



Date: June 21, 2023

**Members:**

**Brian Bloom**  
*Interim Chair*  
District 5

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

**Re: Mental Health Services Act FY 23-26 Three-Year Plan**

**Warren Cushman**  
*Interim Vice-Chair*  
District 4

Dear Board of Supervisors,

**Terry Land**  
District 1

The Alameda County Mental Health Advisory Board (MHAB) is pleased to provide these recommendations regarding the Mental Health Services Act (MHSA) FY23-26 Three-Year Plan (the Three-Year Plan). The recommendations are provided in accordance with the MHAB's role as an oversight and advisory body pursuant to Welfare and Institutions Code Section 5604.2, and are the culmination of our review of the draft Three-Year Plan, discussions with County behavioral health leadership and participation in the MHSA Stakeholder Group. They are also informed by numerous regular and special MHAB board meetings, and by the extensive input of experts and community members. The MHAB thanks the Board of Supervisors in advance for giving our recommendations its serious consideration.

**Thu Quach**  
District 2

**Ashlee Jemmott**  
District 3

**Thu A. Bui**  
District 5

The MHAB's feedback begins with our overarching recommendations, followed by sections with more specific comments on process and the five categories in the report (Community Services and Supports; Prevention and Early Intervention; Innovation; Workforce, Education, and Training; and Capital Facilities and Technology Needs).

**Juliet Leftwich**  
District 5

**Abigail West**  
District 5

**MHAB RECOMMENDATIONS**

**Board of Supervisors  
Representative:**

**Amy Shrago**  
District 5

**A. Overarching Recommendations**

1. The MHSA was intended to provide funding to people suffering from the most serious, disabling, and persistent forms of mental illness. (See Welfare & Institutions Code Sec. 5600.3(b).) However, many of the programs funded in the Three-Year Plan do not address the needs of the most seriously mentally ill (SMI) individuals in our County.
2. It is unclear how the County decides what programs to fund or what would be required to fill the unmet needs of the SMI. We recommend that the County conduct a needs assessment to better understand these fundamental issues. The needs assessment 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.

3. The Prevention and Early Intervention portfolio should be reviewed and scrubbed to focus investments in programs that address the specific stated goals to avoid being spread too thin and being ineffective. The Mental Health Services Oversight & Accountability Commission (MHSOAC) established priorities for the use of County's Prevention and Early Intervention (PEI) funds. There are six 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." These priorities provide important guidance regarding what County programs and portfolios should focus on in the PEI area. When looking at the ensemble of our portfolio, however, many do not appear to be specifically focused on these desired outcomes.
4. The Three-Year Plan does not make clear how the County manages the programs to ensure that the goals and outcomes are consistent with meeting the defined needs. It warrants further study, but there may be a disconnect between the goals and stated accomplishments for some of the programs, particularly in the PEI section. The County should develop and implement more purposeful metrics and accountability for delivering on mental illness/health aspects of the program goals.
5. Nearly every Full-Service Partnership (FSP) program mentioned a shortage of housing and staff (clinical case managers, therapists, etc.) to treat individuals in their programs. The County should consider redirecting funds to meet these needs.
6. The Three-Year Plan makes it clear that for those individuals who are able to engage and participate in 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 to treatment. The MHAB doesn't see anything in the Plan that funds programs aimed at people who, by virtue of their mental illness, are not able to engage in an FSP.
7. The Three-Year Plan should anticipate the new direction coming from Sacramento 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 the County has adequate acute treatment facilities to stabilize people prior to the time they are ready to thrive in supported housing programs.
8. Given the changes to MHSA funding that are proposed by the Governor, we suggest reconsidering any new programs that are not aligned with the proposed changes.
9. Cities have firsthand experience dealing with the homeless and calls to the police for 5150 evaluations. The MHSA Director should seek input from city councils and mayors to determine what their communities need to treat those with SMI.
10. While cultural competence and responsiveness is listed as a guiding principle, the Three-Year Plan could be more explicit in how this principle guided the decision-making process of Alameda County Behavioral Health (ACBH).

## **B. Comments on Process**

1. The MHAB was not given adequate time to provide meaningful feedback within the public comment period. The Three-Year Plan should have been made public prior to April 1 so that the MHAB could hear the MHSA presentation, ask questions, and provide written feedback by April 30.

2. The Plan is over seven hundred pages, which is too lengthy for the public to review and digest, especially in such a short period of time. A 30-day window for public comment may inadvertently send a message that the comments will not be taken seriously and will not lead to any meaningful changes in the draft document. If the Three-Year Plan cannot be significantly shortened, it should, at a minimum, include an in-depth Executive Summary which covers all the Plan's most significant points.
3. We are not sure the stakeholder process hears the voices of those who are suffering the most in our County. People who are in and out of John George and who traverse the endless cycle of John George/jail/homeless encampments and Santa Rita Jail are not represented in the stakeholder process.

## **C. Comments by Category Section**

### **1. Community Services and Supports (CSS)**

- a. The County should perform an assessment to determine how many FSP programs and slots are needed to meet existing needs. If the current 1,045 slots are not enough, the County should determine how many are needed and whether other MHSA funds can be applied or redirected to meet this critical need.
- b. State law is clear that the MHSA may fund short-term acute inpatient treatment for clients who are in FSPs. (See 9 Cal. Code of Reg. 3620(k).) Every year in our county, many FSP clients require treatment and stabilization in an acute and/or sub-acute hospital setting. Nothing in the Three-Year Plan, however, appears to fund medically-necessary treatment in an acute or sub-acute setting for FSP clients who are in need of such treatment.
- c. The Plan should provide funding for the expansion of the Safe Landing Project at Santa Rita Jail so that it: 1) can be located in a permanent structure, rather than in a trailer; and 2) have a presence within the jail, so inmates can be connected to project services prior to the time they exit the jail.

### **2. Prevention and Early Intervention (PEI)**

- a. 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." We do not see anything in the PEI funding "bucket" of the Three-Year Plan that is aimed at preventing relapse and deterioration for people who are already suffering from serious and persistent mental illness.
- b. The Plan provides funding for a very large number of programs countywide. Although each of the programs may be worthwhile, many are not focused on providing mental health services or treating mental illness. Many of the programs cite community engagement, social events and general wellness activities as their goal and accomplishment, but it is not clear the extent to which mentally ill individuals are actually connected to mental health services. Nor is it clear whether these programs use evidence-based treatment methods to help people who are suffering from the most severe, disabling and persistent forms of mental illness.

- c. Although further study is needed, it appears that some PEI programs may lack focus on serving the needs of those suffering from serious mental illness. In other words, either the program description and/or the accomplishment examples cite general community service rather than serious mental illness and mental health needs. It is unclear whether the focus is on being generally helpful to the community, rather than being focused on preventing SMI or severe outcomes as the MHSA intends.

### **3. Innovations**

Allocating \$80,000 per CBO may leave strategically important areas underfunded to accomplish their goals. It would be helpful to provide the rationale of why \$80,000 per entity was selected and how many entities are expected to be funded, given the intention to commit \$10M. This significant funding is too important to spread out thinly and lacks a public-facing strategy on how it is intended to help boost the CBOs as they address the other eligible funding areas.

### **4. Workforce, Education, and Training (WET)**

- a. The MHAB has the several questions regarding this section of the Three-Year Plan, including: What will ACBH do after the needs assessment is conducted? How will the needs assessment inform priorities? Will there be any commitments to address some of the priority needs? Will the findings be shared with the public?
- b. While this section only focuses on changes from the previous plan, it should make clear how the proposed psychiatry training partnership are add-ons to the existing training programs. It would also be helpful to identify the current programs, to show how ACBH is investing in the different roles within a robust mental health team (e.g., licensed mental health professionals, peer counselors, case managers, and psychiatrists).
- c. This section should address what efforts are being made to respond to the severe mental health workforce shortages, including whether seed funding is being provided for CBOs to grow their own pipeline programs, and whether any emphasis is being placed on bilingual/bicultural professionals, given ACBH's commitment to cultural competency and responsiveness.

### **5. Capital Facilities and Technology Needs (CFTN)**

- a. CF2: Respite Bed Expansion. This is an important project that is focused on previously unmet needs. The Plan states that the funding is ending, but does not state whether current needs are being met or whether additional funding is needed to meet those needs.
- b. CF5: African American Wellness Hub. While there is general support for this project, the MHAB is concerned that the plan does not include an onsite psychiatrist.

## **CONCLUSION**

The MHAB appreciates this opportunity to provide our recommendations to the Board of Supervisors regarding the Three-Year Plan. We hope the recommendations are helpful, and ask that you take them into serious consideration during your deliberations about the MHSA Three-Year Plan moving forward.

Please do not hesitate to contact us know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'BB', followed by a horizontal line extending to the right.

Brian Bloom, Interim Chair (on behalf of the Mental Health Advisory Board)