

Mental Health Advisory Board (MHAB)

Annual Report and Recommendations

FY 2022 – 2023

Alameda County Board of Supervisors Health Committee

December 11, 2023

Presented by:

Brian Bloom, MHAB Chair

Terry Land, MHAB Vice Chair

Thu Quach, MHAB Adult Committee Co-Chair

The Mental Health Advisory Board (MHAB)

Statutory Authority:

Appointed by the Board of Supervisors, the MHAB is required to:

- Review and evaluate the community's public mental health needs, services, facilities and special problems in any facility where mental health services are provided;
- Advise the Board of Supervisors and the County's Behavioral Health Care Services Director on any aspect of local mental health program;
- Review any county agreements pursuant to Welfare and Institutions Code Section 5650;
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process
- **Submit an annual report to the Board of Supervisors on the needs and performance of the county's mental health system;** and
- Perform such additional duties as assigned by the Board of Supervisors.

MHAB Members



Brian Bloom,
Chair
District 4



Terry Land,
Vice Chair
District 1



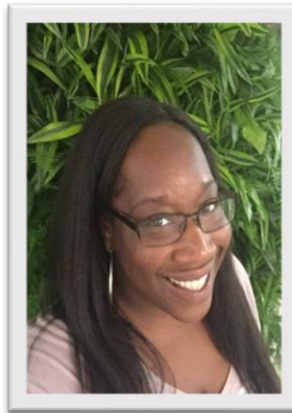
Gina Lewis
District 2



Thu Quach
District 2



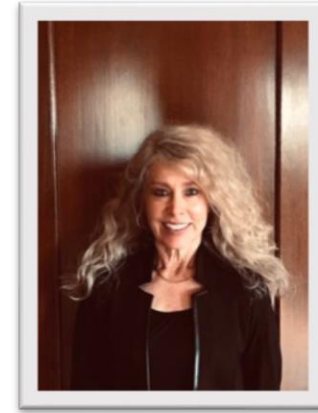
Warren Cushman
District 3



Ashlee Jemmott
District 3



Alison Voss
District 3



Juliet Leftwich
District 5



Amy Shrago,
*Board of
Supervisors
Representative*
District 5

Overview of MHAB Activities 2022-2023

- Heard from a variety of behavioral health experts and stakeholders
- Held regular monthly meetings for the Criminal Justice and Adult Committees
- Served on the Care First, Jail Last Taskforce; Mental Health Services Act (MHSA) Stakeholder Committee; and the MHSA Budget Stakeholder Committee
- Conducted two site visits – John George Psychiatric Hospital and Jay Mahler Recovery Center (crisis residential treatment center)
- Sent two substantive letters to the Board of Supervisors, one expressing the MHAB's opposition to the expenditure of \$26.6 million of county funds to build the Mental Health Program and Services Unit at Santa Rita Jail, and the other providing extensive comments and recommendations regarding the MHSA FY 2023-26 Three Year Plan.

Annual Report FY 2022-2023: Recommendations Summarized

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

Recommendation 5: **Increase Capacity of the Behavioral Health Court (BHC)**

- Diverting mentally ill defendants out of jail and into appropriate treatment in non-jail settings, the BHC reduces recidivism and improves mental health outcomes.
- The County should set a near-term goal of doubling capacity of the BHC.
- The lack of timely assessments contributes to the under-utilization of the BHC.
- The County must study the treatment needs of mentally ill defendants in Santa Rita and then make the requisite investments in Sub-Acute facilities, Crisis Residential Treatment (CRT) facilities, and Full Service Partnerships (FSPs), so that the BHC can promptly and effectively divert mentally ill defendants out of jail and into the appropriate level of care in the community. (See RAJ Final Report, Recommendation No. 40: “Assess the Existing Inmate Population to Determine Options for Diversion”).
- Need for a “Dual Diagnosis Court” to serve the treatment needs of defendants suffering from co-occurring disorders.
- A Family Advocate is needed in court who could connect with and help families support their loved ones who are participating in the BHC.

Recommendation 3:

Increase Capacity of the Crisis Residential Treatment (CRT) Facilities

- CRT facilities are a crucial part of the continuum of behavioral health care as they provide necessary treatment for a variety of people with mental health challenges, including: those being diverted from jail, those requiring a “drop-down” from an in-patient acute or sub-acute facility, and those served by a mobile crisis and/or IHOT team.
- There are currently only 42 CRT beds in the County.
- As many as 42 additional CRT beds may be operational by 2027 through the state’s BHCIP/CCE grant funding process.
- Even with additional CRT beds in the future, the County must continue to analyze how many CRT beds are needed to adequately serve the diverse needs of people with behavioral health challenges.
- Too often, the typical 14-day stay is too short for proper treatment, stabilization, medication compliance, and meaningful discharge planning.

Recommendation 4:
**Assess the Need for Sub-Acute Treatment
Beds and Increase Capacity as Necessary**

- The County concurs with the MHAB's recommendation from last year that the County "buy back" the 26 beds at Villa Fairmont that are currently purchased by other service funders.
- The County should be transparent about when these additional beds are purchased and if there are any obstacles to securing the funding necessary to buy back any of the 26 beds.
- Additional sub-acute treatment beds may be operational by 2027 due to the state's BHCIP/CCE grants awarded for the development of a new forensic Mental Health Rehabilitation Center (MHRC).
- The County should continue to analyze and assess the need for sub-acute treatment beds.

Recommendation 1:

Create a Clear, Publicly-Accessible System Map that Provides an Overview of the System of Care for the SMI and those with SUD

Why?

- ACBH system is incredibly complicated and difficult for consumers, families as well as providers to decipher and navigate.
- Decentralized and utilizes a variety of outside contractors and facilities.
- Can only see pieces of the puzzle and not the big picture.

What?

- ACBH should create a visual system of care map - from acute, subacute, crisis residential to outpatient services.
- Help consumers and families to navigate the system.
- Support providers as they seek to coordinate services.
- Visualize capacity, gaps and needs around system of care.
- Support decision-making process for resource allocation and prioritization.

Recommendation 2:

Improve Ongoing Continuity of Care for the SMI and SUD Population

Why?

- Often receive minimal services and cycle in and out of acute psychiatric facilities, jail, and homelessness.
- Individuals face many challenges, and it's difficult to navigate the system of care – including Insurance, housing, transportation, a job or volunteering, and social services.
- Barriers in accessing these services increase likelihood of relapse and cycling in the system.

What?

- Institute a single point of contact (care coordinator) who proactively reaches out.
- Ensure individual has ongoing access to psychiatric services, medical care, social services and housing etc.
- Could significantly improve outcomes and prevent cycling.
- Help Alameda County better understand the issues and make targeted improvements.

Recommendation 8:

Continue to Support PEI Programs that are Focused on Reducing Negative Outcomes and Effective At Connecting People with Mental Health Services

Why?

- MHSA PEI intent: “reducing seven negative outcomes that may result from untreated mental illness: suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes.”
- Current AC MHSA Plan funds large number of programs.
 - Many not focused on connecting people with or providing mental health service.
 - Many cite community engagement, social events and general wellness activities as their goal and accomplishment.

What?

- Recommend development and implementation of more purposeful metrics.
- Include accountability for delivering on mental illness/health aspects of the program goals.
- Continue to prioritize funding for programs that meet this intent.

Recommendation 6: Increase Cultural & Linguistic Responsiveness

Why?

- **Low penetration rate** for underserved communities (i.e., AANHPI, limited English proficient)
- Culturally and linguistic responsive services - **language access, ethnic healing practices, and bilingual/bicultural providers** - can increase penetration rate

What?

- Incentivize bilingual and culturally responsive providers.
- Invest in a culturally and linguistically competent workforce, not just language line.
- Provide payment and reimbursement structures that recognize the culturally and linguistically competent services.
- Protect funding for CBOs that provide culturally-based prevention programs.

Recommendation 7: **Double-Down on Strategies that Invest in Workforce**

Why?

- Recruitment and retention challenging; workforce crisis creates access issues for clients
- Community-based organization (**CBO**) **providers** are contracted to provide vast majority of mental/ behavioral health in the county

What?

- Invest more resources to support CBO – **increased funding and flexibility** to attract and retain workforce
- Invest more in **lay counselors** (trained yet not licensed professionals) to meet demand and fill gaps
 - ✓ Support more of the lay counselor trainings to be more widely available
 - ✓ Reimburse at higher rate to allow for more retention of staff
 - ✓ Lay counselors more likely to be culturally /linguistically congruent with clients

Questions & Answers