



**Alameda County
Mental Health Advisory Board**

Contact the Mental Health Advisory Board at:

ACBH.MHBCcommunications@acgov.org

July 25, 2024

Members:

Brian Bloom
Chair
District 5

Alameda County Board of Supervisors
1211 Oak Street, Suite 536
Oakland, CA 94612

Terry Land
Vice-Chair
District 4

RE: Mental Health Advisory Board's Comments on the *Draft* Mental Health Services Act Annual Plan Update FY 2024-25

Carolynn Gray
District 2

Dear Alameda County Board of Supervisors,

Gina Lewis
District 2

The Alameda County Mental Health Advisory Board (MHAB) is pleased to provide these recommendations for the Draft Mental Health Services Act (MHSA) Annual Plan update FY24-25 of the FY23-26 plan. The recommendations are the culmination of our review of the draft MHSA Annual plan update FY24/25, discussions with County behavioral health leadership and participation in the MHSA Stakeholder Group. They are also informed by numerous MHAB board meetings and by the extensive input of experts and community members. The MHAB asks that the Board of Supervisors give these recommendations serious consideration.

Thu Quach
District 2

Ashlee Jemmott
District 3

Warren Cushman
District 3

Mary Hekl
District 4

As The Mental Health Services Act was intended to provide funding to people suffering from the most serious, disabling, and persistent forms of mental illness, our comments are focused on our County meeting this intent. (See [MENTAL HEALTH SERVICES ACT \(ca.gov\)](#)) However, the MHAB believes that it is no less important for Alameda County to meet less severe mental health needs utilizing community-based, culturally and linguistically sensitive outreach programs. Accordingly, we urge the County to do everything in its power to make up the funding gaps caused by the passage of Proposition 1 and to find sustainable funding streams, outside of MHSA, to continue to support these essential and life sustaining programs.

Larry Brandon
District 5

Olivia Daprile
District 5

Juliet Leftwich
District 5

**Board of Supervisors
Representative:**

Amy Shrago
District 5

Recommendations

- 1. The County should prioritize evaluating the need for early psychosis and mood disorder treatment programs and expand providers and locations to meet the need. In addition, they should work with the Felton Institute to solve challenges that may be preventing them from seeing more patients and increase the client base age limit beyond 24 years old. It should be a priority to provide intensive treatment for**

those experiencing early psychosis to improve outcomes, avoid the prevalence of self-medication with drugs and alcohol, avoid prolonged detrimental psychosis, and prevent relapse. It is very important to connect people with programs early on where they can learn how to manage their illness, be stabilized on a medication that works for them and be connected with a support network including a psychiatrist, therapist, social worker and care coordinator who can help them address challenges and barriers as they arise. This type of program provides individuals with the best shot at having a sustained positive outcome and chance of normal life.

The Felton Institute is the only provider listed in the entire MHSA Plan that mentions early psychosis in their description. In Alameda County, they have one location on Alameda Island, and they are contracted to serve 100 clients (18–24 years old) per year but are only serving 47. The County should evaluate and help overcome the barriers to seeing more clients, including location accessibility. In addition, they should consider expanding to treat people over 24 years old, as many experience their first psychotic break in their later twenties.

The County only has one focused early psychosis program. The Table on page 309 of the MHSA plan lists four programs in the early psychosis & mood disorder category. However, NOT ONE mentions psychosis or mood disorder in their descriptions and only one mentions connecting people with treatment/intervention services. From what is stated in their program descriptions, most of these are not focused on the intent of the MHSA for this category.¹ The County should ensure that they have robust early psychosis programs that meet this important need.

2. **The County should strongly consider utilizing the expanded definition of “gravely disabled” in SB43 (the Lanterman-Petris-Short Act) to get more individuals into early and sustained treatment programs that will improve their outcomes and reduce cycling in and out of psychiatric facilities.** Many people who suffer from psychotic disorders are not able to see that they need help, as they may be lost in their own reality. This is a really important tool to get people into treatment programs and off the streets. The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. SB 43 expands the definition of “gravely disabled” to also include a condition in which a person, as a result of a severe substance use disorder, chronic alcoholism, mental health disorder, is, in addition to the basic personal needs, unable to provide for their personal safety or necessary medical care.

The Draft MHSA Plan makes it clear that for those individuals who are able to engage and participate in Full-Service Partnerships (FSPs), their chances of being hospitalized and/or arrested in the future are reduced. Clearly FSPs can work for those who engage and are amenable treatment. We do not see anything in the Draft Plan that funds programs aimed at the population who, by virtue of their mental illness, are not capable of engaging in an FSP.

¹ “Early psychosis and mood disorder detection and intervention refers to a program that utilizes evidence-based approaches and services to identify and support clinical and functional recovery of individuals by reducing the severity of first, or early, episode psychotic symptoms, other early markers of serious mental illness, such as mood disorders, keeping individuals in school or at work and putting them on a path to better health and wellness.” [MENTAL HEALTH SERVICES ACT \(ca.gov\)](#)

3. **With the passing of Proposition 1 and anticipated reduction in Prevention, Education, and Intervention (PEI) funding, the county should find a way to support the community-based programs that are culturally responsive and are effective at connecting people with mental health services, addressing the reticence toward treatment, and reducing the stigma associated with mental illness.** It is also important to do this in a way that does not result in funds being taken from one part of our essential community-based care system to sustain another part.
4. **The County should ensure that PEI programs meet the intent of the MHSOA by preventing mental illness from becoming severe or disabling and by focusing on the seven priority focus areas defined by the Mental Health Services Oversight & Accountability Commission (MHSOAC).** The MHSOA PEI reports should include metrics and measurable outcomes that can inform the impact of these PEI programs based on the MHSOA intent. Currently, the reports from the various funded programs do not include purposeful metrics, and it is difficult to assess how these valuable programs are contributing to the stated goals and outcomes defined by MHSOA. We suggest the County review and modify the reporting format in which it requires funded programs to report to make this part clearer. There are seven priority focus areas listed as well as desired outcomes. "PEI programs focus on 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." ([MENTAL HEALTH SERVICES ACT \(ca.gov\)](#) part 3.6) This provides good guidance for what our county programs and portfolios should focus on in the PEI area using MHSOA funding.
5. **There should be additional emphasis placed on relapse prevention.** We do not see anything in the PEI funding "bucket" of the 3-year plan that is aimed at preventing relapse and deterioration for people who are already suffering from serious and persistent mental illness. Under California law, PEI is supposed to pay for "downstream" RELAPSE prevention for people who already have a severe mental illness. Welfare and Institutions Code section 5840(c) states: "[The PEI program] shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illness and assisting people in quickly regaining productive lives." If there any funded programs that address this aspect, it should be clearly specified. Otherwise, we strongly recommend that this be added either in existing funded programs and/or invest in programs that would do so.
6. **Re-stating the MHAB's previous recommendation that the County should conduct a needs assessment to better understand the gaps in service and what it would take to fill the unmet needs for the SMI. They should take this on now for SMI and later add SUD when Proposition 1 takes effect.** This should include the continuum of care to support this population's complex needs from acute facilities, crisis programs, step down facilities and ongoing support programs. At this time, it is unclear how the County decides what programs to fund or how they understand what it would take to fill the unmet needs for the SMI.

The County should also anticipate new needs coming with the passing of Proposition 1 and include funding specifically targeted to treat "homeless persons who are mentally ill." (See Welfare & Institutions Code sec. 5600.3(b)(4)(A).). This would mean funding permanent supportive housing programs. It would also mean ensuring that we have adequate acute treatment facilities to stabilize people prior to them being ready to thrive in supported housing options.

- 7. Critical staffing shortages in Full-Service Partnership programs should be addressed.** Nearly every Full-Service Partnership program mentioned a shortage of housing and staff (clinical case managers, therapists etc.) to treat those in their programs.

Please let us know if you have any questions regarding our recommendations. The MHAB appreciates the opportunity to be of service to the Board of Supervisors and to the community and looks forward to working even more collaboratively with the Board of Supervisors in the future.

Please let us know if you have any questions.

Sincerely,

DocuSigned by:



Brian Bloom

MHAB Chair

DocuSigned by:



Terry Land

MHAB Vice-Chair