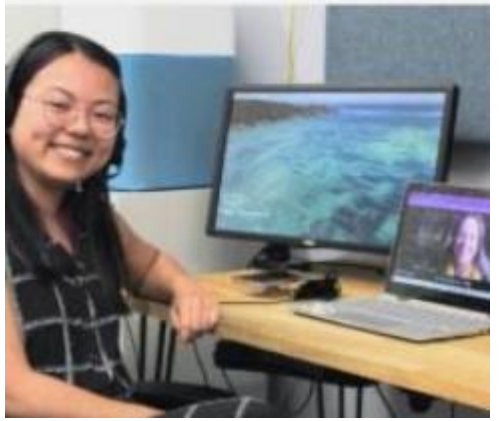
Local Line

- 17964 calls in 22-23

156

Lifeline/988

- 16963 calls in 22-23
- 40% increase in call in one year
- 50% increase in calls over 2 years
- More first time callers and more calls with suicide risk have meant longer calls



Call and Service Details

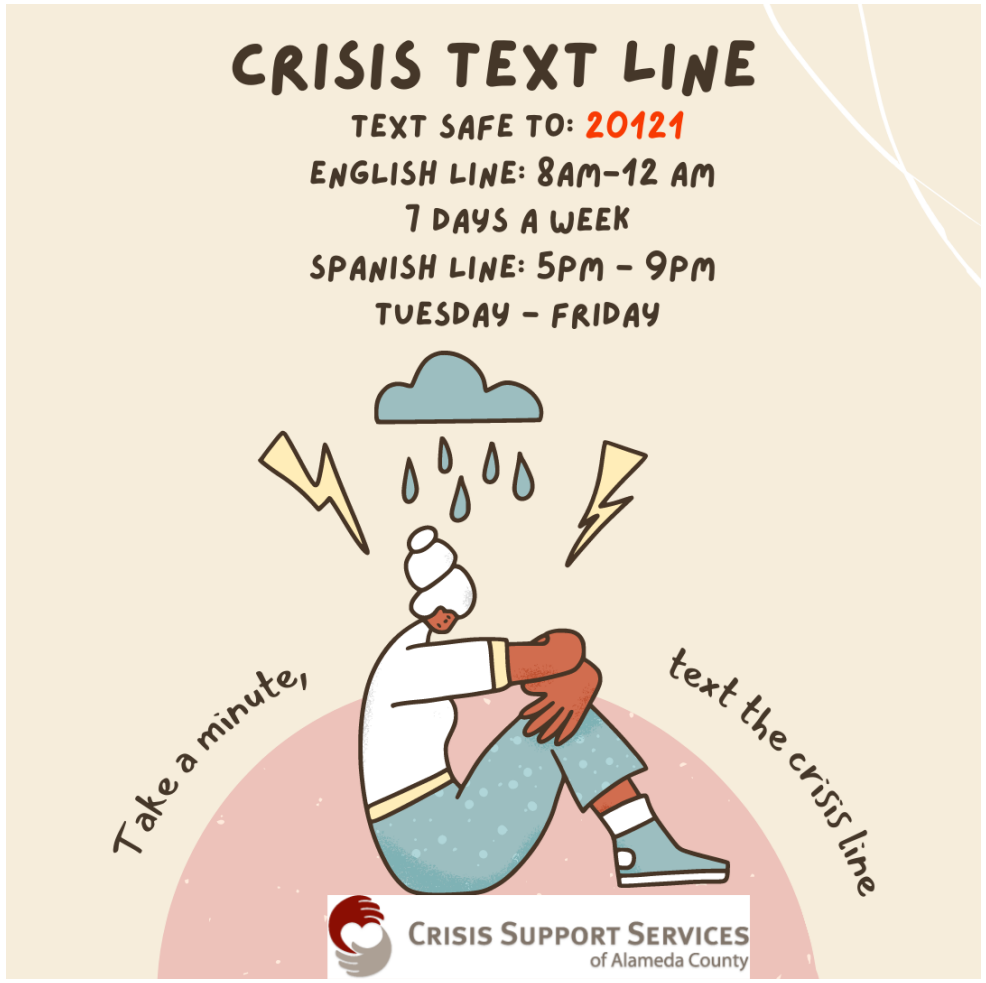
-The number of suicide-related calls increased by 11.6% from 7,871 calls in FY22 to 8,783 calls in FY23.

-The number of follow ups calls to medium-high suicide risk callers increased by 144.7% from 1,037 calls in FY22 to 2,538 calls in FY23

-91.0% of medium-high risk calls were de-escalated over the phone without the use of police intervention.

-Emergency procedures calls make up 0.4% of our total call volume.

988 Text



-Started 988 text in September 2022

-Expansion of local text hours from 7 to 16 hours/day

-Will increase to 24/7 in 2024

-Responded to 3370 in FY23 up from 1352 the previous year.

-25% of texts were suicide related

Questions???

Thank You!!!!!!

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Thursday, August 17, 2023 8:34 AM
To: Works-Wright, Jamie
Subject: FW: [FASMI Discussion] Preliminary analysis of yesterday's amendments to SB 326: mostly bad news for SMIs
Attachments: preliminary analysis of 081523 aamendments to SB326 081623.pdf

Please see message for Edward Opton

Jamie Works-Wright
Consumer Liaison
Jworks-wright@berkeleyca.gov
510-423-8365 cl
510-981-7721 office

From: Edward Opton <eopton1@gmail.com>
Sent: Wednesday, August 16, 2023 6:54 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Fwd: [FASMI Discussion] Preliminary analysis of yesterday's amendments to SB 326: mostly bad news for SMIs

Please forward to members of the Mental Health Commission.

Thanks —

Edward Opton
——

To: Berkeley Mental Health Commission
From: Edward Opton
Re: SB 326: Legislation to amend MHSA (Mental Health Services Act)

The e-mail below, and the "preliminary analysis . . . 23pdf" attached to the bottom of the e-mail, should be of interest to the Mental Health Commission and to everyone who is concerned about public mental health efforts in California.

One of the most significant facets of SB 326 may be its length: more than 600 pages in its current version, according to Mary Ann Bernard's e-mail below. How many county governments will be able to implement legislation of such complexity?

Begin forwarded message:

From: Mary Ann Bernard <mary_ann_bernard@hotmail.com>
Subject: [FASMI Discussion] Preliminary analysis of yesterday's amendments to SB 326: mostly bad news for SMIs
Date: August 16, 2023 at 4:39:38 PM PDT
To: "california-advocates@googlegroups.com" <california-advocates@googlegroups.com>, Renewed FASMI Discussion Group <renewed-fasmi-discussion-group@googlegroups.com>
Cc: Mary Ann Bernard <Mary_ann_bernard@hotmail.com>

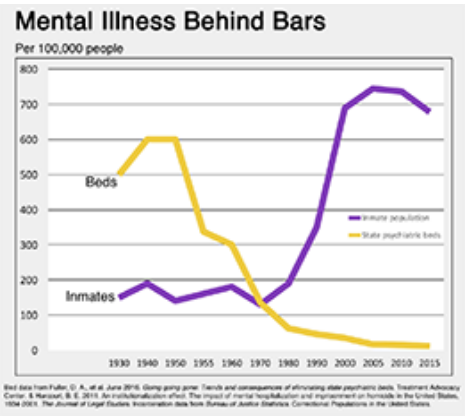
I went through all 600+ pages of the latest version of SB 326, MHSA modernization, and am now brain-dead. Attached is what I saw, most of it unhelpful to the population for which we all advocate. I am sure I missed things/made mistakes but the statutory language is there: read it yourself and see what you think.

I promised it by close of business and here it is!

PS I will be traveling extensively starting Saturday and actually out of the country for much of the time until early October—trips planned when I was thinking about heat and smok last winter and not realizing what the Legislature would be up to this year. Sorry about that.

--

c



Mary Ann Bernard
1618 Alhambra Blvd #160994
Sacramento CA 95816
SBN 211417 (inactive-retired)

August 16,2023

Re: Preliminary Analysis of Yesterday's SB 326 Amendments

CAVEATS:

1) THIS WAS DONE RAPIDLY BECAUSE THE LEGISLATION IS MOVING SO RAPIDLY, SO THERE ARE PROBABLY MISTAKES. (SB 326 is OVER 600 PAGES LONG AND ABOUT HALF OF IT IS TEMPORARY STUFF THAT THE VOTERS WILL REPEAL IF THEY PASS THE "REFERENDUM" (MEANING, REFERRED BY THE LEGISLATURE) THAT WILL BE ON THE BALLOT IN THE SPRING, WHICH MAKES FOR CONFUSING READING.) IF YOU CATCH ERRORS MESSAGE ME AND I WILL TRY TO CORRECT THEM.

2) AS ALWAYS, I AM FOCUSED ON THE NEEDS OF THE MOST SEVERELY MENTALLY ILL ("SMI" or "SMIs"), AS DEFINED IN PRESENT MHSA AND Welf. & Inst. Code 5600.3, ESPECIALLY TREATMENT-REFUSERS TOO SICK WITH ANOSOGNOSIA TO KNOW THEY ARE SICK. TREATMENT-REFUSERS MAKE UP A DISPROPORTIONATE SHARE OF OUR SMI HOMELESS POPULATION AND TYPICALLY NEED INITIAL CARE IN LOCKED FACILITIES OR THEY WILL SIMPLY WALK AWAY, POSSIBLY INTO HOSPITAL WARDS WITH ORDINARY SICK PEOPLE TO WHOM THEY ARE POTENTIALLY DANGEROUS.

THE ORIGINAL MHSA DID NOT IGNORE THEM BUT THE PEOPLE WHO IMPLEMENTED IT DID. SADLY, SB 326 CONTINUES TO IGNORE THEM AND IS NOT GETTING ANY BETTER.

3) AN IMPORTANT POINT: IF THE VOTERS PASS THIS REFERENDUM, MHSA TURNS INTO ORDINARY LEGISLATION THAT CAN BE AMENDED. (BY ITS TERMS, VOTER PROP. 63/MHSA WAS DIFFICULT TO AMEND. THE VOTERS RULE.) THIS IS GOOD IN THE SENSE THAT THE LEGISLATURE CAN FIX SCREW-UPS THAT ARE INEVITABLE WITH ALL THE HASTE, AND THOSE FIXES WILL BE MORE VISIBLE TO THE PUBLIC THAN WHAT GOES ON WITIH MHSA IN MANY COUNTIES, WHERE THE BEHAVIORAL HEALTH BEAN-COUNTERS

ARE PERFECTLY HAPPY TO WISH THEIR SICKEST POPULATIONS OFF THEIR BUDGETS, CONSIGNING THEM TO THE STREETS, THE JAILS AND THE MORGUES.

HERE IS WHAT I SEE IN THE AMENDMENTS (MEANING I'M ONLY READING THE RED AND BLUE STUFF). ANYTHING I THOUGHT ACTUALLY GOOD FOR SMI's I HAVE HIGHLIGHTED IN GREEN. MY COMMENTS ARE ALWAYS IN CAPS AND BOLDFACE TO DISTINGUISH THEM FROM THE TEXT OF THE LAW. (Sorry to shout but it sems necessary. Please ignore changes in fonts/ font sizes—I didn't do it/don't know how to fix it.)

FIRST, THEY ARE REMOVING SERVICE STANDARDS FROM MEDI-Cal FUNDED PROGRAMS AND PROGRAMS RUN BY HEALTH CARE SERVICE PLANS OR OTHER INSURANCE COVERAGE. WTF? WHO IS LEFT THAT IS COVERED BY THE STANDARDS AND WHY ARE THEY DOING THIS? :

SEC. ~~67.~~ *69.*
Section 5868 is added to the Welfare and Institutions Code, to read:

5868.
(a) ~~(1)~~ The State Department of Health Care Services shall establish service ~~requirements that ensure that~~ *standards so that* children and youth in the target population are identified and receive needed and appropriate services from ~~a~~ qualified ~~workforce~~ *staff* in the least restrictive ~~and natural~~ environment to correct or ameliorate their behavioral health condition. *This section shall not apply to services covered by the Medi-Cal program and services covered by a health care service plan or other insurance coverage.*

~~(2) The department shall provide annual oversight to this part for compliance with these requirements.~~

[EXTENSIVE STANDARDS OMITTED. SOME OF THEM ARE BEING NARROWED.]

THEY ARE ALSO ALLOWING SPARSELY-POPULATED COUNTIES TO EXEMPT THEMSELVES FROM PROVIDING FULL SERVICE PARTNERSHIPS:

SEC. ~~48.~~ *79.*
~~Chapter 3~~ *Part 4.1* (commencing with Section ~~5840.10)~~ *5887)* is added to ~~Part 3.6 of~~ Division 5 of the Welfare and Institutions Code, to read:

3.4.1. ~~Population-based Prevention.~~ Full-Service Partnership
~~**5840.10.**~~ ***5887.***

(a) Each county shall establish and administer a full service partnership program that include the following services:

~~(a)~~ *(1)* ~~Population-based prevention programs are activities designed to reduce the prevalence of mental health~~ *Mental health services, supportive services,* and substance use ~~disorders and resulting conditions.~~ *disorder treatment services.*

(2) Assertive Community Treatment and Forensic Assertive Community Treatment fidelity, Individual Placement and Support model of Supported Employment, high fidelity wraparound, or other evidence-based services and treatment models, as specified by the State Department of Health Care Services. Counties with a population of less than 200,000 may request an exemption from these requirements. An exemption shall be justified by the requesting county and approved by the State Department of Health Care Services.

THEY ARE ALSO, IN THIS SAME SECTION, NARROWING THE PEOPLE WHO QUALIFY FOR FULL SERVICE PARTNERSHIPS, AT LEAST FOR ADULTS (THIS MAY NOT BE A BAD THING. THERE ARE OTHER CHANGES TO FSP'S IN THIS SECTION THAT PEOPLE MAY WANT TO REVIEW):

(d) (1) ~~Target the entire population of the county to reduce the risk of individuals developing a mental health or substance use disorder.~~ *Full-service partnership programs shall enroll adults and older adults who meet the priority population criteria specified in subdivision (c) of Section 5892 and other criteria, as specified by the State Department of Health Care Services.*

(2) ~~Target specific populations at elevated risk for a mental health or substance use disorder.~~ *Full-service partnership programs shall enroll children and youth who meet the criteria specified in subdivision (d) of Section 14184.402, or who have a substance use disorder as defined in subdivision (c) of Section 5891.5.* …….

~~**5840.11.**~~ ***5887.1.***

This ~~chapter~~ *part* shall become operative on July 1, 2026, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

LATER IN THE AMENDMENTS, EXISTING PROVISIONS FOR FSPs GET REMOVED COMPLETELY AND A TRACKING SYSTEM IS SUBSTITUTED:

SEC. ~~77.~~ *101.*

~~Part 4.1~~ *Chapter 3* (commencing with Section ~~5887)~~ *5963)* is added to *Part 7 of* Division 5 of the Welfare and Institutions Code, to read:

4.1.3. ~~Full-Service Partnership~~ Behavioral Health Modernization Act
~~5887.~~

~~5887.~~

~~(a) Full-service partnership programs shall include the following services:~~

~~(1) Behavioral health services, substance use disorder treatment services, as defined in Section 5891.5, and supportive services.~~

~~(2) Assertive Community Treatment and Forensic Assertive Community Treatment to fidelity and other evidence-based services and treatment models, as specified by the State Department of Health Care Services.~~

~~(3) All services identified during the service planning process pursuant to Sections 5806 and 5868.~~

~~(4) Housing interventions pursuant to Section 5830.~~

~~(b) (1) (A) Full-service partnership services shall be provided pursuant to a whole-person approach that is trauma informed and in partnership with families or an individual's natural supports.~~

~~(B) These services shall be provided in a streamlined and coordinated manner so as to reduce any barriers to services.~~

~~(2) Full-service partnership services shall support the individual in the recovery process, reduce health disparities, and be provided for the length of time identified during the service planning process pursuant to Sections 5806 and 5868.~~

~~(c) Full-service partnership programs shall employ community-defined evidence programs, as specified by the State Department of Health Care Services.~~

~~(d) (1) Full-service partnership programs shall enroll adults and older adults who meet the priority population criteria specified in subdivision (c) of Section 5892 and other criteria, as specified by the State Department of Health Care Services.~~

~~(2) Full-service partnership programs shall enroll children and youth with a serious emotional disturbance, as defined in Section 5600.3, or a substance use disorder, as defined in Section 5891.5.~~

~~(e) Full-service partnership programs shall have an established standard of care with levels based on an individual's acuity and criteria for step-down into the least intensive level of care, as specified by the State Department of Health Care Services.~~

~~(f) All behavioral health and substance use disorder treatment services, as defined in Section 5891.5, and supportive services provided to a client enrolled in a full-service partnership shall be paid from the funds allocated pursuant to Section 5892, subject to Section 5891.~~

~~(g) "Supportive services" means those services necessary to support clients' recovery and wellness, including, but not limited to, food, clothing, linkages to needed social services, linkages to programs administered by the federal Social Security Administration, vocational and education-related services, employment assistance, family engagement, psychoeducation, transportation assistance, occupational therapy provided by an occupational therapist, and group and individual activities that promote a sense of purpose and community participation.~~

2.Behavioral Health Planning and Reporting…… (d) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

A HUGE PROBLEM: REPEATEDLY THE LANGUAGE BROADENS ELIGIBILITY FROM SEVERE MENTAL ILLNESS TO MENTAL ILLNESS LITE, VIRTUALLY GUARANTEEING THAT THE SICKEST PEOPLE WILL CONTINUE TO BE IGNORED. TO UNDERSTAND THIS YOU HAVE TO UNDERSTAND THE PROVISION THAT IS NOW CONTINUOUSLY REFERENCED, *SECTION 14184.402,* WHICH DEFINES WHO IS ELIGIBLE FOR MEDI-CAL. IT IS CONSIDERABLY BROADER THAN 5600.3, WHICH CURRENTLY DEFINES THE MHSA-ELIGIBLE.(I HIGHLIGHTED SOME EXAMPLES BELOW in the text of Welf & Inst. Code 14184.402):

(2) Covered nonspecialty mental health services for adult beneficiaries with mild-to-moderate distress or mild-to-moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders, shall be provided by a Medi-Cal managed care plan or through the Medi-Cal fee-for-service delivery system. A Medi-Cal managed care plan shall provide medically necessary nonspecialty mental health services to enrolled beneficiaries under 21 years of age as required pursuant to Section 1396d(r) of Title 42 of the United States Code. A Medi-Cal managed care plan shall also be responsible for providing covered nonspecialty mental health services to enrolled beneficiaries with potential mental health disorders not yet diagnosed.

(c) For enrolled beneficiaries 21 years of age or older, a county mental health plan shall provide covered specialty mental health services for beneficiaries who meet both of the following criteria:

(1) The beneficiary has one or both of the following:

(A) Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.

(B) A reasonable probability of significant deterioration in an important area of life functioning.

(2) The beneficiary's condition as described in paragraph (1) is due to either of the following:

(A) A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.

(B) A suspected mental disorder that has not yet been diagnosed.

(d) For enrolled beneficiaries under 21 years of age, a county mental health plan shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered specialty mental health services shall be provided to enrolled beneficiaries who meet either of the following criteria:

(1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experiencing trauma evidenced by scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness…..

HERE ARE AT LEAST SOME OF THE PLACES WHERE COVERAGE IS BROADENED TO MENTAL ILLNESS LITE:

SEC. 33. Section 5813.5 of the Welfare and Institutions Code line 18 is amended to read:

****

~~(d)~~ *(f)* The integrated plan for each county ~~behavioral health program~~ pursuant to Section 5963.02 shall indicate, subject to the availability of funds as determined by Part 4.5 (commencing with Section 5890) and other funds available for behavioral health services as defined in subdivision (j) of Section 5892, adults and older adults ~~with a serious mental illness or~~ *who meet the criteria specified in subdivision (c) of Section 14184.402, or have a* substance use disorder, or both, being served by this program are either receiving services from this program or have a mental illness or substance use disorder that is not sufficiently severe to require the level of services required of this program.

SEC. ~~69.~~ *71.*

Section 5878.1 is added to the Welfare and Institutions Code, to read:

5878.1.

(a) It is the intent of this article to establish programs that ensure services will be provided to children and youth ~~with a serious emotional disturbance, as defined in Section 5878.2,~~ *who meet the criteria specified in subdivision (d) of Section 14184.402,* and to children and youth with a substance use disorder, as defined in Section 5891.5, and that they be part of the children and youth system of care established pursuant to this part.

(b) It is the intent of this act that services provided under this chapter are accountable, developed in partnership with youth and their families and child welfare agencies, are culturally competent, and individualized to the strengths and needs of each child and their family.

(c) Nothing in this act shall be construed to authorize a service to be provided to a minor without the consent of the child's parent or legal guardian beyond those already authorized by existing statute.

(d) This section shall become operative on July 1, 2026, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

SEC. ~~86.~~ *88.*

Section 5892 is added to the Welfare and Institutions Code, to read:

5892.

(a) To promote efficient implementation of this act, the county shall use funds distributed from the Behavioral Health Services Fund as follows:

******

d) The programs established pursuant to subdivision (a) shall prioritize services for the following populations:

(1) Adults and older adults ~~with a serious mental illness, as defined in Section 5600.3, or~~ *who meet the criteria specified in subdivision (c) of Section 14184.402, or who have a* substance use disorder, as defined in Section 5891.5, *and* who satisfy one of the following:

(A) Are chronically homeless or experiencing homelessness or are at risk of homelessness.

(B) Are in, or are at risk of being in, the justice system.

(C) Are reentering the community from prison or jail.

(D) Are at risk of conservatorship pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5.

(E) Are at risk of institutionalization.

(2) Children and youth ~~with a serious emotional disturbance, as defined in Section 5600.3, or~~ *who meet the criteria specified in subdivision (d) of Section 14184.402, or have* a substance use disorder, as defined in Section 5891.5, *and* who satisfy one of the following:

****

(h) This section **[88]** shall be operative on July 1, 2026, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

HERE IS WHAT IS GETTING REPEALED FOR CHILDREN RELATING TO SERVICE COVERAGE:

SEC. ~~70.~~ *72.*
Section 5878.2 of the Welfare and Institutions Code is amended to read:

5878.2.
(a) For purposes of this article, "children with a serious emotional disturbance" means minors under 18 years of age who meet the criteria set forth in subdivision (a) of Section 5600.3.

(b) If amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election, this section shall become inoperative on July 1, 2026, and as of January 1, 2027, is repealed.

HERE IS WHERE MENTAL ILLNESS LITE IS GETTING ADDED FOR CHILDREN IN THE PROVISIONS RELATING TO SERVICE COVERAGE:

SEC. ~~72.~~ *74.*
Section 5878.3 is added to the Welfare and Institutions Code, to read:

5878.3.
(a) (1) (A) Subject to the availability of funds, as determined pursuant to Part 4.5 (commencing with Section 5890), county behavioral health programs shall offer services to children and youth ~~with a serious emotional disturbance, as defined in Section 5878.2, and~~ *who meet the criteria specified in subdivision (d) of Section 14184.402, and to* children and youth with a substance use disorder, as defined in Section 5891.5, for whom services under other public or private insurance or other mental health, substance use disorder, or other entitlement program is inadequate or unavailable. *Counties are not required to spend funds for services pursuant to this part from any other source, including funds deposited in the mental health account of the local health and welfare fund…….*(e) This section shall become operative on July 1, 2026, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

SEC. ~~69.~~ *71.*
Section 5878.1 is added to the Welfare and Institutions Code, to read:

5878.1.
(a) It is the intent of this article to establish programs that ensure services will be provided to children and youth ~~with a serious emotional disturbance, as defined in Section 5878.2,~~ *who meet the criteria specified in subdivision (d) of Section 14184.402,* and to children and youth with a substance use disorder, as defined in Section 5891.5, and that they be part of the children and youth system of care established pursuant to this part.

HERE IS WHERE THE HOUSING PROGRAM IS EXPANDED TO INCLUDE MENTAL ILLNESS LITE:

SEC. ~~34.~~ *37.*
Section 5830 is added to the Welfare and Institutions Code, to read:

5830.
(a) (1) ~~The State Department of Health Care Services shall establish a program, to be administered locally by counties utilizing funds pursuant to paragraph (1) of subdivision (a) of Section 5892, to provide housing interventions for~~ *Each county shall establish and administer a program for housing interventions to serve* persons who are chronically homeless or experiencing homelessness or are at risk of homelessness, as defined in *subdivision (j) of* Section 5892, and meet one of the following conditions:

(A) Children or youth ~~with a serious emotional disturbance, as defined in Section 5600.3.~~ *who meet the criteria specified in subdivision (d) of Section 14184.402.*

(B) Adults and older individuals ~~with a serious mental illness, as defined in Section 5600.3.~~ *who meet the criteria specified in subdivision (c) of Section 14184.402.*

(C) Persons with a substance use disorder, as defined in *subdivision (c) of* Section 5891.5.

(2) Housing interventions shall not be limited to individuals enrolled in full-service partnerships pursuant to ~~Section 5892.~~ *subdivision (d) of Section 5887.*

(3) Housing interventions shall not be limited to individuals enrolled in Medi-Cal

PEI SERVICES HAVE BEEN SIMILARLY BROADENED TO INCLUDE MENTAL ILLNESS LITE (which is what it is usually used for anyway, but that was not how MHSA was written):

SEC. ~~41.~~ *44.*
Section 5840 is added to the Welfare and Institutions Code, to read:

5840.
(a) (1) ~~The State Department of Health Care Services, in coordination with counties, shall establish~~ *Each county shall establish and administer* an early intervention program *that is* designed to prevent mental illnesses and substance use disorders from becoming severe and disabling....

(b) ~~The~~ *An early intervention* program shall include the following components.....:

(2) Access and linkage to medically necessary care provided by county behavioral health programs for children and youth who ~~have a serious emotional disturbance, as defined in Section 5600.3,~~ *meet the criteria specified in subdivision (d) of Section 14184.402,* for adults and older adults ~~with a serious mental illness, as defined in Section 5600.3,~~ *who meet the criteria specified in subdivision (c) of Section 14184.402,* and for individuals with a substance use disorder, as *defined in Section 5891.5, as* early in the onset of these conditions as practicable. This includes the scaling ~~of~~ *of,* and referral ~~to~~ *to,* the

Early Psychosis Intervention (EPI) Plus ~~Program~~ *Program, pursuant to Part 3.4 (commencing with Section 5835), Coordinated Specialty Care,* or other similar ~~evidence-based~~ *evidence-based* early psychosis and mood disorder detection and intervention programs.

THIS SECTION (44) ALSO EXPANDS THE ORIGINAL MHSA LANGUAGE TO INCLUDE SUBSTANCE USE DISORDERS. THE ORIGINAL LANGUAGE MANDATED *RELAPSE PREVENTION/EARLY INTERVENTION* FOR INDIVIDUALS WHO HAVE EXISTING SEVERE MENTAL ILLNESSES. THAT LANGUAGE (IN THE LAST CLAUSE BELOW) HAS ALWAYS BEEN IGNORED AND GIVEN THE PEI ENLARGEMENTS, IS LIKELY TO CONTINUE TO BE IGNORED:

(3) (A) Mental health and substance use disorder treatment services, similar to those provided under other programs that are effective in preventing mental health illnesses and substance use disorders from becoming severe, and components similar to programs that have been successful in reducing the duration of untreated serious mental health illnesses and substance use disorders and assisting people in quickly regaining productive lives.

COUNTIES WILL ONCE AGAIN BE ABLE TO IGNORE OTHER AVAILABLE SOURCES OF FUNDING:

SEC. ~~81.~~ *83.*

Section 5891 is added to the Welfare and Institutions Code, to read:

5891.

(a) (1) (A) The funding established pursuant to this act shall be utilized by counties to expand mental health and substance use disorder treatment services.

(B) ~~Except as provided in subdivision (j) of Section 5892, due to the state's fiscal crisis, these~~ *These* funds shall not be used to supplant existing state or county funds utilized to provide mental health *services or substance use disorder treatment* services……..

(3) (A) To maximize funding from other sources, a county shall seek reimbursement for a behavioral health service, supportive service, housing intervention, ~~prevention service,~~ or other related acivity provided, pursuant to subdivision (a) of Section 5892, that is covered by or can be paid from another available funding source, including other mental health funds, substance use disorder funds, public and private insurance, and other local, state, and federal funds. *This paragraph does not require counties to exhaust other funding sources before using behavioral health services fund moneys to pay for a service or related activity.*

SECTION 106 TAKES SUBSTANCE ABUSE PROGRAMS OUT OF THE/A PERFORMANCE TRACKING SYSTEM (GOES ON AND ON BUT HERE IS THE ESSENCE. FYI SUBSTANCE ABUSE PROGRAMS HAVE NOTORIOUSLY BAD SUCCESS RATES):

SEC. ~~104.~~ *106.*

Section 14707.5 is added to the Welfare and Institutions Code, to read:

14707.5.

(a) It is the intent of the Legislature to develop a performance outcome system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health ~~and substance use disorder~~ treatment services that will improve outcomes at the individual and system levels and will inform fiscal decisionmaking related to the purchase of services.....(f) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

I DEFER TO TERESA PASQUINI AND LAUREN RETTAGLIATA FOR ANALYSIS OF THE OTHER HOUSING PROVISIONS. PERSONALLY THOUGH I AM GLAD TO SEE THE HIGHLIGHTED LANGUAGE BECAUSE *ALL* CHILDREN ARE AT RISK OF DEVELOPING SUD AND MANY PEOPLE WHO HAVE ONLY A SUBSTANCE ABUSE DISORDER ARE DRUG DEALERS WHO WILL VICTIMIZE MORE VULNERABLE SMI RESIDENTS OF ANY HOUSING COMPLEX TO FUND THEIR HABITS:

SEC. ~~83.~~ *85.*

Section 5891.5 is added to the Welfare and Institutions Code, to read:

5891.5.

(a) (1) ~~The programs in paragraphs (2)~~ *Notwithstanding any other law, the programs and services and supports in paragraphs (1), (2),* and (3) of subdivision (a) of Section 5892 ~~shall~~ *may* include substance use disorder treatment services, as defined in this section for children, youth, adults, and older ~~adults with a substance use disorder.~~ *adults.*

(2) Notwithstanding Section 5830, the provision of housing interventions to individuals with a substance use disorder shall be optional for counties.

~~(2)~~ *(3)* Counties that provide substance use disorder treatment services shall provide all forms of federal Food and Drug Administration approved medications for addiction treatment.

~~(3) The programs in Section 5840.10 may include services to reduce the risk to children and youth of developing a substance use disorder.~~

THEY ARE PACKING THE MISNAMED MENTAL HEALTH SERVICES ACT OVERSIGHT AND ACCOUNTABILITY COMMISSION, WHICH WAS ALREADY DYSFUNCTIONAL, WITH PEERS AND PEOPLE WHO REPRESENT MENTAL ILLNESS LITE. MAYBE THAT I NOT BAD BECAUSE THEY MAY NEVER ACHIEVE A QUORUM AND WILL BE ALL TIED UP IN THEIR UNDERWEAR AND SO CAN DO LESS HARM. OR MAYBE IT WILL GIVE THE DIRECTOR/CHAIR OUTSIZE POWER THAT WILL BE MISUSED. THAT WAS CERTAINLY SOMETHING THAT HAPPENED IN THE PAST:

SEC. ~~50.~~ *52.*
Section 5845 is added to the Welfare and Institutions Code, to read:

5845.
(a) The Behavioral Health Services Oversight and Accountability Commission is hereby established to administer grants, identify key policy issues and emerging best practices, ~~and~~ *provide technical assistance to counties on implementation planning, training, and capacity building investments, and* promote high-quality programs implemented pursuant to Section 5892 through the examination of data and outcomes.

(b) (1) The commission shall replace the advisory committee established pursuant to Section 5814.

(2) The commission shall consist of ~~20~~ *24* voting members as follows:

(A) The Attorney General or the Attorney General's designee.

(B) The Superintendent of Public Instruction or the Superintendent's designee.

(C) The Chairperson of the Senate Committee on Health, the Chairperson of the Senate Committee on Human Services, or another member of the Senate selected by the President pro Tempore of the Senate.

(D) The Chairperson of the Assembly Committee on Health or another Member of the Assembly selected by the Speaker of the Assembly.

(E) A county behavioral health director.

(F) (i) The following individuals, all appointed by the Governor:

(I) ~~One person~~ *Two persons* who ~~has~~ *have* or ~~who has~~ *have* had a ~~serious~~ mental ~~illness.~~ *health disorder.*

(II) ~~One person~~ *Two persons* who ~~has~~ *have* or ~~who has~~ *have* had a substance use disorder.

(III) A family member of an adult or older adult ~~with a serious mental illness.~~ *who has or has had a mental health disorder.*

(IV) One person who is 25 years of age or younger and has or has had a mental health disorder, substance use disorder, or cooccurring disorder.

~~(IV)~~ *(V)* A family member of an adult or older adult who has or has had a substance use disorder.

~~(V)~~ *(VI)* A family member of a child or youth who has or has had a ~~serious~~ mental ~~illness.~~ *health disorder.*

~~(VI)~~ *(VII)* A family member of a child or youth who has or has had a substance use disorder.

~~(VII)~~ *(VIII)* A physician specializing in substance use disorder treatment, including the provision of medications for addiction treatment.

~~(VIII)~~ *(IX)* A mental health professional.

~~(IX)~~ *(X)* A professional with expertise in housing and homelessness.

~~(X)~~ *(XI)* A county sheriff.

~~(XI)~~ *(XII)* A superintendent of a school district.

~~(XII)~~ *(XIII)* A representative of a labor organization.

~~(XIII)~~ *(XIV)* A representative of an employer with less than 500 employees.

~~(XIV)~~ *(XV)* A representative of an employer with more than 500 employees.

~~(XV)~~ *(XVI)* A representative of a health care service plan or insurer.

(XVII) A representative of an aging or disability organization.

(ii) In making appointments, the Governor shall seek individuals who have had personal or family experience with mental illness or substance use disorder.

I WILL BE CURIOUS TO SEE HOW THE PROPONENTS OF “POPULATION BASED PREVENTION” (WHICH I PERSONALLY THINK IS NONSENSE)

REACT TO THIS AMENDMENT TO PROPOSED SECTION 5892 AT SECTION 88 (I DON'T REMEMBER HOW MUCH THEY PRESENTLY GET):

(E) The costs for the State Department of Public Health to provide population-based mental health and substance use disorder prevention programs. A minimum of 4 percent of the funds allocated pursuant to this subdivision shall be distributed to the State Department of Public Health for this purpose. Of these funds, at least 51 percent shall be used for programs serving populations who are 25 years of age or younger. The State Department of Public Health shall consult with the State Department of Health Care Services and the Behavioral Health Services Oversight and Accountability Commission to ensure the provision of these services.

(i) Population-based prevention programs are activities designed to reduce the prevalence of mental health and substance use disorders and resulting conditions.

(ii) Population-based prevention programs shall incorporate evidence-based practices or community-defined evidence practices and meet one or more of the following conditions:

(I) Target the entire population of the county to reduce the risk of individuals developing a mental health or substance use disorder.

(II) Target specific populations at elevated risk for a mental health or substance use disorder.

(III) Reduce stigma associated with seeking help for mental health challenges and substance use disorders.

(IV) Target populations disproportionately impacted by systematic racism and discrimination.

(V) Prevent suicide or overdose.

(VI) Population-based prevention programs may be implemented statewide or in community settings.

(iii) Population-based prevention programs shall not include the provision of services and supports for individuals.

(iv) In school-linked settings, population-based prevention supports and programs shall be provided on a schoolwide or classroom basis and not provide services and supports for individuals.

ALSO NOTE THAT THE PROVISIONS FOR SMIs GOING IN AND OUT OF JAIL HAVE SHIFTED FROM MANDATORY IN THE ORIGINAL MHSA (LANAGUAGE THAT WAS TO MY KNOWLEDGE ALMOST UNIVERSALLY IGNORED) TO DISCRETIONARY:

SEC. 34. Section 5813.5 is added to the Welfare and Institutions line 5 Code, to read:

*****

~~(e)~~ *(g)* (1) Each county integrated plan and annual update pursuant to Section 5963.02 shall consider ways to provide mental health services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program.

(2) Funds shall not be used to pay for persons incarcerated in state prison.

(3) Funds may be used to provide services to persons who are participating in a presentencing or postsentencing diversion program or who are on parole, probation, postrelease community supervision, or mandatory supervision or in a community reentry program.

THERE IS A MASSIVE REPEALER OF EARLIER PROVISIONS AT THE END. I CANNOT EVEN BEGIN TO ABSORB THIS, OR SPECULATE ON WHAT HAS BEEN SUBSTITUTED:

~~SEC. 11.~~
~~Section 5600.3 of the Welfare and Institutions Code is amended to read:~~

~~**5600.3.**~~
~~To the extent resources are available, the primary goal of the use of funds deposited into the mental health account of the local health and welfare trust fund shall be to serve the target populations identified in the following categories, which do not establish an order of priority:~~

~~(a) (1) Children or youth who have a serious emotional disturbance.~~

~~(2) For the purposes of this part, "children or youth who have a serious emotional disturbance" means minors under 18 years of age who have a mental illness as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:~~

~~(A) As a result of the mental illness, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or the ability to function in the community; and either of the following occur:~~

~~(i) The child is at risk of removal from home or has already been removed from the home.~~

~~(ii) The mental illness and impairments have been present for more than six months or are likely to continue for more than one year without treatment.~~

~~(B) The child displays one of the following: psychotic features, risk of suicide, or risk of violence due to a mental illness.~~

~~(C) The child has been assessed pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Education Code and determined to have an emotional disturbance as defined in paragraph (4) of subdivision (c) of Section 300.8 of Title 34 of the Code of Federal Regulations.~~

~~(b) (1) Adults and older adults who have a serious mental illness.~~

~~(2) (A) (i) For the purposes of this part, "serious mental illness" means a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning that interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.~~

~~(ii) Serious mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental illnesses.~~

~~(B) This section does not exclude persons with a serious mental illness and a diagnosis of substance abuse, developmental disability, or other physical or mental illness.~~

~~(3) Members of this target population shall meet all of the following criteria:~~

~~(A) The person has a mental illness as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder, developmental disorder, or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental illness as defined in paragraph (2).~~

~~(B) (i) As a result of the mental illness, the person has substantial functional impairments or symptoms or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.~~

~~(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental illness in independent living, social relationships, vocational skills, or physical condition.~~

~~(C) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.~~

~~(4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:~~

~~(A) Homeless persons with serious mental illness.~~

~~(B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.~~

~~(C) Persons arrested or convicted of crimes.~~

~~(D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.~~

~~(5) (A) California veterans in need of mental health or substance use disorder treatment services and who meet the existing eligibility requirements of this section, shall be provided services to the extent services are available to other adults pursuant to this section.~~

~~(B) A veteran who may be eligible for mental health or substance use disorder treatment services through the United States Department of Veterans Affairs shall be advised of these services by the county and assisted in linking to those services, to the extent possible, but the eligible veteran shall not be denied county mental or behavioral health services while waiting for a determination of eligibility for, and availability of, behavioral health services provided by the United States Department of Veterans Affairs.~~

~~(C) An eligible veteran shall not be denied county mental health or substance use disorder treatment services based solely on their status as a veteran, including whether the person is eligible for services provided by the United States Department of Veterans Affairs.~~

~~(D) Counties shall refer a veteran to the county veterans service officer, if any, to determine the veteran's eligibility for, and the availability of, mental health or substance use disorder treatment services provided by the United States Department of Veterans Affairs or other federal health care provider.~~

~~(E) Counties shall consider contracting with community-based veterans' services agencies, where possible, to provide high-quality, veteran-specific mental health or substance use disorder treatment services.~~

~~(c) Adults or older adults who require, or are at risk of requiring, acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental illness with symptoms of psychosis, suicidality, or violence.~~

~~(d) Persons who need brief treatment as a result of a natural disaster or severe local emergency.~~

~~SEC. 31.~~

~~Section 5814 of the Welfare and Institutions Code is amended to read:~~

~~5814.~~

~~(a) (1) This part shall be implemented only to the extent that funds are appropriated for purposes of this part. To the extent that funds are made available, the first priority shall go to maintain funding for the existing programs that meet adult system of care contract goals. The next priority for funding shall be given to counties with a high incidence of persons who are severely mentally ill and homeless or at risk of homelessness, and meet the criteria developed pursuant to paragraphs (3) and (4).~~

~~(2) The Director of Health Care Services shall establish a methodology for awarding grants under this part consistent with the legislative intent expressed in Section 5802, and in consultation with the advisory committee established in this subdivision.~~

~~(3) (A) The Director of Health Care Services shall establish an advisory committee for the purpose of providing advice regarding the development of criteria for the award of grants, and the identification of specific performance measures for evaluating the effectiveness of grants. The committee shall review evaluation reports and make findings on evidence-based best practices and recommendations for grant conditions. At not less than one meeting annually, the advisory committee shall provide to~~

~~the director written comments on the performance of each of the county programs. Upon request by the department, each participating county that is the subject of a comment shall provide a written response to the comment. The department shall comment on each of these responses at a subsequent meeting.~~

~~(B) The committee shall include, but not be limited to, representatives from state, county, and community veterans' services and disabled veterans outreach programs, supportive housing and other housing assistance programs, law enforcement, county mental health and private providers of local mental health services and mental health outreach services, the Department of Corrections and Rehabilitation, local substance abuse services providers, the Department of Rehabilitation, providers of local employment services, the State Department of Social Services, the Department of Housing and Community Development, a service provider to transition youth, the United Advocates for Children of California, the California Mental Health Advocates for Children and Youth, the Mental Health Association of California, the California Alliance for the Mentally Ill, the California Network of Mental Health Clients, the California Behavioral Health Planning Council, the Mental Health Services Oversight and Accountability Commission, and other appropriate entities.~~

~~(4) The criteria for the award of grants shall include, but not be limited to, all of the following:~~

~~(A) A description of a comprehensive strategic plan for providing outreach, prevention, intervention, and evaluation in a cost appropriate manner corresponding to the criteria specified in subdivision (c).~~

~~(B) A description of the local population to be served, ability to administer an effective service program, and the degree to which local agencies and advocates will support and collaborate with program efforts.~~

~~(C) A description of efforts to maximize the use of other state, federal, and local funds or services that can support and enhance the effectiveness of these programs.~~

~~(5) In order to reduce the cost of providing supportive housing for clients, counties that receive a grant pursuant to this part after January 1, 2004, shall enter into contracts with sponsors of supportive housing projects to the greatest extent possible. Participating counties are encouraged to commit a portion of their grants to rental assistance for a specified number of housing units in exchange for the counties' clients having the right of first refusal to rent the assisted units.~~

~~(b) In each year in which additional funding is provided by the annual Budget Act the State Department of Health Care Services shall establish programs that offer individual counties sufficient funds to comprehensively serve severely mentally ill adults who are homeless, recently released from a county jail or the state prison, or others who are untreated, unstable, and at significant risk of incarceration or homelessness unless treatment is provided to them and who are severely mentally ill adults. For purposes of this subdivision, "seriously mentally ill" adults are those individuals described in subdivision (b) of Section 5600.3. In consultation with the advisory committee established pursuant to paragraph (3) of subdivision (a), the department shall report to the Legislature on or before May 1 of each year in which additional funding is provided, and shall evaluate, at a minimum, the effectiveness of the strategies in providing successful outreach and reducing homelessness, involvement with local law enforcement, and other measures identified by the department. The evaluation shall include for each program funded in the current fiscal year as much of the following as available information permits:~~

~~(1) The number of persons served, and of those, the number who receive extensive community mental health services.~~

~~(2) The number of persons who are able to maintain housing, including the type of housing and whether it is emergency, transitional, or permanent housing, as defined by the department.~~

~~(3) (A) The amount of grant funding spent on each type of housing.~~

~~(B) Other local, state, or federal funds or programs used to house clients.~~

~~(4) The number of persons with contacts with local law enforcement and the extent to which local and state incarceration has been reduced or avoided.~~

~~(5) The number of persons participating in employment service programs including competitive employment.~~

~~(6) The number of persons contacted in outreach efforts who appear to be seriously mentally ill, as described in Section 5600.3, who have refused treatment after completion of all applicable outreach measures.~~

~~(7) The amount of hospitalization that has been reduced or avoided.~~

~~(8) The extent to which veterans identified through these programs' outreach are receiving federally funded veterans' services for which they are eligible.~~

~~(9) The extent to which programs funded for three or more years are making a measurable and significant difference on the street, in hospitals, and in jails, as compared to other counties or as compared to those counties in previous years.~~

~~(10) For those who have been enrolled in this program for at least two years and who were enrolled in Medi-Cal prior to, and at the time they were enrolled in, this program, a comparison of their Medi-Cal hospitalizations and other Medi-Cal costs for the two years prior to enrollment and the two years after enrollment in this program.~~

~~(11) The number of persons served who were and were not receiving Medi-Cal benefits in the 12-month period prior to enrollment and, to the extent possible, the number of emergency room visits and other medical costs for those not enrolled in Medi-Cal in the prior 12-month period.~~

~~(c) To the extent that state savings associated with providing integrated services for the mentally ill are quantified, it is the intent of the Legislature to capture those savings in order to provide integrated services to additional adults.~~

~~(d) Each project shall include outreach and service grants in accordance with a contract between the state and approved counties that reflects the number of anticipated contacts with people who are homeless or at risk of homelessness, and the number of those who are severely mentally ill and who are likely to be successfully referred for treatment and will remain in treatment as necessary.~~

~~(e) All counties that receive funding shall be subject to specific terms and conditions of oversight and training, which shall be developed by the department, in consultation with the advisory committee.~~

~~(f) (1) As used in this part, "receiving extensive mental health services" means having a personal services coordinator, as described in subdivision (b) of Section 5806, and having an individual personal service plan, as described in subdivision (c) of Section 5806.~~

(2) The funding provided pursuant to this part shall be sufficient to provide mental health services, medically necessary medications to treat severe mental illnesses, alcohol and drug services, transportation, supportive housing and other housing assistance, vocational rehabilitation and supported employment services, money management assistance for accessing other health care and obtaining federal income and housing support, accessing veterans' services, stipends, and other incentives to attract and retain sufficient numbers of qualified professionals as necessary to provide the necessary levels of these services. These grants shall, however, pay for only that portion of the costs of those services not otherwise provided by federal funds or other state funds.

(3) Methods used by counties to contract for services pursuant to paragraph (2) shall promote prompt and flexible use of funds, consistent with the scope of services for which the county has contracted with each provider.

(g) Contracts awarded pursuant to this part shall be exempt from the Public Contract Code and the state administrative manual and shall not be subject to the approval of the Department of General Services.

(h) Notwithstanding any other provision of law, funds awarded to counties pursuant to this part and Part 4 (commencing with Section 5850) shall not require a local match in funds.

(i) If amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election, this section shall become inoperative on January 1, 2025, and as of that date is repealed.

SEC. 32.

Section 5814 is added to the Welfare and Institutions Code, to read:

5814.

(a) (1) This part shall be implemented only to the extent that funds are appropriated for purposes of this part. To the extent that funds are made available, the first priority shall go to maintain funding for the existing programs that meet adult system of care contract goals. The next priority for funding shall be given to counties with a high incidence of persons with serious mental illness and homeless, or at risk of homelessness, and meet the criteria developed pursuant to paragraphs (3) and (4).

(2) The Director of Health Care Services shall establish a methodology for awarding grants under this part consistent with the legislative intent expressed in Section 5802 and in consultation with the advisory committee established in this subdivision.

(3) (A) (i) The Director of Health Care Services shall establish an advisory committee for the purpose of providing advice regarding the development of criteria for the award of grants and the identification of specific performance measures for evaluating the effectiveness of grants.

(ii) The committee shall review evaluation reports and make findings on evidence-based best practices and recommendations for grant conditions.

(iii) At not less than one meeting annually, the advisory committee shall provide to the director written comments on the performance of each of the county programs.

~~(iv) Upon request by the department, each participating county that is the subject of a comment shall provide a written response to the comment. The department shall comment on each of these responses at a subsequent meeting.~~

~~(B) The committee shall include, but not be limited to, representatives from each of the following:~~

~~(i) State, county, and community veterans' services and disabled veterans outreach programs.~~

~~(ii) Supportive housing and other housing assistance programs.~~

~~(iii) Law enforcement.~~

~~(iv) County behavioral health and private providers of local mental health and substance use disorder treatment services and mental health and substance use disorder outreach services.~~

~~(v) The Department of Corrections and Rehabilitation.~~

~~(vi) Local substance abuse services providers.~~

~~(vii) The Department of Rehabilitation.~~

~~(viii) Providers of local employment services.~~

~~(ix) The State Department of Social Services.~~

~~(x) The Department of Housing and Community Development.~~

~~(xi) A service provider to transition youth.~~

~~(xii) The United Advocates for Children of California.~~

~~(xiii) The California Mental Health Advocates for Children and Youth.~~

~~(xiv) The Mental Health Association of California.~~

~~(xv) The California Alliance for the Mentally Ill.~~

~~(xvi) The California Network of Mental Health Clients.~~

~~(xvii) The California Behavioral Health Planning Council.~~

~~(xviii) The Behavioral Health Services Oversight and Accountability Commission.~~

~~(xix) Other appropriate entities.~~

~~(4) The criteria for the award of grants shall include, but not be limited to, all of the following:~~

~~(A) A description of a comprehensive strategic plan for providing outreach, prevention, intervention, and evaluation in a cost-appropriate manner corresponding to the criteria specified in subdivision (c).~~

~~(B) A description of the local population to be served, the ability to administer an effective service program, and the degree to which local agencies and advocates will support and collaborate with program efforts.~~

~~(C) A description of efforts to maximize the use of other state, federal, and local funds or services that can support and enhance the effectiveness of these programs.~~

~~(5) (A) To reduce the cost of providing supportive housing for clients, counties that receive a grant pursuant to this part after January 1, 2004, shall enter into contracts with sponsors of supportive housing projects to the greatest extent possible.~~

~~(B) Participating counties are encouraged to commit a portion of their grants to rental assistance for a specified number of housing units in exchange for the counties' clients having the right of first refusal to rent the assisted units.~~

~~(b) (1) (A) In each year that additional funding is provided by the annual Budget Act, the State Department of Health Care Services shall establish programs that offer individual counties sufficient funds to comprehensively serve severely mentally ill adults who are homeless, recently released from a county jail or the state prison, or others who are untreated, unstable, and at significant risk of incarceration or homelessness unless treatment is provided to them.~~

~~(B) For purposes of this subdivision, "seriously mentally ill" adults are those individuals described in subdivision (b) of Section 5600.3.~~

~~(2) In consultation with the advisory committee established pursuant to paragraph (3) of subdivision (a), the department shall report to the Legislature on or before May 1 of each year that additional funding is provided and shall evaluate, at a minimum, the effectiveness of the strategies in providing successful outreach and reducing homelessness, involvement with local law enforcement, and other measures identified by the department.~~

~~(3) The evaluation shall include, for each program funded in the current fiscal year, as much of the following as available information permits:~~

~~(A) The number of persons served and, of those, the number who receive extensive community mental health and substance use disorder treatment services.~~

~~(B) The number of persons who are able to maintain housing, including the type of housing and whether it is emergency, transitional, or permanent housing as defined by the department.~~

~~(C) (i) The amount of grant funding spent on each type of housing.~~

~~(ii) Other local, state, or federal funds or programs used to house clients.~~

~~(D) The number of persons with contacts with local law enforcement and the extent to which local and state incarceration has been reduced or avoided.~~

~~(E) The number of persons participating in employment service programs, including competitive employment.~~

~~(F) The number of persons contacted in outreach efforts who appear to have a serious mental illness, as described in Section 5600.3, and who have refused treatment after completion of all applicable outreach measures.~~

~~(G) The amount of hospitalization that has been reduced or avoided.~~

~~(H) The extent to which veterans identified through these programs' outreach are receiving federally funded veterans' services for which they are eligible.~~

(I) The extent to which programs funded for three or more years are making a measurable and significant difference on the street, in hospitals, and in jails as compared to other counties or as compared to those counties in previous years.

(J) For those who have been enrolled in this program for at least two years and who were enrolled in Medi-Cal prior to, and at the time they were enrolled in, this program, a comparison of their Medi-Cal hospitalizations and other Medi-Cal costs for the two years prior to enrollment and the two years after enrollment in this program.

(K) The number of persons served who were and were not receiving Medi-Cal benefits in the 12-month period prior to enrollment and, to the extent possible, the number of emergency room visits and other medical costs for those not enrolled in Medi-Cal in the prior 12-month period.

(c) To the extent that state savings associated with providing integrated services for the mentally ill are quantified, it is the intent of the Legislature to capture those savings in order to provide integrated services to additional adults.

(d) Each project shall include outreach and service grants in accordance with a contract between the state and approved counties that reflects the number of anticipated contacts with people who are homeless or at risk of homelessness and the number of those who are seriously mentally ill and who are likely to be successfully referred for treatment and will remain in treatment, as necessary.

(e) All counties that receive funding shall be subject to specific terms and conditions of oversight and training, which shall be developed by the department in consultation with the advisory committee.

(f) (1) As used in this part, "receiving extensive mental health and substance use disorder treatment services" means having a personal services coordinator, as described in subdivision (b) of Section 5806, and having an individual personal service plan as described in subdivision (c) of Section 5806.

(2) The funding provided pursuant to this part shall be sufficient to provide mental health and substance use disorder treatment services, medically necessary medications to treat serious mental illnesses, alcohol and drug services, transportation, supportive housing, and other housing assistance, vocational rehabilitation and supported employment services, money management assistance for accessing other health care and obtaining federal income and housing support, accessing veterans' services, stipends, and other incentives to attract and retain sufficient numbers of qualified professionals as necessary to provide the necessary levels of these services. These grants shall, however, pay for only that portion of the costs of those services not otherwise provided by federal funds or other state funds.

(3) Methods used by counties to contract for services pursuant to paragraph (2) shall promote prompt and flexible use of funds consistent with the scope of services for which the county has contracted with each provider.

(g) Contracts awarded pursuant to this part shall be exempt from the Public Contract Code and the state administrative manual and shall not be subject to the approval of the Department of General Services.

(h) Notwithstanding any other provision of law, funds awarded to counties pursuant to this part and Part 4 (commencing with Section 5850) do not require a local match in funds.

(i) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

SEC. 42.

Section 5840.5 of the Welfare and Institutions Code is repealed.

SEC. 99.

Chapter 3 (commencing with Section 5962) is added to Part 7 of Division 5 of the Welfare and Institutions Code, to read:

CHAPTER 3. Behavioral Health Modernization Act

Article 1. Veterans Behavioral Health and Housing

5962.

(a) The Department of Housing and Community Development, in consultation with the Department of Veterans Affairs, shall determine the methodology and distribution of the grant funds, used for the purposes specified in paragraph (2) of subdivision (a) of Section 5965.04, to those entities it determines to be qualified.

(b) The Department of Housing and Community Development and the Department of Veterans Affairs shall work collaboratively pursuant to a memorandum of understanding to carry out the duties and functions of this article.

5962.01.

As used in this article, the following terms have the following meanings:

(a) "Department" means the Department of Housing and Community Development.

(b) "Behavioral health challenge" means, but is not limited to, a veteran who has a serious mental illness, as defined in Section 5600.3, or a substance use disorder, as defined in Section 5891.5.

5962.02.

(a) The department shall issue guidance regarding the implementation of this article by July 1, 2027.

(b) In developing the guidance referenced in subdivision (a), the department shall consult with the Department of Veterans Affairs regarding supportive services plan standards and other program areas where the Department of Veterans Affairs holds expertise.

5962.03.

(a) Notwithstanding any other law, funds allocated for the purposes specified in paragraph (2) of subdivision (a) of Section 5965.04 shall be disbursed in accordance with the Multifamily Housing Program as provided in Chapter 6.7 (commencing with Section 50675) of Part 2 of Division 31 of the Health and Safety Code and this article, including as grants to cities, counties, and other local public entities, as necessary, consistent with applicable law and guidance, for the following uses:

(1) Acquisition, rehabilitation, or acquisition and rehabilitation of motels, hotels, hostels, or other sites and assets, including apartments, homes, adult residential facilities, residential care facilities for the elderly, manufactured housing, commercial properties, and other buildings with existing uses that could be converted to permanent or interim housing.

~~(2) Master leasing of properties for noncongregant housing.~~

~~(3) Conversion of units from nonresidential to residential.~~

~~(4) New construction of dwelling units.~~

~~(5) The purchase of affordability covenants and restrictions for units.~~

~~(6) Relocation costs for individuals who are being displaced as a result of rehabilitation of existing units.~~

~~(7) Upon request and upon demonstration by the eligible applicant that other resources are not available for this purpose, the department may, in its sole discretion, provide funding for capitalized operating subsidies for units purchased, converted, or altered with funds provided pursuant to this section.~~

~~(b) Where possible, the department shall allocate the funds described in subdivision (a) in a manner that takes into consideration all of the following:~~

~~(1) Geographic need across the state.~~

~~(2) The demonstrated ability of the applicant to fund ongoing operating reserves, with priority given to an applicant who demonstrates a commitment to the sustained operations of these units, utilizing ongoing federal and state resources, including, but not limited to, the Veterans Affairs Supportive Housing program and the Behavioral Health Services Act.~~

~~(3) The creation of new permanent housing options.~~

~~(c) A conflict between the requirements of the Multifamily Housing Program and this article shall be resolved in favor of this article as may be set forth in the guidance authorized by Section 5962.02.~~

~~(d) Up to 5 percent of the funds appropriated for this article may be expended for the costs to administer this program.~~

~~5962.04.~~

~~(a) Notwithstanding any other law, any project funded by a grant pursuant to this article shall be deemed consistent and in conformity with any applicable local plan, standard, or requirement and any applicable coastal plan, local or otherwise, shall be allowed as a permitted use within the zone where the structure is located, and shall not be subject to a conditional use permit, discretionary permit, or to any other discretionary reviews or approvals.~~

~~(b) Notwithstanding any other law, the California Environmental Quality Act (Division 13 (commencing with Section 21000) of the Public Resources Code) does not apply to a project, including a phased project, funded by a grant pursuant to this chapter if, where applicable, all of the following applicable requirements are satisfied:~~

~~(1) No units were acquired by eminent domain.~~

~~(2) The units will be in decent, safe, and sanitary condition at the time of occupancy.~~

~~(3) Notwithstanding paragraph (1) of subdivision (a) of Section 1720 of the Labor Code, construction of the project constitutes a public works project for purposes of Chapter 1 (commencing with Section 1720) of Part 7 of Division 2 of the Labor Code.~~

(4) The project proponent obtains an enforceable commitment that all contractors and subcontractors performing work on the project will use a skilled and trained workforce for any proposed rehabilitation, construction, or major alterations in accordance with Chapter 2.9 (commencing with Section 2600) of Part 1 of Division 2 of the Public Contract Code.

(5) The project proponent submits to the lead agency a letter of support from a county, city, city and county, or other local public entity for any proposed rehabilitation, construction, or major alteration work.

(6) Any acquisition is paid for, in whole or part, with public funds.

(7) The project provides housing units for veterans who are experiencing homelessness, or at risk of homelessness, and who are living with a behavioral health challenge.

(8) Long-term covenants and restrictions require the units to be restricted to veterans who are experiencing homelessness, or at risk of homelessness, and are living with a behavioral health challenge for no fewer than 55 years.

(9) (A) The project does not result in an increase in the existing onsite development footprint of structure, structures, or improvements by more than 10 percent.

(B) An increase to the existing, onsite development footprint shall be exclusively to support the provision of, or conversion to, housing for the designated population, including, but not limited to, both of the following:

(i) Achieving compliance with local, state, and federal requirements.

(ii) Providing sufficient space for the provision of services and amenities.

(c) If a project applicant determines that a project is not subject to the California Environmental Quality Act (Division 13 (commencing with Section 21000) of the Public Resources Code) pursuant to this section and the lead agency for the project publicly concurs in that determination, the project applicant shall file a notice of exemption with the Office of Planning and Research and the county clerk of the county where the project is located in the manner specified in subdivisions (b) and (c) of Section 21152 of the Public Resources Code.

5962.05.

The department shall administer funding, as set forth below, subject to modifications set forth by the guidance required by Section 5962.02:

(a) The department may accept funding applications and issue awards on a continuous, over-the-counter basis until the funding has been exhausted or as otherwise required by law.

(b) (1) Each award shall be expended on the uses authorized in subdivision (a) of Section 5962.03 and in accordance with all relevant representations and descriptions in the application, within eight months of the date of the award.

(2) Applicants may ask the department for an extension of this timeframe on the grounds and according to the procedures set forth in the guidelines.

(3) The department director shall have reasonable discretion to approve or deny an extension upon conducting a full and good faith review of the applicant's extension request.

Article 2. Behavioral Health Planning and Reporting

5963.

(a) It is the intent of the Legislature that this chapter establish the Integrated Plan for Behavioral Health Services and Outcomes, which each county shall develop every three years to include all of the following:

(1) A demonstration of how the county will utilize various funds for behavioral health services to deliver high-quality and timely care along the continuum of services from prevention and wellness in schools and other settings to community-based outpatient care, residential care, crisis care, acute care, and housing services and supports.

(2) A demonstration of how the county will use Behavioral Health Services Act funds to prioritize addressing the needs of those with the most severe mental illness, serious emotional disturbance, and substance use disorders who are experiencing unsheltered homelessness, are incarcerated or at risk of being incarcerated, or have been hospitalized or institutionalized as a result of their behavioral health condition.

(3) A demonstration of how the county will strategically invest in population-based prevention, early intervention, and innovation.

(4) A demonstration of how the county has considered other local program planning efforts in the development of the integrated plan to maximize opportunities to leverage funding and services from other programs, including federal funding, Medi-Cal managed care, and commercial health plans.

(5) A demonstration of how the county will support and retain a robust county and non-county contracted behavioral health workforce to achieve the statewide and local behavioral health outcome goals.

(6) A development process in partnership with local stakeholders.

(7) A set of measures used to track progress and hold counties accountable in meeting specific outcomes and goals of the integrated plan.

(8) Information for the state to consider, if necessary to recommend changes to the county's integrated plan or requiring sanctions to a county's Behavioral Health Services Act funding as a result of a county not meeting its obligations or state outcome metrics.

(b) For purposes of this article, the following definitions apply:

(1) "Department" means the State Department of Health Care Services.

(2) "Integrated plan" means the Integrated Plan for Behavioral Health Services and Outcomes required by this section.

5963.01.

(a) A county shall work with each Medi-Cal managed care plan, as defined in subdivision (j) of Section 14184.101, that covers residents of the county on development of the Managed Care plan's population needs assessment.

(b) A county shall work with its local health jurisdiction on development of its community health improvement plan.

(c) This section shall become operative on July 1, 2026, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

5963.02.

(a) (1) Each county shall prepare and submit an integrated plan and annual updates to the Behavioral Health Services Oversight and Accountability Commission and the department.

(2) All references to the three-year program and expenditure plan mean the integrated plan.

(3) Each county's Board of Supervisors shall approve the integrated plan and annual updates by June 30 prior to the fiscal year or years the integrated plan or update would cover.

(4) A county shall not use the integrated plan to demonstrate compliance with federal law, state law, or requirements imposed by the department related to programs listed in subdivision (c).

(b) (1) Each section of the integrated plan and annual update listed in subdivision (c) shall be based on available funding or obligations under Section 30025 of the Government Code and corresponding contracts, for the applicable fiscal years and in accordance with established stakeholder engagement and planning requirements as required in Section 5963.03.

(2) A county shall consider relevant data sources to guide addressing local needs, including the prevalence of mental health and substance use disorders, the unmet need for mental health and substance use disorder treatment in the county, and the homelessness point-in-time count, in preparing each integrated plan and annual update, and should use the data to appropriately allocate funding between mental health and substance use disorder treatment services.

(3) A county shall consider the population needs assessment of each Medi-Cal managed care plan, as defined in subdivision (j) of Section 14184.101, that covers residents of the county in preparing each integrated plan and annual update.

(4) A county shall consider the community health improvement plan of the local health jurisdiction for the county in preparing each integrated plan and annual update.

(5) A county shall stratify data to identify behavioral health disparities and consider approaches to eliminate disparities, including, but not limited to, promising practices, models of care, community-defined evidence-based practices, workforce diversity, and cultural responsiveness in preparing each integrated plan and annual update.

(6) A county shall report and consider the achievement of defined goals and outcomes measures of the prior integrated plan and annual update, in addition to other data and information as specified by the department pursuant to Section 5963.05, in preparing each integrated plan and annual update.

(7) A county with more than 200,000 population shall collaborate with the five most populous cities in the county, managed care plans, and continuums of care to outline respective responsibilities and coordination of services related to housing interventions described in Section 5830.

(c) The integrated plan and annual updates shall include a section for each of the following:

(1) (A) Community mental health services provided pursuant to Part 2 (commencing with Section 5600).

(B) Programs and services funded from the Behavioral Health Services Fund pursuant to Section 5890, including a description of how the county meets the requirements of paragraph (7) of subdivision (b).

(C) Programs and services funded by the Projects for Assistance in Transition from Homelessness grant pursuant to Sections 290cc-21 through 290cc-35, inclusive, of Title 42 of the United States Code.

(D) Programs and services funded by the Community Mental Health Services Block Grant pursuant to Sections 300x through 300x-9, inclusive, of Title 42 of the United States Code.

(E) Programs and services funded by the Substance Abuse Block Grant pursuant to Sections 300x-21 through 300x-35, inclusive, of Title 42 of the United States Code.

(F) Programs and services provided pursuant to Article 5 (commencing with Section 14680) of Chapter 8.8 of Part 3 of Division 9 and Chapter 8.9 (commencing with Section 14700) of Part 3 of Division 9.

(G) Programs and services provided pursuant to Article 3.2 (commencing with Section 14124.20) of Chapter 7 of Part 3 of Division 9.

(H) Programs and services provided pursuant to Section 14184.401.

(I) Programs and services funded by distributions from the Opioid Settlements Fund established pursuant to Section 12534 of the Government Code.

(J) Services provided through other federal grants or other county mental health and substance use disorder programs.

(2) (A) A description of how the integrated plan and annual update aligns with statewide behavioral health goals and outcome measures, as defined by the department in consultation with counties and stakeholders, pursuant to Section 5963.05.

(B) Outcome measures may include, but not be limited to, measures that demonstrate achievement of goals to reduce unsheltered homelessness among those eligible for housing interventions pursuant to Section 5830 and measures that demonstrate reductions in the number of people with serious mental illness and substance use disorders who are incarcerated in the county.

(3) A description of how the integrated plan aligns with local goals and outcome measures for behavioral health.

(4) The programs and services specified in paragraph (1) shall include descriptions of efforts to reduce identified disparities in behavioral health outcomes.

(5) A description of the data sources considered to meet the requirements specified in paragraph (2) of subdivision (b).

(6) A description of its workforce strategy, to include actions the county will take to ensure its county and non-county contracted behavioral health workforce is well supported and robust enough to achieve the statewide and local behavioral health goals and measures. This description shall include how the county will do all of the following:

~~(A) Maintain and monitor a network of appropriate, high-quality county and non-county contracted providers, where applicable, that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs.~~

~~(B) Meet federal and state standards for timely access to care and services, considering the urgency of the need for services.~~

~~(C) Ensure the health and welfare of the individual and support community integration of the individual.~~

~~(D) Promote the delivery of services in a culturally competent manner to all individuals, including those with limited English proficiency and diverse cultural and ethnic backgrounds and disabilities, regardless of age, religion, sexual orientation, and gender identity.~~

~~(E) Ensure physical access, reasonable accommodations, and accessible equipment for individuals with physical, intellectual and developmental, and mental disabilities.~~

~~(F) Select and retain all contracted network providers, including ensuring all contracted providers meet minimum standards for license, certification, training, experience, and credentialing requirements.~~

~~(G) Ensure that the contractor's hiring practices meet applicable nondiscrimination standards.~~

~~(H) Adequately fund contracts to ensure that non-county contracted providers are resourced to achieve the behavioral health goals outlined in their contract for the purposes of meeting statewide metrics.~~

~~(I) Conduct oversight of compliance of all federal and state laws and regulations of all contracted network providers.~~

~~(J) Fill county vacancies and retain county employees providing direct behavioral health services, if applicable.~~

~~(7) Certification by the county behavioral health director, that ensures that the county has complied with all pertinent regulations, laws, and statutes, including stakeholder participation requirements.~~

~~(8) Certification by the county behavioral health director and by the county auditor-controller that the county has complied with fiscal accountability requirements, as directed by the department, and that all expenditures are consistent with applicable state and federal law.~~

~~(d) The county shall submit its integrated plan and annual updates to the department in a form and manner prescribed by the department.~~

~~(e) The department shall post on its internet website, in a timely manner, the integrated plan submitted by every county pursuant to subdivision (a).~~

~~(f) This section shall become operative on July 1, 2026, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.~~

~~**5963.03.**~~
~~(a) (1) Each integrated plan shall be developed with local stakeholders, including, but not limited to, all of the following:~~

~~(A) Adults and older adults with serious mental illness or in recovery from a substance use disorder.~~

~~(B) Families of children, adults, and older adults with serious mental illness or with a substance use disorder.~~

~~(C) Youths or youth mental health or substance use disorder organizations.~~

~~(D) Providers of mental health services and substance use disorder treatment services.~~

~~(E) Public safety partners.~~

~~(F) Education agencies.~~

~~(G) Higher education partners.~~

~~(H) Early childhood organizations.~~

~~(I) Local health jurisdictions.~~

~~(J) County social services and child welfare agencies.~~

~~(K) Labor representative organizations.~~

~~(L) Veterans.~~

~~(M) Representatives from veterans organizations.~~

~~(N) Health care organizations.~~

~~(O) Health care service plans, including Medi-Cal managed care plans as defined in subdivision (j) of Section 14184.101.~~

~~(P) Disability insurers.~~

~~(Q) Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes.~~

~~(R) The five most populous cities in counties with a population greater than 200,000.~~

~~(S) Area agencies on aging.~~

~~(T) Independent living centers.~~

~~(U) Continuums of care.~~

~~(V) Regional centers.~~

~~(2) (A) (i) A county shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health and substance use disorder policy, program planning, and implementation, monitoring, workforce, quality improvement, health equity, evaluation, and budget allocations.~~

~~(ii) Stakeholders shall include sufficient participation of individuals representing diverse viewpoints, including, but not limited to, representatives from youth from historically marginalized communities, representatives from organizations specializing in working with underserved racially and ethnically~~

~~diverse communities, representatives from LGBTQ+ communities, and victims of domestic violence and sexual abuse.~~

~~(B) A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interest and any interested party who has requested a copy of the draft plan.~~

~~(b) (1) The behavioral health board established pursuant to Section 5604 shall conduct a public hearing on the draft integrated plan and annual updates at the close of the 30-day comment period required by subdivision (a).~~

~~(2) Each adopted integrated plan and update shall include substantive written recommendations for revisions.~~

~~(3) The adopted integrated plan or update shall summarize and analyze the recommended revisions.~~

~~(4) The behavioral health board shall review the adopted integrated plan or update and make recommendations to the local mental health agency or local behavioral health agency, as applicable, for revisions.~~

~~(5) The local mental health agency, local substance use disorder agency, or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the department for substantive recommendations made by the local behavioral health board that are not included in the final integrated plan or update.~~

~~(c) (1) A county shall prepare annual updates to its integrated plan and may prepare intermittent updates.~~

~~(2) In preparing annual and intermittent updates:~~

~~(A) A county is not required to comply with the stakeholder process described in subdivisions (a) and (b).~~

~~(B) A county shall post on its internet website all updates to its integrated plan and a summary and justification of the changes made by the updates for a 30-day comment period prior to the effective date of the updates.~~

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

~~(e) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.~~

~~5963.04.~~

~~(a) (1) Annually, counties and Medi-Cal behavioral health delivery systems, as defined in subdivision (i) of Section 14184.101, shall submit the County Behavioral Health Outcomes, Accountability, and Transparency Report to the department.~~

~~(2) This report shall include the following data and information that shall be submitted in a form, manner, and in accordance with timelines prescribed by the department:~~

(A) The county's annual allocation of state and federal behavioral health funds, by category.

(B) The county's annual expenditure of state and federal behavioral health funds, by category.

(C) The amounts of annual and cumulative unspent state and federal behavioral health funds, including funds in a reserve account, by category.

(D) The county's annual expenditure of county general funds and other funds, by category, on mental health or substance use disorder treatment services.

(E) The sources and amounts spent annually as the nonfederal share for Medi-Cal specialty mental health services and Medi-Cal substance use disorder treatment services, by category.

(F) All administrative costs, by category.

(G) All contracted services, and the cost of those contracted services, by category.

(H) Information on behavioral health services provided to persons not covered by Medi-Cal, including, but not limited to, those who are uninsured or covered by Medicare or commercial insurance, by category.

(I) Other data and information, which shall include, but is not limited to, service utilization data, performance outcome measures across all behavioral health delivery systems, and data and information pertaining to populations with identified disparities in behavioral health outcomes, as specified by the department. Examples may include, but are not limited to, data through the lens of health equity to identify racial, ethnic, and other demographic disparities and inform disparity reduction efforts, the number of people with serious mental illness or substance use disorder, or both, who are incarcerated, experiencing homelessness, inclusive of the availability of housing, the number of youth under 26 years of age who access evidence based early psychosis and mood disorder detection and intervention programs.

(J) Data and information on workforce measures and metrics, including, but not limited to, all of the following:

(i) Vacancies and efforts to fill vacancies.

(ii) The number of county employees providing direct clinical behavioral health services.

(iii) Whether there is a net change in the number of county employees providing direct clinical behavioral health services compared to the prior year and an explanation for that change.

(b) The department may establish metrics, in consultation with counties and stakeholders, to measure and evaluate the quality and efficacy of the behavioral health services and programs listed in paragraph (1) of subdivision (c) of Section 5963.02.

(c) Each county's board of supervisors shall attest that the County Behavioral Health Outcomes, Accountability, and Transparency Report is complete and accurate before it is submitted to the department.

(d) Each year, the department shall post on its internet website a statewide County Behavioral Health Outcomes, Accountability, and Transparency Report.

(c) (1) The department may require a county or Medi-Cal behavioral health delivery system, as defined in subdivision (i) of Section 14184.101, to revise its integrated plan or annual update pursuant to Section 5963.02 if the department determines the plan or update fails to adequately address local needs pursuant to paragraph (2) of subdivision (b) of Section 5963.02.

(2) The department may impose a corrective action plan or require a county or Medi-Cal behavioral health delivery system, as defined in subdivision (i) of Section 14184.101, to revise its integrated plan or annual update pursuant to Section 5963.02 if the department determines that the county or delivery system fails to make adequate progress in meeting the metrics established by the department pursuant to subdivision (b).

(3) (A) (i) If a county or Medi-Cal behavioral health delivery system fails to submit the data and information specified in subdivision (a) by the required deadline, or as otherwise required by the department, fails to allocate funding pursuant to Section 5892, or fails to follow the process pursuant to Section 5963.03, the department may impose a corrective action plan or monetary sanctions pursuant to Section 14197.7 and temporarily withhold payments to the county or Medi-Cal behavioral health delivery system.

(ii) Notwithstanding any other law, payments shall be withheld from the Behavioral Health Services Fund.

(B) The department shall temporarily withhold amounts it deems necessary to ensure the county or Medi-Cal behavioral health delivery system comes into compliance.

(C) The department shall release the temporarily withheld funds when it determines the county or Medi-Cal behavioral health delivery system has come into compliance.

(f) This section shall be read in conjunction with, and apply in addition to, any other applicable law that authorizes the department to impose sanctions or otherwise take remedial actions against a county and Medi-Cal behavioral health delivery system.

(g) This section shall become operative on July 1, 2026, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

5963.05.

(a) Notwithstanding Chapter 3.5 (commencing Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific the amendments made pursuant to this act by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions without taking further regulatory action.

(b) By July 1, 2033, the department shall adopt regulations necessary to implement, interpret, or make specific the amendments made pursuant to this act in accordance with the requirements of Chapter 3.5 (commencing Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) (1) For purposes of implementing this act, the department may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis, including contracts to implement new or change existing information technology systems.

(2) Notwithstanding any other law, contracts entered into or amended, or changes to existing information technology systems made pursuant to this subdivision shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Article

4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code, Part 2 (commencing with Section 12100) of Division 2 of the Public Contract Code, the Statewide Information Management Manual, and the State Administrative Manual and shall be exempt from the review or approval of any division of the Department of General Services or the Department of Technology.

(d) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

Article 3. Behavioral Health Infrastructure Act Grant Program

5964.

(a) (1) Community-based treatment settings and residential care settings referenced in paragraph (1) of subdivision (a) of Section 5965.04 shall include, but not be limited to, residential behavioral health treatment facilities.

(2) Settings shall be voluntary, unlocked, and create step-downs from higher acuity levels of care along the behavioral health care continuum.

(b) These facilities shall focus on stabilizing and rehabilitating residents' behavioral health conditions, building recovery skills, encouraging community involvement, and support residents continued treatment and long-term recovery.

(c) Eligible facilities will be defined by the department.

5964.01.

As used in this article, "department" means the State Department of Health Care Services.

5964.02.

(a) (1) Except as provided in subdivision (b), the department shall determine the methodology and distribution of the grant funds that are allocated for the purposes specified in paragraph (1) of subdivision (a) of Section 5965.04 to those entities it determines to be qualified.

(2) The department shall issue guidance regarding the implementation of this article by July 1, 2027.

(b) To receive grant funds pursuant to subdivision (a), an entity shall meet, to the extent applicable and as required by the department, all of the following conditions:

(1) Provide matching funds or real property.

(2) Expend grant funds to supplement, and not supplant, existing funds to construct, acquire, and rehabilitate capital assets.

(3) Report data, in a form and manner and as specified by the department, to the department within 90 days of the end of each quarter for the first five years.

(4) Operate services in the financed facility for the intended purpose for a minimum of 30 years.

(c) Up to 5 percent of the funds appropriated for this article may be expended for the costs to administer this program.

5964.03.

Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this article, in

whole or in part, by means of information notices or other similar instructions without taking further regulatory action.

5964.04.

For purposes of implementing this article, the department may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis.

5964.05.

(a) Notwithstanding any other law, a project funded by a grant pursuant to this article shall be deemed consistent and in conformity with any applicable local plan, standard, or requirement and allowed as a permitted use within the zone that the structure is located and shall not be subject to a conditional use permit, discretionary permit, or to other discretionary reviews or approvals.

(b) Notwithstanding any other law, the California Environmental Quality Act (Division 13 (commencing with Section 21000) of the Public Resources Code) does not apply to a project, including a phased project, funded by a grant pursuant to this article if, where applicable, all of the following applicable requirements are satisfied:

(1) The project is not acquired by eminent domain.

(2) (A) The project applicant demonstrates that the project is, and will continue to be, licensed by, and in good standing with, the department or other state licensing entity at the time of, and for the duration of, occupancy.

(B) The project shall be in decent, safe, and sanitary condition at the time of occupancy.

(3) Notwithstanding paragraph (1) of subdivision (a) of Section 1720 of the Labor Code, construction of the project constitutes a public works project for purposes of Chapter 1 (commencing with Section 1720) of Part 7 of Division 2 of the Labor Code.

(4) The project applicant obtains an enforceable commitment that all contractors and subcontractors performing work on the project will use a skilled and trained workforce for a proposed rehabilitation, construction, or major alteration in accordance with Chapter 2.9 (commencing with Section 2600) of Part 1 of Division 2 of the Public Contract Code.

(5) The project applicant submits to the lead agency a letter of support, or other durable documentary proof for the project, from a county, city, or other local public entity for a new proposed construction, major alteration work, or rehabilitation.

(6) The project applicant demonstrates that not less than 95 percent of the total cost of a new construction, facility acquisition, or rehabilitation project is paid for with public funds, private nonprofit funds, or philanthropic funds.

(7) The project applicant demonstrates that the project expands the availability of behavioral health treatment services in the subject jurisdiction.

(8) The project applicant demonstrates that there are long-term covenants and restrictions that require the project to be used to provide behavioral health treatment for no less than 30 years, and those covenants and restrictions may not be amended or extinguished by a subsequent title holder, owner, or operator.

(9) The project does not result in an increase in the existing onsite development footprint of structures or improvements.

(c) If a project applicant determines that a project is not subject to the California Environmental Quality Act (Division 13 (commencing with Section 21000) of the Public Resources Code) pursuant to this section and the lead agency for the project publicly concurs in that determination, the project applicant shall file a notice of exemption with the Office of Planning and Research and the county clerk of the county where the project is located and in the manner specified in subdivisions (b) and (c) of Section 21152 of the Public Resources Code.

5964.06.

"Low rent housing project," as defined in Section 1 of Article XXXIV of the California Constitution, does not apply to a project pursuant to this section that meets any of the following criteria:

(a) The project is privately owned housing, receiving no ad valorem property tax exemption other than exemptions granted pursuant to subdivision (f) or (g) of Section 214 of the Revenue and Taxation Code, not fully reimbursed to all taxing entities, and not more than 49 percent of the dwellings, apartments, or other living accommodations of the development may be occupied by persons of low income.

(b) The project is privately owned housing, is not exempt from ad valorem taxation by reason of public ownership, and is not financed with direct, long-term financing from a public body.

(c) The project is intended for owner occupancy, which may include a limited-equity housing cooperative as defined in Section 50076.5 of the Health and Safety Code, or cooperative or condominium ownership rather than for rental occupancy.

(d) The project consists of newly constructed, privately owned, one to four family dwellings not located on adjoining sites.

(e) The project consists of existing dwelling units leased by the state public body from the private owner of these dwelling units.

(f) The project consists of the rehabilitation, reconstruction, improvement, or addition to, or replacement of, dwelling units of a previously existing low-rent housing project or a project previously or currently occupied by lower-income households as defined in Section 50079.5 of the Health and Safety Code.

(g) The project consists of the acquisition, rehabilitation, reconstruction, or improvement, or any combination thereof, of a project that, prior to the date of the transaction to acquire, rehabilitate, reconstruct, or improve, or any combination thereof, was subject to a contract for federal or state public body assistance for the purpose of providing affordable housing for low-income households and maintains, or enters into, a contract for federal or state public body assistance for the purpose of providing affordable housing for low-income households.

5964.07.

The provisions of this article are severable. If any provision of this article or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

~~SEC. 105.~~

~~Section 18 of the Mental Health Services Act, as added by Proposition 63 at the November 2, 2004, statewide general election, is amended to read:~~

~~**Sec. 18.**~~

~~(a) This act shall be broadly construed to accomplish its purposes. All of the provisions of this act may be amended by a two-thirds vote of the Legislature so long as such amendments are consistent with and further the intent of this act. The Legislature may by majority vote add provisions to clarify procedures and terms including the procedures for the collection of the tax surcharge imposed by Section 12 of this act.~~

~~(b) If amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election, this section shall become inoperative on January 1, 2025, and as of that date is repealed.~~

THIRTY-SEVEN PAGES BEATS 600+, NO?

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, August 15, 2023 9:25 AM
To: Works-Wright, Jamie
Subject: FW: MHSOAC Meeting - August 24

Internal

Please see the information below from Edward Opton

Jamie Works-Wright
Consumer Liaison
Jworks-wright@berkeleyca.gov
510-423-8365 cl
510-981-7721 office

From: Edward Opton <eopton1@gmail.com>
Sent: Monday, August 14, 2023 8:56 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: MHSOAC Meeting - August 24

Please circulate to members of the Mental Health Commission
——

To: Members, Mental Health Commission
From: Edward Opton

A two-hour presentation of research information at the August 24 meeting of the Mental Health Services Oversight & Accountability Commission (MHSOAC) is likely to be of considerable interest to Berkeley MHC members. The presentation is scheduled for 10 am to noon in Sacramento, but it can be accessed via Zoom:

https://mhsoac.ca-gov.zoom.us/j/89687854531

COMMISSION MEETING NOTICE & AGENDA

August 24, 2023

NOTICE IS HEREBY GIVEN that the Commission will conduct a Regular Meeting on **August 24, 2023, at 9:00 a.m.** This meeting will be conducted via teleconference pursuant to the Bagley-Keene Open Meeting Act according to Government Code sections 11123 and 11133. The location(s) from which the public may participate are listed below. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

COMMISSION MEMBERS:

Mara Madrigal-Weiss, *Chair* Mayra E. Alvarez, *Vice Chair* Mark Bontrager
Bill Brown, *Sheriff* Keyondria D Bunch, Ph.D. Steve Carnevale

Wendy Carrillo, *Assemblymember* Rayshell Chambers
Shuo Chen
Dave Cortese, *Senator*

Itai Danovitch, MD Dave Gordon
Gladys Mitchell
Jay Robinson, Psy.D. Alfred Rowlett Khatera Tamplen

EXECUTIVE DIRECTOR:

Toby Ewing

Date: Time: Location:

August 24, 2023
9:00 AM
MHSOAC - 1812 9th Street, Sacramento, CA 95811

ZOOM ACCESS:

https://mhsoac-ca-

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Wednesday, August 9, 2023 4:00 PM
To: Works-Wright, Jamie
Subject: FW: DHCS Special Convening August 11 re: BH CONNECT & Section 1115-Adding Transitional Rent Services

Hello Commissioners,

Please see the information below.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@berkeleyca.gov
510-423-8365 cl
510-981-7721 office

From: CAL BHBC <cal@calbhbc.com>
Sent: Thursday, August 3, 2023 8:43 AM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: DHCS Special Convening August 11 re: BH CONNECT & Section 1115-Adding Transitional Rent Services

Sharing Forward from CA Department of Health Care Services (DHCS):

DHCS Special Convening August 11: BH-CONNECT and 1115 amendment to add transitional rent services as a Community Support.

Dear Stakeholders:

The Department of Health Care Services will host a special convening of the Behavioral Health Stakeholder Advisory Committee (BH-SAC) on Friday, August 11, 2023, from 10:00 AM – 11:30 AM. This meeting is open to the public.

The meeting will provide updates on the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 demonstration application, and an amendment to the CalAIM Section 1115 demonstration to add transitional rent services as a Community Support.

Stakeholders are invited to provide feedback during the meeting.

The meeting will take place in-person at 1500 Capitol Ave. (Building 172), EEC Training Rooms, Sacramento, CA 95814 and will be accessible by Zoom.

Register in advance for this session: Webinar Registration - Zoom

After registering, you will receive a confirmation email containing instructions for joining the webinar.

Thank you and we look forward to your participation.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, August 4, 2023 12:35 PM
To: Works-Wright, Jamie
Subject: Agenda Items for September 21 MHC meeting

Hello Commissioners,

Reminder that we will not have an August meeting. The next MHC meeting will be Thursday, September 21, 2023 at 7pm.

Please write me back how you would like the items to be on the agenda. The deadline to have agenda items will be on Friday, September 1st.
The deadline for documents to be added to the packet will be on Thursday, September 7th.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@berkeleyca.gov
510-423-8365 cl
510-981-7721 office

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, August 4, 2023 7:34 AM
To: Works-Wright, Jamie
Cc: Buell, Jeffrey
Subject: Update about the SCU training materials

Hello commissioners

Please see the information from Lisa about the training materials that Bonita House is providing for the SCU.

> Also, Bonita House has already agreed to share their training materials. The issue is that they are in the process of re-vising/revitalizing their training manual, and want to share their most updated materials (rather than outdated materials) which they hope to complete by September (and could likely share in the October MHC meeting). They have also already offered to share all that they have re-written to date, an outline of what remains to be revised, and share on-going. Unfortunately, it sounds like this aspect was not conveyed to the commission prior to their vote.
>
> Lisa

Jamie Works-Wright
Jworks-wright@berkeleyca.gov
510-981-7721
510-423-8365 cell

Begin forwarded message:

> **From:** "Warhuus, Lisa" <LWarhuus@berkeleyca.gov>
> **Date:** August 3, 2023 at 10:42:42 AM CDT
> **To:** "Works-Wright, Jamie" <JWorks-Wright@berkeleyca.gov>
> **Cc:** "Buell, Jeffrey" <JBuell@berkeleyca.gov>, Monica Jones <mjberkeleycommissioner18@gmail.com>
> **Subject: RE: Letter to City Council, City Manager and you**
>
> Hi Jamie,
>
> I can share, but typical protocol would be for the commission chair to send this notice directly to the parties noticed.
>
> Also, Bonita House has already agreed to share their training materials. The issue is that they are in the process of re-vising/revitalizing their training manual, and want to share their most updated materials (rather than outdated materials) which they hope to complete by September (and could likely share in the October MHC meeting). They have also already offered to share all that they have re-written to date, an outline of what remains to be revised, and share on-going. Unfortunately, it sounds like this aspect was not conveyed to the commission prior to their vote.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, August 1, 2023 12:35 PM
To: Works-Wright, Jamie
Subject: FW: Request of city clerk's office. (Please kindly read this email)

Hello Commissioners,

As you all have read in emails, there were some concerns about the Annual Report. After checking with the city clerk's office. It is recommended that we bring it back to the September meeting because it was not properly agenized. The item will have a better description and updated materials for you all to make another motion.

Please see the email below from the city clerk's office.

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: Commission
Sent: Tuesday, August 1, 2023 9:22 AM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Cc: Monica Jones <mjberkeleycommissioner18@gmail.com>; Commission <Commission@berkeleyca.gov>
Subject: RE: Request of city clerks office. (Please kindly read this email)

Hi Jamie,

I discussed with the City Clerk as well, and it was determined that the item was not properly agendized. We can interpret Commissioner Fine's request/concern as an informal "request to cure" under the Brown Act.

You can re-agendize the item with a better description and new/updated materials at a future meeting (can be a regular or special meeting). If it is a special meeting it would count toward the 10-meeting limit.

Please let us know if you have any questions.

Thank you,

Neetu Salwan
Assistant City Clerk
Berkeley City Clerk Department
nsalwan@berkeleyca.gov
510.981.6916

From: Works-Wright, Jamie
Sent: Tuesday, August 1, 2023 8:14 AM
To: Commission <Commission@berkeleyca.gov>
Cc: Monica Jones <mjberkeleycommissioner18@gmail.com>
Subject: Request of city clerks office. (Please kindly read this email)

We have a commissioner who was not present at the last MHC meeting and a motion was passed regarding the Annual report. Commissioner Margaret Fine would like to know how to go about adding missing content within the report.

Currently she is seeking to add the missing information to the annual report and not to supplement it as a separate document at a later meeting. She believes the Commission procedures were not followed and it is a due process issue.

The issue is about the fact that you have to post an adoption of an annual report and submission to the Berkeley City Council before you consider that agenda item at the full body of the Mental Health Commission meeting.
As the secretary I put it under Subcommittee report - Evaluation committee - Annual report.

Margaret states that it must be on that month's agenda as proposing action to adopt the annual report before consideration.

We are seeking advice on how the City Clerk remedies this circumstance. Can we consider the annual report again at the next meeting and add the content? Does it have to be at meeting or special meeting? Can an edited version be given after the report was passed?

Margaret would like to know about approaching your office (City Clerk) about the lack of notice about the agenda item and what procedure to follow to allow all Commissioners an opportunity to be heard and meaningfully participate to complete the annual report before adoption, which may not be a special meeting and instead returning the item to the September agenda or another remedy.

Thank you for your time.

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

[cid:image001.png@01D5EBB7.29F87930]

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, August 1, 2023 8:20 AM
To: Works-Wright, Jamie
Subject: FW: Personal Story This Past Year

Please see the email from Margaret below

Jamie Works-Wright
Consumer Liaison
Jworks-wright@berkeleyca.gov
510-423-8365 cl
510-981-7721 office

From: Margaret Fine <margaretcarolfine@gmail.com>
Sent: Monday, July 31, 2023 10:19 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Personal Story This Past Year

Hi Jamie,

Would you be so kind and forward this email to the Mental Health Commissioners? I read the responses you sent and have told my personal story so people have an understanding of what transpired since last September 2022 leading up to this issue.

Dear Commissioners,

I hope you are well. I have written my personal story this past year and the basis for why notice--an opportunity to be heard and meaningfully participate--during the month when the full body of the Commission considers a proposed action item for adoption and submission to the Berkeley City Council is essential for conducting MHC business. I have shared openly about my experience and it ties to considering adding omitted content to the current annual report, and not as a supplement.

Our mom--Mary Ellen Fine--died on January 7, 2023 after experiencing profound mental and physical deterioration due to a sporadic form of Creutzfeldt-Jakob Disease (CJD). In late September 2022, she told a friend that her brain felt like it was on fire. She caught an extremely rare, devastating brain disorder and further experienced a severe organic major depressive episode and anxiety as a result of rapidly failing memory and drastic cognitive limitations she was swiftly experiencing in her life. Initially she thought she experienced a stroke and visited the emergency room on October 4, 2022 but the CT scan did not show any notable abnormalities. She visited her primary doctor on October 5 who ordered a slew of tests without producing any remarkable results.

This disease--CJD--is an extremely rare, fatal, incurable brain disorder. There are nearly 500 new cases in the USA per year. The incidence of CJD cases worldwide is one or two cases per million individuals per year. Our mom had the sporadic form of CJD (85% of cases) and the cause is unknown. The normal prion protein spontaneously misfolds in the brain; there is an exponential chain reaction that induces other proteins around it to misfold. The pattern is similar to other protein-related neurodegenerative diseases such as Alzeimer's or Parkinson's diseases. There are further genetic prion diseases caused by a genetic mutation; approximately 40 prion disease mutations, including the deadly genetic familial CJD and fatal familial insomnia (10-15% of cases). There is also acquired CJD such as from contaminated neurosurgical instruments and variant CJD that has been transmitted by beef contaminated by bovine spongiform encephalopathy (BSE, or "mad cow disease," which only appears in cows and is less than 1 percent of cases). As of 2018, there are no known cases of variant CJD that have been acquired within the USA but there was an outbreak in Northern England and Scotland beginning about 1986.

As a result of its extreme rarity, CJD can be very difficult for medical doctors to diagnose before the person dies. In the early stages of the disease, people exhibit failing memory, behavior changes, impaired coordination, and/or visual disturbances. As the illness swiftly progresses, mental deterioration becomes more pronounced, and involuntary movements, blindness, weakness of extremities, and ultimately death occurs. In fact, CJD is a rapidly progressive dementia with its own CJD-related manifestations of mental illness, including a spectrum of psychosis, which may or may not respond to psychiatric medications. CJD usually occurs later in life and typically leads to death in a few months to one year following the onset of symptoms. We believe our mom had manifestations of CJD symptoms for 3.5 months before she died. The older the person with CJD, typically the more rapid their deterioration.

As you can estimate, the reality of trying to diagnose an extremely rare disease is very challenging. Our mom came to me on October 10 to let me know she was experiencing severe depression and anxiety and that she could not balance her checkbook or in other words, she could no longer add or subtract. I immediately began handling her health and general affairs as I lived with her for 7 years before the onset of this disease (good reason to have health and general financial powers of attorney in place). She was diagnosed with CJD on December 13 by a neurologist at Kaiser Oakland, but the route to get a diagnosis was circuitous given the varied manifestations of CJD and her organic major depression and anxiety from the outset.

In fact, the Kaiser psychiatrist and neurologist initially diagnosed our mom with "pseudodementia" as a severe major depressive episode can overwhelm the brain and create "pseudo" symptoms of failing memory. Both of her Kaiser doctors are board certified in neurology and psychiatry. At an in-person appointment in November 2022 with the neurologist, he administered a battery of tests, ruled out Alzheimer's and dementia, but ordered lab tests, an EEG, and an MRI to rule out diseases. After weeks of Kaiser Richmond and Kaiser Oakland appointments, crisis walk-ins, emergency rooms, outside stays at inpatient and crisis residential centers, visits to laboratories, injection clinics, pharmacies, and an EEG, the MRI on December 9 provided a diagnosis. On December 13 during a video visit, her

neurologist diagnosed "suspected" CJD. Her neurologist identified the distinct ribbon pattern on the MRI with medium to high signaling of “suspected” CJD. Sometimes doctors miss it as it rarely appears or the rapidly progressive disease has not advanced sufficiently to reflect these ribbon patterns on the MRI. During this time, I took 6 weeks of FMLA and then unpaid leave from the public library to care for our mom. I was swiftly and rigorously advocating to get to the bottom of her symptoms and pave the path for potentially responding to good mental health care despite the manifestations of this notoriously dreadful disease.

As a result of effective mental health care, she experienced a restored commitment to life by mid-November 2022 and her loved ones came to be with during the last 3-4 weeks of her life. Her 3 daughters, my sisters’ husbands, her four grandchildren, two siblings, four in-laws, and close friends were able to spend time with her. Our mom was able to humanely connect and meaningfully comprehend, and be present with them, despite losing her ability to produce speech except yes and no during November 2022. Thereafter she lost her ability to walk, sit up, or leave her bed. Until our family members arrived in December, I was the primary caregiver. I have immense gratitude to her mental health team because her loved ones saw her before she died and she was mentally well enough for meaningful visits during the day. She could further sleep 10 hours per night undisturbed resulting from a therapeutic level of psychiatric medication that was very effective. I am further grateful to Chair Monica Jones for leading the MHC meeting and developing the presentation in October 2022 and that we had a recess over November and December 2022. Moreover, I thank our Commission Secretary, Jamie Works-Wright, for empathy, patience, and understanding while I was deeply immersed in caregiving and trying to understand the profound deterioration our mom was experiencing throughout last fall.

During December 2022, my sisters and I pushed the desk and tables together in our mom's office across from her bedroom to create a dining room on the upstairs floor of the house. We could then transfer our mom to a wheelchair from her recliner in the bedroom so she could have meals with her loved ones at the table. Her last meal was Christmas Day at 2 pm as she became very ill that evening. The Kaiser advice nurse recommended visiting the Kaiser Oakland emergency room. I called 911 for the City of Berkeley EMS to transport her. She had an overnight stay and was transported home the next morning. Thereafter we arranged for a hospital bed for her bedroom as she could no longer leave her bed and called to request hospice care for her. Our mom's final wishes included hospice care and donating her body to science. Initially Kaiser hospice denied her admission as she had "suspected" CJD. After my direction to read the myriad emails I had communicated about her rapidly progressive symptoms, the medical orders issued responding to them, and the full medical records about her profound deterioration, Kaiser hospice assessed her on December 29 and implemented hospice before she died on January 7, 2023.

Our mom had also willed her body to science at UCSF, but they do not have the capacity to test for the presence of CJD-related brain tissue in an autopsy. To fulfill her final wishes, I was able to locate the CJD Foundation and the program officer directed me to the National Prion Disease and Surveillance Center located at Case Western Reserve University's Medical School. On my third attempt, I further located a mortuary, Sunset View, that would accept her body and that would coordinate with the National Prion Disease Center to transport her for an autopsy in Southern California by a qualified neuropathologist to confirm the type of CJD-related disease. A specific type of test used during a lumbar puncture for cerebrospinal fluid (CSF) can confirm CJD with a RT-QuIC test, as well as test for 14-3-3 and Tau proteins, can confirm CJD disease. However our mom could not do the scheduled lumbar puncture on January 6 because she was starting to actively die.

On January 7, 2023, the hospice nurse came about midday. When he told me that we did not need to rotate or move her, obtained a medical order to slightly increase her morphine to allow for easy respiratory breathing (CJD does not cause physical pain), and said she looked good, I knew that there were hours not days remaining

with our mom in this world. I stayed next to her bed, punctually giving her medication at the appointed times, from midday until she died at 9:15 pm. While I witnessed many people dying from AIDS in the early-mid 1990s as a staff attorney at a community-based AIDS service provider, our mom did not have a death rattle; instead she had gaps in breathing until she peacefully exhaled her last breath. I was so grateful that our mom did not experience a complicated, restless death but one of peace and gentle end of life.

However, the nonstop caregiving immediately became nonstop work in handling her after death responsibilities. Our mom left me major amounts of homework to take care of her after death affairs. While incredibly painful to live in the home she passionately loved improving for 50 years, I worked nonstop emptying it to prepare and sell the house bought in 1972. I was further conducting in-depth research on a high volume of medical and disability related expenses for filing her 2022 taxes, among a litany of duties. Our parents were organized record keepers, but our mom (our dad died in 1990 from bone cancer) had floor to ceiling filing cabinets that were 6 feet wide with records, which I thoroughly reviewed for purposes of settling taxes and completing documents to sell the house.

As you may estimate from your own life experiences, I was and am experiencing the reality of the profound loss of our mom and only recently have we held her memorial service (June 24, 2023). I have grief over losing her presence in this world, but I have been working consistently to take care of these duties. I am now winding down these duties over the next two months after our real estate team sold our mom's home during July 2023. As mentioned, I attended the CJD Foundation Conference and Advocacy Day on Capitol Hill in Washington, D.C. from July 13-17, 2022 and then visited our mom's sister and her partner in Annapolis, MD before returning to California.

In terms of the Mental Health Commission since last October 2022, I have relied on the phone, email with attachments, and/or the agenda to know about adopting and submitting reports to the Berkeley City Council. In July, I do not recall any phone calls, any emails about considering adoption and submission of the annual report to the Berkeley City Council, or an agenda item reflecting the proposed action for consideration on July 20, 2023. I am disappointed that there was not outreach during July 2023 and have asked to have additions made to the annual report to include omitted content--not a supplement. Last year I wrote a draft annual report like Commissioner Pritchett this year. I intentionally made efforts multiple times to gather input from all Commissioners before bringing the draft annual report to the full body of the Mental Health Commission for adoption and submission to the Berkeley City Council. I sent group and individual emails before this level of consideration by the full body.

Nearly every month I visited the home of Commissioner Escarcega to ensure she was properly set up for connecting to Zoom and ready for that evening's Mental Health Commission during her tenure. Like I mentioned, I visited Commissioner Opton's home for 2 hours to review his changes and I entered them in the annual report. I wrote emails to Commissioner Pritchett to get input on the draft annual report, and numerous times have responded swiftly with Zoom links when she was in need. I wrote a group email to the Mental Health Commissioners presenting the draft annual report and asking for input on it. I was thorough in gathering input on this draft report. It mattered to me that I confirmed with individuals and provided all with emails and draft annual report materials, an opportunity to be heard and to meaningfully participate, during the month before considering this draft annual report by the full body of this Commission for adoption and submission to the Berkeley City Council.

Commissioner Pritchett expressed she was frustrated having to draft the report and getting people to contribute. I have described in this email the basis for why I could not participate and further the reason why I needed notification this month about adopting and submitting it. Last year I did not argue or express frustration but gave my best effort to draft the annual report and communicate with the group and individuals

about the draft annual report before we adopted and submitted it. I did not want to attend a meeting of the full body without feeling confident that I had tried to reach Commissioners so they knew what to expect. As a result, the draft annual report passed and was submitted to the Berkeley City Council without issue.

To ask for notice in July is a minimum requirement for ensuring full awareness about the draft annual report and to be clear about its consideration for adoption and submission by the full Commission. The main issue focuses on drawing attention to a draft annual report during this past month by giving notice about considering it at a meeting of the full body where you propose taking action. I took a myriad of steps to ensure I reached out to confirm if a Commissioner wanted to participate last year. Overall this issue is about taking time to reach out for meaningful participation, inclusion of all Commissioners, and the desire to gather that input to present the entire range of contributions by each Commissioner. It does not need to happen during Subcommittee meetings in order to participate in consideration for adoption and submission by the full body.

In fact, there is a large section in the Commissioners' Manual about the role of the Commission in submitting reports to the Berkeley City Council and I would say that given the process for developing the proposed Care First, Jails Last legislation that the Vice-Chair Smith consistently sent email with updated versions and notified the Commission about developments in speaking with City staff. It was an impressive display of knowledge and experience contained in the proposed legislation and further presented at the last Berkeley City Council meeting. I thank our Chair Monica Jones for introducing the proposed legislation, our Vice-Chair Mary-Lee Smith for the lion's share of incredible work, and Commissioner Opton for ceding two minutes so I could present. I acknowledge the good efforts devoted to the draft annual report by Commissioner Pritchett, but certainly ask that every Commissioner has notice to meaningfully participate in contributing to its content during the month when a full body of the Commission considers its adoption and submission to the Berkeley City Council.

Thank you so much for reading this email. I look forward to hearing from you.

Best wishes,
Margaret

Margaret Fine
Cell: 510-919-4309

On Mon, Jul 31, 2023 at 3:53 PM Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov> wrote:

> Please see the message below from Andrea Prichett.
>
> ---------- Original Message ----------
> Subject: Re: Commissions' Manual Procedures for Adopting Annual Report
> From: prichett@lmi.net
> Date: Sun, July 30, 2023 9:16 pm
> To: "Margaret Fine" <margaretcarolfine@gmail.com>
> Cc: "Margaret Fine" <margaretcarolfine@gmail.com>
> ---

On the previous agenda, the annual report was listed under the Evaluation Subcommittee report back and the Annual Report was provided in full in the previous months agenda. This was returning to the commission as old business. I believe that we could consider an amendment to the report if it is provided in advance of the next meeting.

There was a democratic process for consideration of the annual report. Not all commissioners were in attendance but there was quorum.

I believe that we can amend the report at a future meeting or commissioners can send correspondence to the city council as a supplement to the annual report. It is simply inaccurate to say that commissioners were denied opportunity to provide input. As I mentioned, I have tried to get commissioners to provide information for months.

Andrea

> Dear All,
>
>
>
> I hope you are well.
>
>
>
> I have asked the Commission Secretary to contact the Berkeley City
> Clerk regarding proper notice on the agenda with the title/purpose and
> what action to be proposed for adopting the annual report by the full
> body of the Mental Health Commission. There are screenshots of
> Commission Manual procedures below. Please do not reply to this email
> as it is solely intended to provide information regarding these procedures.
>
>
>
> At the last Mental Health Commission meeting, there was consideration
> of an annual report and a motion for the Mental Health Commission to
> adopt it and submitted it the Berkeley City Council. The July agenda
> did not reflect this proposed action and the agenda packet did not
> contain the annual report.
>
>
> All Commissioners and the public deserve an opportunity to be heard
> and to meaningfully participate in a democratic process for adopting
> the annual report.
>
> Currently the annual report omits relevant, important work from last
> year and needs updating to fully reflect our efforts to address mental
> health and substance use in Berkeley and improving public health and wellbeing.
>
>
> If the agenda had provided proper notice, then all Commissioners and
> the public would have been included and afforded time to consider its
> content after release from the Subcommittee and prior to the Mental
> Health Commission meeting of the full body.

>
>
>
>
>
>
>
>
> I would hope that Commissioners would want to provide due
> processâEUR"an opportunity to be heard and meaningfully
> participateâEUR"in accordance with the
> CommissionersâEUR(tm) Manual procedures for purposes of adopting the
> annual report by the full body of the Commission and further want to
> remedy the circumstances to properly allow for including omitted
> information.
>
>
> Best wishes,
>
> Margaret
>
>
>
> Margaret Fine, JD, PhD
>
> Cell: 510-919-4309
>

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, July 31, 2023 3:53 PM
To: Works-Wright, Jamie
Subject: FW: [Fwd: Re: Commissions' Manual Procedures for Adopting Annual Report]

Please see the message below from Andrea Prichett.

---------- Original Message ----------
Subject: Re: Commissions' Manual Procedures for Adopting Annual Report
From: prichett@lmi.net
Date: Sun, July 30, 2023 9:16 pm
To: "Margaret Fine" <margaretcarolfine@gmail.com>
Cc: "Margaret Fine" <margaretcarolfine@gmail.com>

On the previous agenda, the annual report was listed under the Evaluation Subcommittee report back and the Annual Report was provided in full in the previous months agenda. This was returning to the commission as old business. I believe that we could consider an amendment to the report if it is provided in advance of the next meeting.

There was a democratic process for consideration of the annual report. Not all commissioners were in attendance but there was quorum.

I believe that we can amend the report at a future meeting or commissioners can send correspondence to the city council as a supplement to the annual report. It is simply inaccurate to say that commissioners were denied opportunity to provide input. As I mentioned, I have tried to get commissioners to provide information for months.

Andrea

> Dear All,
>
>
>
> I hope you are well.
>
>
>
> I have asked the Commission Secretary to contact the Berkeley City
> Clerk regarding proper notice on the agenda with the title/purpose and
> what action to be proposed for adopting the annual report by the full
> body of the Mental Health Commission. There are screenshots of
> Commission Manual procedures below. Please do not reply to this email
> as it is solely intended to provide information regarding these procedures.
>
>
>
> At the last Mental Health Commission meeting, there was consideration

> of an annual report and a motion for the Mental Health Commission to
> adopt it and submitted it the Berkeley City Council. The July agenda
> did not reflect this proposed action and the agenda packet did not
> contain the annual report.
>
>
> All Commissioners and the public deserve an opportunity to be heard
> and to meaningfully participate in a democratic process for adopting
> the annual report.
>
> Currently the annual report omits relevant, important work from last
> year and needs updating to fully reflect our efforts to address mental
> health and substance use in Berkeley and improving public health and wellbeing.
>
>
> If the agenda had provided proper notice, then all Commissioners and
> the public would have been included and afforded time to consider its
> content after release from the Subcommittee and prior to the Mental
> Health Commission meeting of the full body.
>
>
>
>
>
>
>
>
>
> I would hope that Commissioners would want to provide due
> processâEUR"an opportunity to be heard and meaningfully
> participateâEUR"in accordance with the
> CommissionersâEUR(tm) Manual procedures for purposes of adopting the
> annual report by the full body of the Commission and further want to
> remedy the circumstances to properly allow for including omitted
> information.
>
>
> Best wishes,
>
> Margaret
>
>
>
> Margaret Fine, JD, PhD
>
> Cell: 510-919-4309
>

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, July 31, 2023 2:59 PM
To: Works-Wright, Jamie
Subject: Poll for Special Meeting for the Annual report

Internal

Monica is requesting to gather a poll about having a special meeting to discuss the Annual Report.

Please respond to me by the end of tomorrow, August 1st.

Below is the policy and guidelines to call a special meeting:

Special meetings may be called by the chair or a majority of commissioners. The notices and agendas must be posted no less than 24 hours prior the meeting. Council established the number of meetings each commission is allowed to have in a given year. Special meetings count against that total. At special meetings, the comment must be confined to the subject matter to be considered at the special meeting. There is no non-agenda public comment at special meetings.

Every regular and special meeting agenda, , must include the following.

•Name of the commission - Yes

•Type of Meeting (regular or special) - Yes

•Day, date, time, and location of the meeting - yes

•A brief, general description of each item of business, including the recommended action

•Public comment period

•Communication access information (A.R. 1.12) and ADA disclaimer:

Please let me know if you have any questions.

Thank you for your time.

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

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, July 31, 2023 8:36 AM
To: Works-Wright, Jamie
Subject: FW: Commissions' Manual Procedures for Adopting Annual Report

Please see the information below from Margaret Fine

Jamie Works-Wright
Consumer Liaison
Jworks-wright@berkeleyca.gov
510-423-8365 cl
510-981-7721 office

From: Margaret Fine <margaretcarolfine@gmail.com>
Sent: Sunday, July 30, 2023 10:29 AM
To: Margaret Fine <margaretcarolfine@gmail.com>
Subject: Commissions' Manual Procedures for Adopting Annual Report

Dear All,

I hope you are well.

I have asked the Commission Secretary to contact the Berkeley City Clerk regarding proper notice on the agenda with the title/purpose and what action to be proposed for adopting the annual report by the full body of the Mental Health Commission. There are screenshots of Commission Manual procedures below. Please do not reply to this email as it is solely intended to provide information regarding these procedures.

At the last Mental Health Commission meeting, there was consideration of an annual report and a motion for the Mental Health Commission to adopt it and submitted it the Berkeley City Council. The July agenda did not reflect this proposed action and the agenda packet did not contain the annual report.

All Commissioners and the public deserve an opportunity to be heard and to meaningfully participate in a democratic process for adopting the annual report.

Currently the annual report omits relevant, important work from last year and needs updating to fully reflect our efforts to address mental health and substance use in Berkeley and improving public health and wellbeing.

If the agenda had provided proper notice, then all Commissioners and the public would have been included and afforded time to consider its content after release from the Subcommittee and prior to the Mental Health Commission meeting of the full body.

I would hope that Commissioners would want to provide due process—an opportunity to be heard and meaningfully participate—in accordance with the Commissioners' Manual procedures for purposes of adopting the annual report by the full body of the Commission and further want to remedy the circumstances to properly allow for including omitted information.

Best wishes,
Margaret

Margaret Fine, JD, PhD
Cell: 510-919-4309

From: Works-Wright, Jamie
To: Works-Wright, Jamie
Subject: FW: [FASMI Discussion] MHSOAC Update: Biannual Transformational Change Report
Date: Monday, July 31, 2023 8:01:32 AM
Attachments: image001.png

Internal

Please see the email below from Edward Opton

Jamie Works-Wright
Consumer Liaison
Jworks-wright@berkeleyca.gov
510-423-8365 cl
510-981-7721 office

From: Edward Opton <eopton1@gmail.com>
Sent: Friday, July 28, 2023 7:21 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Fwd: [FASMI Discussion] MHSOAC Update: Biannual Transformational Change Report

8.28.23

To:
Jamie Works-Wright
From:
Edward Opton

Please forward the items below to the Mental Health Commission

_____

8.28.23

To:
Berkeley Mental Health Commission
From: Edward Opton

Highlighted below in orange on a green background, are comments by two members of FASMI (Families of the Seriously Mentally Ill) concerning the current MHSOAC Biannual "Transformational Change Report." The FASMI comments are typical of the intensity of FASMI's efforts to redirect state funding of mental health services. FASMI advocates cancelation of some—perhaps all--current MHSOAC funding in order to fund residential care—especially locked residential care. The FASMI agenda would require support from the legislature and the governor.

Our Berkeley MHC might be helpful to Berkeley's efforts to deal with FASMI's proposals for shifting mental health funds. Let's discuss . . .

Begin forwarded message:

From: Mary Ann Bernard <mary_ann_bernard@hotmail.com>
Subject: Re: [FASMI Discussion] Fwd: MHSOAC Update: Biannual Transformational Change Report
Date: July 28, 2023 at 4:49:54 PM PDT
To: HOWARD RUIZ-HARRISON <h2harris@comcast.net>, ellie shukert <eshukert@gmail.com>, Renewed FASMI Discussion Group <renewed-fasmi-discussion-group@googlegroups.com>, Virginia Spiegel <ginny.spiegel181@gmail.com>, Nurit Venus <nuritvenus@gmail.com>, Dale Milfay <dalemilfay@sbcglobal.net>, Pamela Dannenberg <pamdan1023@gmail.com>, Brian Tsiang <physiciansorganizingcommittee@gmail.com>, Valerie Gruber <vagruber@gmail.com>, Victor Gresser <vsgresser@live.com>, Marty Fox <martyfox@juno.com>, George Bach-y-Rita MD <g.bachyrita@gmail.com>, Joe Williamson <jw_in_sf@yahoo.com>, Kohinoor <Kohinoorjoshi2012@gmail.com>, Robert Okin <robertokinmd@gmail.com>

I have no idea where the misnamed MHSA "Oversight and Accountability" Commission got this "transformational change" crap that is all over their website. MHSA did not put them in charge of "transformational change." It put them in charge of "oversight" and "accountability" for a precise allocation of resources that they completely ignored in favor of acting like a private charity that can throw money wherever it wants. They threw alot of it at people who aren't sick and never will be without even keeping good track of it, to the considerable detriment of the severely mentally ill, the people they were created to help.

From: renewed-fasmi-discussion-group@googlegroups.com <renewed-fasmi-discussion-group@googlegroups.com> on behalf of HOWARD RUIZ-HARRISON <h2harris@comcast.net>
Sent: Friday, July 28, 2023 2:07 PM
To: ellie shukert <eshukert@gmail.com>; Renewed FASMI Discussion Group <renewed-fasmi-discussion-group@googlegroups.com>; Virginia Spiegel <ginny.spiegel181@gmail.com>; Nurit Venus <nuritvenus@gmail.com>; Dale Milfay <dalemilfay@sbcglobal.net>; Pamela Dannenberg <pamdan1023@gmail.com>; Brian Tsiang <physiciansorganizingcommittee@gmail.com>; Valerie Gruber <vagruber@gmail.com>; Victor Gresser <vsgresser@live.com>; Marty Fox <martyfox@juno.com>; George Bach-y-Rita MD <g.bachyrita@gmail.com>; Joe Williamson <jw_in_sf@yahoo.com>; Kohinoor <Kohinoorjoshi2012@gmail.com>; Robert Okin <robertokinmd@gmail.com>
Subject: Re: [FASMI Discussion] Fwd: MHSOAC Update: Biannual Transformational Change Report

Well, there went some more millions of dollars of our money-nowhere near to helping those with brain illnesses!

On 07/28/2023 1:11 PM PDT ellie shukert <eshukert@gmail.com> wrote:

MHSOAC Transformational Change Report

---------- Forwarded message ---------
From: **MHSOAC Communications** <communications@mhsoac.ca.gov>
Date: Fri, Jul 28, 2023 at 10:13 AM
Subject: MHSOAC Update: Biannual Transformational Change Report
To: <eshukert@gmail.com>

https://d31hzlhk6di2h5.cloudfront.net/20230728/dd/89/76/27/29f71c929663f75571c04749.png

The Mental Health Services Oversight and Accountability Commission works every day to catalyze transformational change across mental health services and systems in California.

We are excited to share this biannual report – a snapshot of our work from January 1 - June 30, 2023 - to provide insights and highlights of our impact through our initiatives, committees, and community engagement.

Key elements include:

- **INNOVATION**: How the Commission has fostered innovation – and brought counties along – to improve mental wellbeing in California.
- **IMPACT**: Featured foundational efforts, including Older Adults Grant and The Cambodian Family.
- **MODERNIZATION**: An update on the governor's proposal to evolve our state's significant investments in behavioral health

---

Inside you will find:

- A community events recap
- Our strategic initiatives at a glance
- Featured initiatives "deeper dives"
- Foundational work updates

Read the full report

Three screenshots of three pages of the report are fanned out in an arc.

--

You received this message because you are subscribed to the Google Groups "FASMI Discussion" group.
To unsubscribe from this group and stop receiving emails from it, send an email to renewed-fasmi-discussion-group+unsubscribe@googlegroups.com.
To view this discussion on the web visit https://groups.google.com/d/msgid/renewed-fasmi-discussion-group/CALd9HATPgY%2BZpF0U6rn-6rrZp5oECmoQrvkmWjzTNrAc7m0LbQ%40mail.gmail.com.

--
You received this message because you are subscribed to the Google Groups "FASMI Discussion" group.
To unsubscribe from this group and stop receiving emails from it, send an email to renewed-fasmi-discussion-group+unsubscribe@googlegroups.com.
To view this discussion on the web visit https://groups.google.com/d/msgid/renewed-fasmi-discussion-group/793330918.559842.1690578457533%40connect.xfinity.com.
--
You received this message because you are subscribed to the Google Groups "FASMI Discussion" group.
To unsubscribe from this group and stop receiving emails from it, send an email to renewed-fasmi-discussion-group+unsubscribe@googlegroups.com.
To view this discussion on the web visit https://groups.google.com/d/msgid/renewed-fasmi-discussion-group/BYAPR05MB5048408191324809436803DAC506A%40BYAPR05MB5048.namprd05.prod.outlook.com.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, July 28, 2023 4:20 PM
To: Works-Wright, Jamie
Subject: FW: CA mental health services could lose out in Newsom plan - CalMatters
Attachments: WebPage.pdf

Please see the information below from Commissioner Opton

Jamie Works-Wright
Consumer Liaison
Jworks-wright@berkeleyca.gov
510-423-8365 cl
510-981-7721 office

From: Edward Opton <eopton1@gmail.com>
Sent: Friday, July 28, 2023 2:16 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: CA mental health services could lose out in Newsom plan - CalMatters

7.28.22

To:
Jamie Works Wright
From:
Edward Opton

Please circulate the item below to members of the Mental Health Commission and to others who may be interested.

The controversy that the item describes almost certainly will be the major issue for our state's mental health agencies, including Berkeley's, throughout the next 12 months. The issue: should most of the money that Berkeley spends on outpatient programs for adults and children be shifted to provide institutional housing, including locked institutional housing, for homeless, mentally ill adults?

https://calmatters.org/health/mental-health/2023/07/california-mental-health-newsom-proposal/?utm_source=CalMatters Newsletters&utm_campaign=d5902f8139-WEEKLYMATTERS&utm_medium=email&utm_term=0_faa7be558d-43f103826f-[LIST_EMAIL_ID]&mc_cid=d5902f8139

Gavin Newsom's mental health plan could strip more than $700 million from services, report says

BY KRISTEN HWANG JULY 17, 2023 Click to share on Twitter (Opens in new window)Click to share on Facebook (Opens in new window)Click to share on WhatsApp (Opens in new window)

Kristen Hwang June 20, 2023

Gov. Gavin Newsom speaks at a news conference announcing a proposed a 2024 ballot initiative to improve mental health services across the state, at Alvarado Hospital in San Diego, on March 19, 2023. Photo by Adriana Heldiz/The San Diego Union-Tribune via AP, Pool

In summary

Gov. Gavin Newsom wants to rethink how California spends its millionaire's tax by directing more money toward housing. Some county-run mental health programs could lose out.

A major proposal from Gov. Gavin Newsom to overhaul the state's behavioral and mental health system is likely to take nearly $720 million away from services provided by county governments annually, according to a new analysis from the Legislative Analyst's Office.

Although that money would be reallocated within the system, in part to house homeless individuals with severe mental illness and addiction disorders, the report authors note that Newsom and key legislators supporting the proposal have neither provided a complete justification for the changes nor have they published an analysis on how the changes may "negatively impact current services."

"Consequently, as the Legislature considers the proposal, we recommend asking the administration certain questions to assess whether the proposal is warranted," the report states.

Newsom wants the Legislature to put his proposal before voters next year in tandem with a $4.68 billion bond measure to add psychiatric treatment beds. It would change how the state allocates money under the Mental Health Services Act, which levies a 1% tax on income above $1 million to fund behavioral health services.

> *"What's more upsetting is watching people continue to suffer on the streets with ineffective interventions and inability to access much needed treatment."*
>
> *brandon richards, gov. Newsom's Deputy Communications Directornone*

Homelessness has become one of the most high-profile challenges plaguing California, increasing 32% in the past four years. Newsom, who promised to

reduce homelessness, announced his intent during his State of the State tour to divert nearly one-third of the state's Mental Health Services Act money to help address homelessness.

Since that time, local behavioral health providers and county officials have criticized the proposal because of its potential to cut services and pit mental health programs against homeless services. The state has spent more than $20 billion on housing and homelessness since 2018.

Supporters, meanwhile, say reprioritizing how the money is spent is long overdue in light of the growing needs of the state's homeless population as well as the addition of new funding sources for mental health programs.

In a statement, Newsom's Deputy Communications Director Brandon Richards said "upsetting the status quo" was necessary in light of California's changing health care needs.

Mental health needs among California homeless

A recent study from UC San Francisco found that two-thirds of homeless individuals experience mental health conditions, although income loss is the driving force behind the state's homelessness crisis.

"What's more upsetting is watching people continue to suffer on the streets with ineffective interventions and inability to access much needed treatment," Richards said. "A California behavioral health system of care that is more focused, more transparent, and more accountable for results is what all Californians deserve and what this historic reform aims to achieve."

Roughly one-third of the county mental health infrastructure in the state is supported by the Mental Health Services Act, which was approved by voters in 2004 as a ballot initiative. Substantial changes to the act, like the ones Newsom proposed, require voter approval. Last year the tax generated about $3.8 billion.

Critics of Newsom's proposal say the new analysis bolsters their argument that the changes will result in significant cuts to current programs, particularly those that support children.

Newsom's office has so far "danced around" how much money would be cut, said Adrienne Shilton, a lobbyist for the California Alliance of Children and Family Services, which represents behavioral health providers in every county. The report is the first to quantify how the proposal would impact programs statewide.

"We're seeing in real dollars what the impact would be," Shilton said.

The analysis estimates spending on current programs would be reduced from $1.34 billion to $621 million under the plan.

Housing money in Gavin Newsom's plan

The report identified a number of key changes and unanswered questions for the Legislature to consider in Newsom's plan:

- **Reduced flexibility:** Counties would have less flexibility to determine how money is spent. Based on current expenditures, counties would be required to increase spending on housing by $493 million and on "full-service partnerships" by $121 million. "Full-service partnerships" include intensive wraparound services like case management, housing and employment support as well as clinical care.
- **Program cuts likely:** In order to meet spending targets and caps, counties would likely need to reduce spending on current programs including "outpatient services, crisis response, prevention services, and outreach."
- **Less independent oversight:** The proposed restructuring moves much of the program implementation and oversight authority to the Department of Health Care Services. The change "significantly limits" the independent oversight of the current Mental Health Services

Oversight and Accountability Commission.

Sacramento Mayor Darrell Steinberg, who helped author the original law and who has been a key supporter of the changes, said the law was always meant to prioritize "the plight of people living with serious mental illness on our streets."

"It's appropriate, in fact, it's necessary to set priority status," Steinberg said.

Steinberg and Newsom's office also contend that the state has invested heavily in the mental health safety net in other ways, including changes to the Medi-Cal system and a $4.4 billion one-time infusion into the Children and Youth Behavioral Health Initiative.

"It's no longer a funding source that stands alone," Steinberg said. "(Now), the opportunity is to weave all these pieces together so that everyone has access to care, and nobody is left out or left behind."

Still, advocates say it is premature to assume those investments have had a positive impact and that many have not yet been implemented. In an opposition letter, Lishaun Francis, senior director for behavioral health at Children Now said the state "has yet to demonstrate that it has delivered" on its promises and that the proposal deprioritizes children and youth.

> *"The opportunity is to weave all these pieces together so that everyone has access to care, and nobody is left out or left behind."*
>
> *Darrell Steinberg, mayor of sacramentonone*

Advocates also say those funding sources, particularly Medi-Cal, won't reimburse for the non-clinical programs like classroom interventions and family resource centers that have historically been supported by the Mental Health Services Act. Medi-Cal is the state's health insurance program for extremely low-income Californians.

“Families need flexibility,” said Christine Stoner-Mertz, chief executive officer of the California Alliance of Child and Family Services. “We need community-designed practices, and we haven’t been successful in doing that with just Medi-Cal.”

Supported by the California Health Care Foundation (CHCF), which works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit www.chcf.org to learn more.

more on mental health

Newsom is proposing a boost in mental health funding. Why children’s advocates are worried

The spending change would prioritize housing for homeless people, which

children’s mental health advocates fear will cut their funding.

Will the state’s big Medi-Cal plan really fix mental health care for low-income Californians?

A year into the rollout of CalAIM, payment details are murky and obstacles remain in finding help for Medi-Cal recipients with mental health needs.

“Objective journalism is vital for democracy.”

Kevin, Pasadena

Featured CalMatters Member

Members make our mission possible.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, July 28, 2023 4:18 PM
To: Works-Wright, Jamie
Subject: FW: August 9th CARE Act Working Group Agenda Posted

Hello Commissioners,

Please see the information below from Edward Opton.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@berkeleyca.gov
510-423-8365 cl
510-981-7721 office

From: Edward Opton <eopton1@gmail.com>
Sent: Thursday, July 27, 2023 11:42 AM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Fwd: August 9th CARE Act Working Group Agenda Posted

7.27.23

Dear Jamie,

Please add to the MHC's September agenda a discussion of the implications for Berkeley of the CARE Act, which is described in the DHCS/JC/CalHHS e-mail below.

Edward Opton

Begin forwarded message:

From: CHHS CAREAct <CAREAct@chhs.ca.gov>
Subject: August 9th CARE Act Working Group Agenda Posted

Date: July 27, 2023 at 10:19:32 AM PDT
To: CHHS CAREAct <CAREAct@chhs.ca.gov>

Dear Colleagues and Interested Parties,
The California Health and Human Services Agency (CalHHS), in collaboration with our partners at the Department of Health Care Services (DHCS) and the Judicial Council of California (JC), **will be hosting the next CARE Act Working Group meeting on August 9th from 11 am to 3 pm.**
The August 9th meeting notice and agenda is available in the Meeting Materials tab of the CARE Act Working Group website here: https://www.chhs.ca.gov/home/committees/care-act-working-group/.
The purpose of the Working Group is to provide coordination and on-going engagement with, and support collaboration among, relevant state and local partners and other stakeholders throughout the phases of county implementation to support the successful implementation of the CARE Act.
For your additional information, please see the CARE Act Quarterly Implementation Update from June 2023 available at: https://www.chhs.ca.gov/wp-content/uploads/2023/07/CAREActQuarterlyImplementationUpdate_Jul23_web.pdf
Best,
CARE Act team

CalHHS
California Health & Human Services Agency

CARE Act Quarterly Implementation Update | June 2023

On October 1, an initial cohort of seven counties will implement CARE, with Los Angeles following in December. With the support of CalHHS and other state partners, counties and courts are actively working to ensure they are ready to provide integrated, holistic care to CARE respondents. At the local level, counties and courts are hiring and training staff, identifying and creating new housing settings, especially with new Behavioral Health Bridge Housing funding, and ensuring partnerships are in place to coordinate care. State partners will continue to support the systems transformation necessary for successful CARE implementation with a focus on: data and evaluation, training and technical assistance, and communication tools to support local partner engagement. Key upcoming activities include:

- CARE Act Working Group meets August 9
- Cohort 1 Counties convene on July 14 and September 8
- The Department of Health Care Services (DHCS) will select the Independent Evaluator for CARE, following a proposal process
- Additional training and technical assistance will be developed and provided counties, courts, legal representation, and other partners

This quarterly update summarizes progress made on CARE Act implementation for April-June 2023 and upcoming activities. At the end of this document is a high-level timeline of 2023 implementation activities.

Working Group

On May 17, CalHHS held the second CARE Act Working Group meeting. Members provided feedback on the Judicial Council's rules and forms, as well as input on what data and information will support showing what success looks like for CARE.

To further support implementation, the Working Group identified a need for ad hoc subgroups that can work deeply and efficiently on three initial areas of focus: Services & Supports, Training & Technical Assistance, and Data Collection, Reporting & Evaluation. To maximize the impact of these subgroups, the Working Group wants to ensure they encompass cross cutting perspectives from peers, family members, and others with lived experience; racial and social justice; and providers.

Members indicated an interest in hearing updates on County implementation status at future meetings. More information can be found on the CARE Act Working Group website. These meetings will continue quarterly through 2026.

Support for Counties

On April 12, the Department of Health Care Services (DHCS) posted an Information Notice regarding the process for counties to request delayed implementation of CARE. The guidance states that an extension depends on demonstrating to DHCS that a county is experiencing a state or local emergency, and the delay is necessary as a result of the emergency.

On May 19, CalHHS hosted counties implementing CARE in 2023 for their third day-long in-person working session on CARE implementation. (Cohort 1 Counties Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco will begin on October 1, and Los Angeles on December 1). DHCS' Training and Technical Assistance vendor (Health Management Associates – HMA) provided a data collection and reporting update, including a sample of the forthcoming CARE "data dictionary," which will provide data collection specifications. Counties had small group strategy discussions on various elements of CARE implementation.

On June 15, the Legislature passed a budget that includes investments in county behavioral health administrative costs and other resources to support the ongoing implementation of CARE.

On June 23, DHCS began awarding nearly $907 million of the $1.5 billion in funding for the Behavioral Health Bridge Housing (BHBH) Program to California county behavioral health agencies. The primary focus of the BHBH Program is to help people experiencing unsheltered homelessness who also have serious behavioral health conditions, including mental health and substance use disorders, that prevent them from accessing help and moving out of homelessness.

The BHBH Program prioritizes serving the needs of individuals that participate in CARE and will help address housing instability and homelessness by providing support through various "bridge" housing settings, including tiny homes, interim

housing, rental assistance models, and assisted living settings. Also, bridge housing settings include voluntary supportive services to help program participants obtain and maintain housing, manage symptoms of serious behavioral health conditions, and support recovery and wellness.

HMA hosted a variety of trainings, including:

- CARE Act 201: The Client's Journey through the CARE Act
- CARE Act 202: The CARE Agreement & CARE Plan
- CARE Act Eligibility in Practice
- Practical Approaches to Housing for the CARE Act

These are available on the CARE Act Resource webpage which provides training, technical assistance, and resources to CARE Act stakeholders.

DHCS' internal CARE Act Data Workgroup has been working with HMA to develop a data collection and reporting tool and specifications for a forthcoming CARE "data dictionary."

Courts and Legal Services

On May 12, the Judicial Council (JC) approved the revised CARE Act rules and forms for adoption.

On June 15, the Legislature passed a budget with investments for court hearings, legal representation, court personnel or other implementation costs. JC continues to meet with other government partners in the CARE Act to align assumptions about capacity and costs.

On June 22, the Judicial Council provided a Rules and Forms Overview training for Cohort 1 and Los Angeles Court Project Teams. This training was followed by a two-hour open forum for questions and discussion of implementation challenges and solutions. Additionally, the JC provided a 3-part training series on Conflict Resolution and De-escalation for Court Self-Help Center and Family Law Facilitator staff. JC also continues to provide training and technical assistance for court clerks, staff, Counsel, and self-help centers. JC will be collaborating with HMA to train legal counsel.

On June 30, the Legal Services Trust Fund Commission released an application for Qualified Legal Services Projects (QLSP) to apply to represent CARE respondents in counties implementing CARE in 2023. The Legal Services Trust Fund Commission is responsible for funding the role of qualified legal services projects (QLSPs) and support centers under the CARE Act. CARE Courts must appoint QLSPs to represent those who are the subject of a CARE Court petition (respondents). Where no QLSP has agreed to represent respondents, the court must appoint a public defender instead.

Community Updates and Other Implementation Activities

On June 7, DHCS released a Request for Information (RFI) for an independent

evaluation of the implementation and effectiveness of the CARE Act. Responses are due July 5. The evaluation design will be developed in consultation with county behavioral health agencies, county CARE courts, racial justice experts, and other appropriate stakeholders, including providers and CARE Act participants. The final evaluation report is intended to assess the effectiveness of the CARE Act, as well as highlight racial, ethnic, and other demographic disparities, and include information regarding the impact of the CARE Act on disparity reduction efforts.

On June 12, the legislature introduced revisions to Senate Bill 35 which include amendments to clarify the CARE Act.

The HMA trainings referenced above are intended for all counties, counsel, judges, county providers, and other stakeholders participating in the CARE Act implementation. Upcoming trainings also include:

- **Supported Decision-Making & the CARE Act:** This training will provide an introduction to supported decision-making (SDM), with discussion of principles of SDM, concepts of a decision-making network, and how SDM works within the CARE proceedings.
- **The Supporter Role and Supported Decision-Making:** This training will be oriented toward volunteer supporters and provide an introduction to key concepts of supported decision-making (SDM), including person-centered planning and communication skills as well as the role of the volunteer supporter within the CARE Act process.

2023 Milestones and Activities - CARE Act Implementation

Q1 2023

- CalHHS hosted first CARE Act Working Group convening
- DHCS released RFA for county Behavioral Health Bridge Housing (BHBH funding)
- DHCS CARE Act TA vendor contract executed
- JC accepted public comment on Rules and Forms through January
- Cohort 1 Counties convened March 10

Q2 2023

- DHCS released RFI for evaluation
- DHCS launched CARE Act TA website
- Initial DHCS TA materials developed and distributed and TA activities began
- DHCS awarded county BHBH funding
- CARE Act Working Group met May 17
- Cohort 1 Counties convened on May 19
- JC adopted CARE Act Rules and Forms

Q3 2023

- CARE Act Working Group meets August 9
- Cohort 1 Counties convene on July 14 and September 8
- DHCS evaluation vendor selected
- Additional DHCS TA materials developed; TA activities continue

Q4 2023

- Cohort 1 begins October 1
- Cohort 1 Counties convene November 3
- CARE Act Working Group meets November 8
- Data collection/reporting commences for annual reports and evaluation
- DHCS will award additional BHBH funding
- Los Angeles County begins December 1
- DHCS will release RFA for additional BHBH funding