

MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, November 18, 2022 (2:00-4:00pm)

GO TO MEETING TELECONFERENCE: <https://global.gotomeeting.com/join/511501621>

United States (Toll Free): 1-646-749-3129; Access Code: 511-501-621

MISSION	VALUE STATEMENT	FUNCTIONS
<i>The MHSA Stakeholder Group advances the principles of the Mental Health Services Act and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.</i>	<i>We maintain a focus on the people served, while working together with openness and mutual respect.</i>	<p>The MHSA Stakeholder Group:</p> <ul style="list-style-type: none"> • <i>Reviews</i> the effectiveness of MHSA strategies • <i>Recommends</i> current and future funding priorities • <i>Consults</i> with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care • <i>Communicates</i> with ACBH and relevant mental health constituencies.

- Welcome and Introductions 2:00
- Presentation: Collaborative Courts 2:15
- 3YR Plan CPPP: Listening Session 2:30
**Please complete demographic [survey](https://www.surveymonkey.com/r/YGNCXL5) at <https://www.surveymonkey.com/r/YGNCXL5>
- General Updates & Announcements 3:00
 - MHSA-SG vacancies: 2 (please help with recruitment)
 - Leg Update
 - Calendar/Next meeting
 - County Selection Committee (CSC) opportunities
 - CARES
- Wrap-Up 3:50
- Meeting Adjournment 4:00

Documents Attached:

- Meeting Calendar 2022
- Agenda
- PPT

MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER GROUP MEETING CALENDAR, 2022 rv9

** This schedule is subject to change. Please view the MHSA [website](#) for calendar updates.

DATE	TIME	LOCATION	MEETING THEMES
January 28, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Program Spotlight: Mental Health Peer Coach Annual Plan Update MHSA Community Planning Meetings (CPM) Outreach & Focus Group
February 25, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> MHSA Goal Setting/Finding A Common Link Program Spotlight: STRIDES Review Operating Guidelines
March 25, 2022	2:00-4:00pm	GoToMeeting	<ul style="list-style-type: none"> Presentation: ACT Fidelity
April 22, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> CPPP/INN recommendations Program Spotlight: INN Proposals (Project Indigo)
June 24, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Program Spotlight: Veterans Services & OESD 33/Deaf Community Quarterly Data Review: Veterans
July 22, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Compliance- HIPAA for family members Program Spotlight: Telecare LPS Conservatorship
August 26, 2022	CANCELLED		
September 23, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Presentation: Office of Homeless Care & Coordination Supportive Housing
October 28, 2022	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Leg Review Presentation: Peer supportive Services & Cert Process
November 18, 2022**	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> Presentation: Collaborative Court CPPP Report & FY23/26 Listening Session

MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER GROUP MEETING CALENDAR, 2022 rv9

			<ul style="list-style-type: none">• Program Spotlight/Presentation:• MHSA Policy & Legislation Review• End of Year Celebration/Retreat
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Alameda County Mental Health Services Act Stakeholder's Meeting

October 28, 2022 • 2:00 pm – 4:00 pm

TELECONFERENCE REMOTE MEETING

Meeting called to order by **Mariana Real (Facilitator)**

Present Representatives: **Viveca Bradley** (MH Advocate/MHAAC/AA Family Outreach), **Margot Dashiell** (Family Member/East Bay Supportive Housing Collaborative/African American Family Outreach Project/Alameda County Family Coalition), **Jeff Caiola** (Berkeley Depression Bipolar Support Alliance-DBSA), **Liz Rebensdorf** (Family Member/NAMI East Bay/MHSAAC), and **Elaine Peng** (Mental Health Association for Chinese Communities (MHACC))

Guest Representatives: **Khatera Tamplen** (ACBH), **Tanya McCullom** (ACBH), **Siobhan Lilly** (ACBH-minutes), **Steven Chen** (Mental Health Association for Chinese Communities (MHACC)), **Terry Land** (MHAB)

ITEM	DISCUSSION	ACTION
Welcome and Introductions (Mariana)	<p>Mariana reviewed conference call etiquette tips, and led a brief check-in with the group utilizing the Community Agreements and MHSA-SG Design Team Alliance (DTA) model to identify the desired atmosphere for the meeting and strategies to ensure members thrive and deal with conflict. The group would like to focus on:</p> <ul style="list-style-type: none"> • Respect for perspectives and where they are • Advocate for collaboration • Pace 	
Presentation: Peer Certification Process Update	<p>Khatera Tamplen, ACBH Peer Support Services Manager, presented on the peer certification legislation (Please view the PowerPoint presentation on the 10/28/22 Meeting Agenda Packet at acmhsa.org)</p> <p>Margot: Are the scholarships awarded to family members of adults? Are scholarships awarded 50/50?</p> <p>Khatera: Yes. Scholarships are awarded to family members of adults. There is no % of allocation.</p> <p>Margot: What is the total cost of the training?</p> <p>Khatera: The cost varies. \$300 for processing and the exam and \$1500 for the 80 hours of training (this is an estimate).</p> <p>Carole: How can I join the next Peers Organizing for Community Change (POCC) meeting. I would like my organization represented?</p> <p>Khatera: I have your email address and myself or Tanya will follow-up with you.</p> <p>Terry: Do you have to be trained before you are hired?</p> <p>Tanya: No. You do not need to be trained first. You can be grandfathered in. As of January 1, 2022, you can participate in the grandparenting process if you have been employed as a peer and have met work experience requirements of [either]:</p> <ul style="list-style-type: none"> ○ 1550 hours as a peer specialist in 1 year [OR] ○ 1550 hours in 3 years, with 500 hours completed within the last 12 months, working as a peer specialist. 	<p>Resources Websites:</p> <p>CalAim Explained: https://www.chcf.org/publication/calaim-explained-five-year-plan-transform-medi-cal/#what-is-calaim</p> <p>CalMHSA Website for Medi-cal Peer Support Specialist Certification Information: www.capeercertification.org</p> <p>Request/Advice Made by Tanya:</p> <ul style="list-style-type: none"> -scholarships are 1st come. -POCC is looking to have 1x1 meeting to help with application process. -get application in on time -If you do not get a scholarship, Khatera and Tracy can work with the Agency to get funds.

ITEM	DISCUSSION	ACTION
	<p>Khatera: Programs and CBOs must have certified Peer Support Specialist in order to bill Medi-Cal. Specialized Peer Support Specialist billing codes must added to the billing system. Due to new CalAim regulations the capacity of the ACBH billing team are stretched thin.</p> <p>Jeff: What is CalAim?</p> <p>Tanya: CalAim is a multiyear plan to transform California’s Medi-Cal program using managed care to integrate care more seamlessly with other social services. (Note: see website in Action column for more info.)</p> <p>Khatera: CalAim has caused a switch in billing from fee for service (FFS) to payment in a lump sum (payment reform).</p> <p>Jeff: I am 72 and not looking to get certified and take training through Depression and Bipolar Support Alliance (DBSA).</p> <p>Tanya: Anyone can apply. DBSA is only 1 of the vendors that provide training. (Note: see CalMHSA website for more info). Please note that there is a second chance to get a scholarship by letting Khatera or I know as we may be able to assist with funding—including volunteers.</p> <p>Liz: What are the qualitative issues with grandparenting process? Can there be 2 different exams—1 exam for Peers and 1 exam for Families? How do you see the family members and peer specialty being a part of the Agency in the future?</p> <p>Tanya: We were told that NAMI was involved in the process and was disappointed later when I found out that they were not. You can find more information about Grandparenting on the CalMHSA website. We advocated for 2 separate exams and 2 separate trainings and was told no. Family members are already working in the system.</p> <p>Liz: What happens to the family members currently on the In-Home Outreach Team (IHOT) team that are not certified?</p> <p>Tanya: They will continue to do the same work but will be certified and receive billing codes for the services that they provide.</p> <p>Viveca: Has a fee for the service been established? If so, what is the fee that will be billed?</p> <p>Khatera: The fee is \$34.21 per 15-minute increment. There is a different rate for group and residential treatment.</p> <p>Margot: If you are working in the Agency will the fee be collected?</p> <p>Tanya: The agency must be Medi-Cal site certified in order to bill Medi-Cal and you will have to be a part of a clinic where mental health services are provided.</p> <p>Margot: Are courses offered online?</p> <p>Tanya: There is a mix of several vendors that offer the training and they will have to be contacted directly.</p>	

ITEM	DISCUSSION	ACTION
	<p>Elaine: How do we get this information to Jeff?</p> <p>Mariana: I will send an email to the group with the links/websites discussed in the meeting.</p> <p>Mariana: Is there a timeline for grandparenting/training certification? Has there been additional funds set aside for the CBOs to provide additional and ongoing training?</p> <p>Khatera: Each individual county will have to reach out to their Behavioral Health Care Services (BHCS).</p> <p>Mariana: How much flexibility is provided? Will there be a toolkit?</p> <p>Khatera: BHCS releases Information Notices. There may be more information provided by CalMHSA.</p> <p>Mariana: Is it just certification and training or will there be ongoing requirements such as CEU credits and recertification?</p> <p>Tanya: Yes. There will be CEU requirements: 20 hours every 2 years and 6 of those hours must be ethics training.</p> <p>Mariana: How would organizations that need certified peer specialist have access to the professionals that have received certification? Will there be a portal or an access point to look up these individuals?</p> <p>Tanya: The state keeps a registry of who is certified.</p> <p>Khatera: Maybe CalMHSA will have the information on their website.</p> <p>Mariana: What can this group do to be helpful?</p> <p>Tanya:</p> <ul style="list-style-type: none"> • Family members and Peers could communicate with CalMHSA and challenge them on why they are having family members take an exam that doesn't have anything to do with their role. • Join monthly stakeholders meeting. Please email Khatera Khatera.Aslami@acgov.org or Tanya Tanya.McCullom@acgov.org to join. 12/1 is the next meeting. <p>[Final Comments In closing]</p> <p>Liz: Planning being done without NAMI's input is sad.</p> <p>Terry: What is the format of the training and why does it cost so much? They need to make it easier for people to participate.</p> <p>Mariana: Cost will be a barrier. This will be an issue for people who work in counties without a robust training program. Are they providing services to the deaf community? Addressing language barriers?</p> <p>Liz: I completed a survey. Who gets my information? Is anyone going to contact me?</p> <p>Mariana: Any demographic information included in the plan is reported in aggregate—no detailed personal information is shown.</p>	

ITEM	DISCUSSION	ACTION
General Announcements/Admin Updates (Mariana)	<p>Mariana provided an update on recent legislation: AB 988, AB 2242, SB 13382, SB 970, and SB 1302</p> <p>Mariana reviewed the new MHSA CPPP Report for FY23/23 available online.</p>	<ul style="list-style-type: none"> • Report viewable a acmhsa.org
General Announcements/Admin Updates (Mariana)	Listening Session postponed until next MHSA-SG meeting on November 18, 2022	<ul style="list-style-type: none"> • CPPP Survey & listening session schedule at acmhsa.org
Wrap-Up/Summary (Mariana)	<p>Next MHSA-SG meeting will feature a presentation from CSS Service Team the next meeting</p> <p>The group identified future meeting topics:</p> <ul style="list-style-type: none"> • Collaborative Courts (presenting at 11/18/22 meeting) • African American Hub • AOT • 988 • School-based/pupil services • Supportive Housing 	<ul style="list-style-type: none"> • MHSA-SG Please send agenda items requests

Next Stakeholder meeting: 3rd Friday, November 18, 2022 from 2-4 p.m. LOCATION: GoToMeeting



WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act Stakeholder Meeting

Facilitator:

Mariana Real, MPH, MCHES | MHSA Sr. Planner, Alameda County Behavioral Health

Go To Meeting
Friday, November 18, 2022 | 2:00PM

HELLO
MY NAME IS

A large, empty rectangular box with a thin green border, intended for writing a name. It occupies the lower two-thirds of the card's height.

Community Agreements/DTA

- *Respect*
- *Participate to have fun and learn*
- *Pace*
- *Raise hand to ask questions*
- *Mute phones to help presenters*
- *Feel free to use the chat box*
- *Assume goodwill ;-)*



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Meeting Agenda

- Welcome & Introductions
- Collaborative Courts
- CPPP Listening Session
- Administrative Updates & Announcements
- Wrap-Up/ Summary



**Alameda County
Office of the Collaborative
Courts**

Collaborative Courts Update

**Presenters: Gavin O'Neill, Principal Analyst
Danielle Guerry, Telecare ACC Program Clinical Director**

Presentation Agenda

- Overview
- Funding
- Framework
- Performance Data
- How can the MHSA-SG be involved
- MHSA-SG Questions

What is a collaborative court?

- **Alternative court programs in lieu of traditional punitive consequences**
- **Legal leverage motivates treatment engagement**
- **High risk/high needs participants**
- **12 months of case management, treatment linkage, drug testing, progress reporting**
- **Non-adversarial, multidisciplinary team discusses progress before court**
- **Responses to behavior consistent with Behavioral theory**
- **Frequent and direct judicial contact**
- **Peer learning environment**

160 people in these court programs today

- ***Felony & Misdemeanor Drug Courts***
- ***Parole & AB109 Reentry Court***
- ***Veterans Treatment Court***
- ***Three Family Treatment Courts***
- ***Behavioral Health Court not in this office***

SEVEN collaborative courts

Funding

➤ Funding Sources



- **Annual budget of \$3M (about half is grants)**
- **MOU with ACBH (in partnership since 1990)**
- **Court funding**
- **Contracts with CCPEC, CDCR, MHSA**
- **Grants with SAMHSA x2, BJA x2, JCC**
- **Funding for most mental health services end in October 2023**

Funding sources

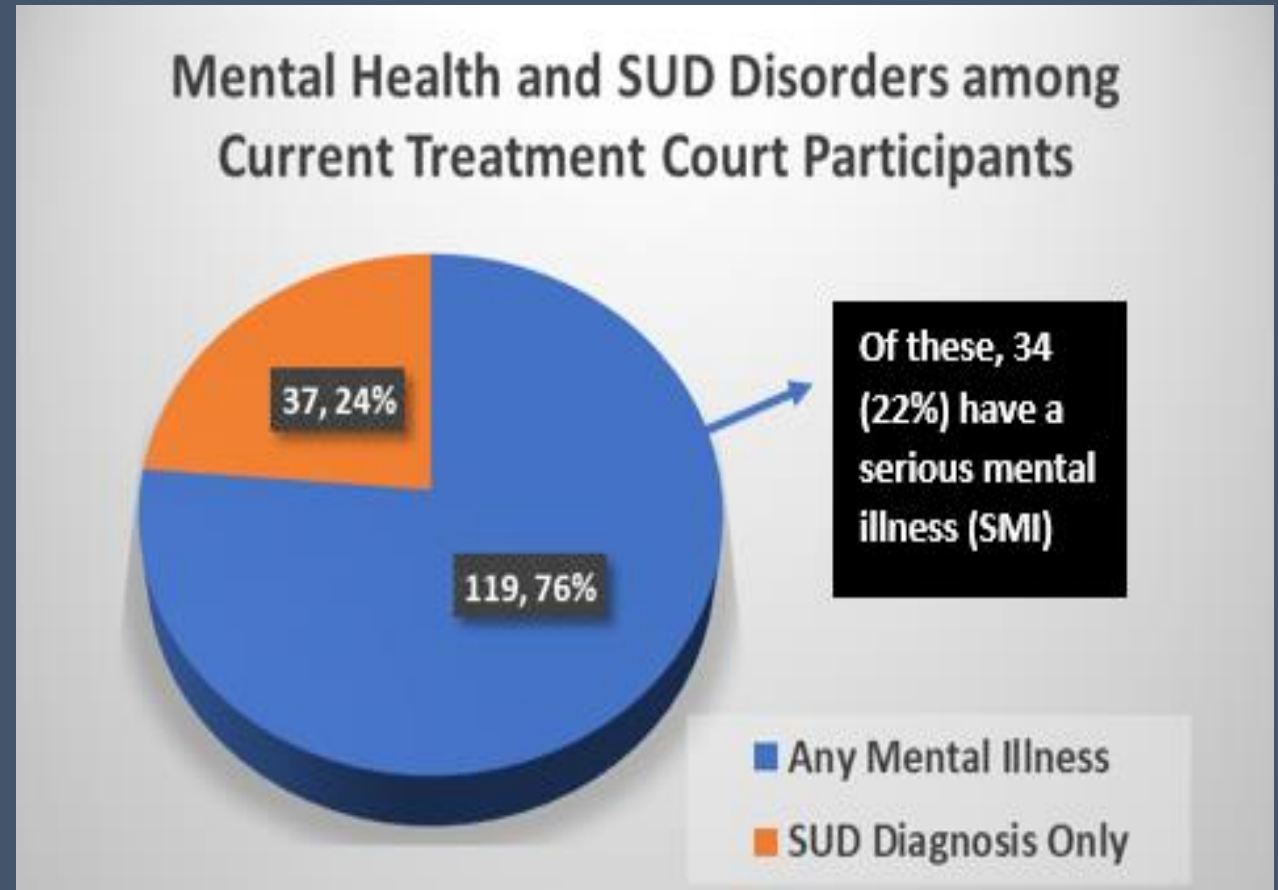
Framework

- The process of entering a collaborative court
- People with co-occurring conditions
- Service Utilization
- Justice-system inequities

- Criminal and dependency attorneys identify clients with SUD and co-occurring conditions
- Prosecutor and Judge agree to refer case to collaborative courts
- Collaborative team screens for legal and clinical eligibility
- Collaborative court Judge accepts candidate into program
- Case manager acts as portal to secure appropriate SUD placement
- Judge releases participant from custody into treatment
- Mental health team arranges services
- Case manager presents progress to Judge and team in pre-court meeting
- All participants appear in court together and the Judge gives individual feedback on progress

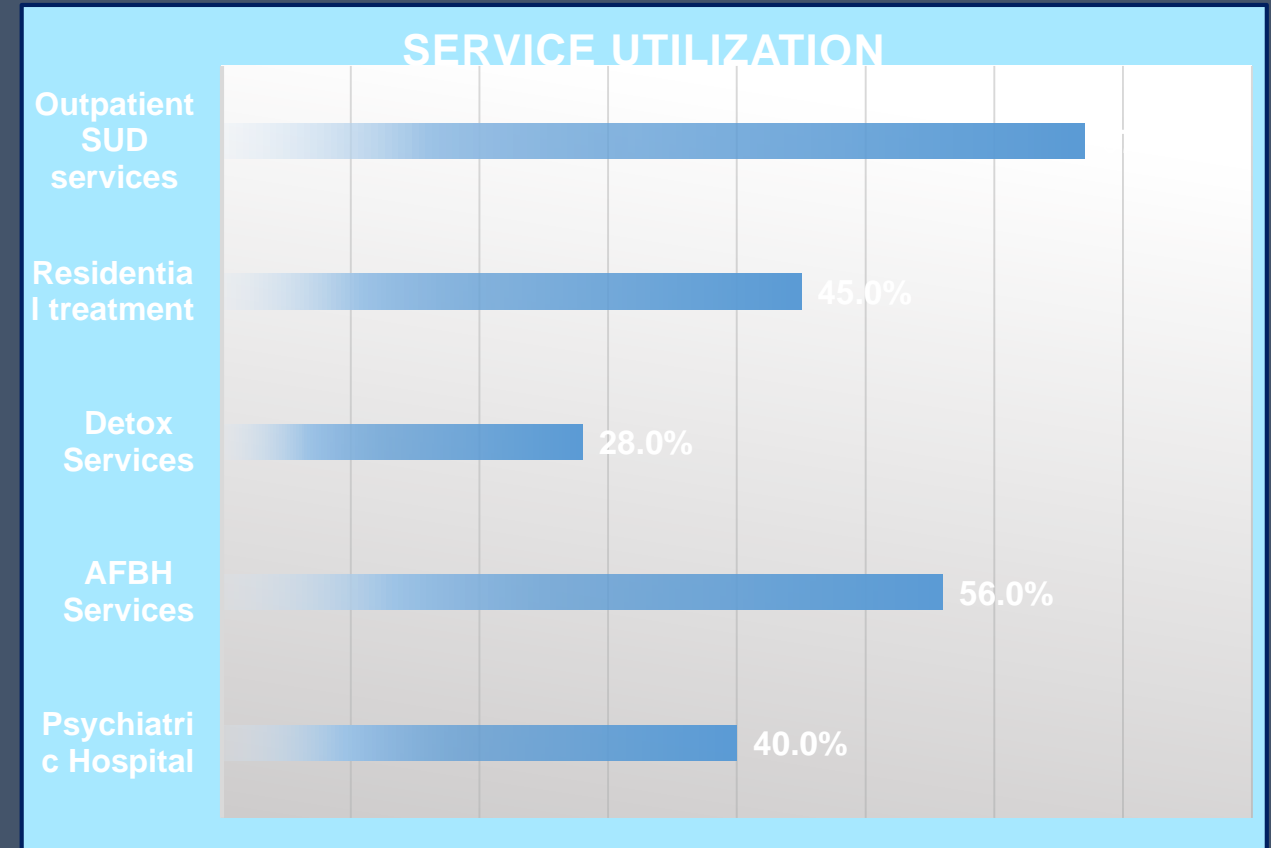
the Process

- Of 156 currently active clients in Adult Drug Court, Reentry Court, and Family Treatment Court, 119 (76%) have records of mental health treatment in Alameda County (CG)
- 119 (76%) have been identified with Any Mental Illness and co-occurring Moderate to Severe Substance Use Disorder
- 34 (22%) qualify as having a Serious Mental Illness and co-occurring Moderate to Severe Substance Use Disorder (does not include Veterans)
- Just 37 of 156 (24%) Treatment Court clients have a Substance Use Disorder without a Co-occurring Mental Health Disorder
- The Telecare Mental Health Team served 227 people in the collaborative courts during fiscal year 2021-2022.



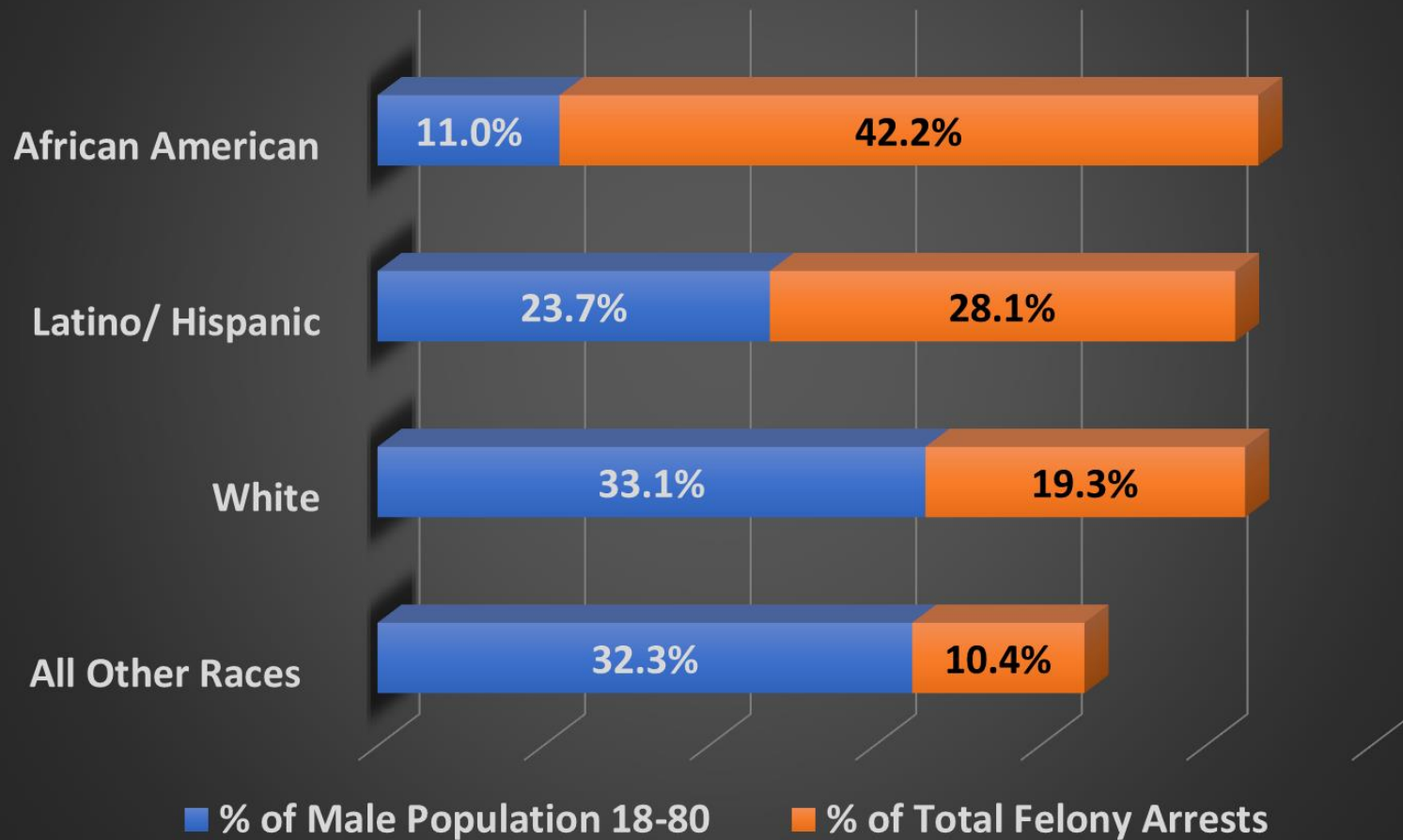
Co-occurring population

- **62 (40%) current treatment court clients have utilized county psychiatric hospital services**
- **88 (56%) have engaged in Adult Forensic Health Services in Santa Rita Jail**
- **43 (28%) have utilized detox services in Alameda County**
- **70 (45%) have been in substance use disorder (SUD) residential treatment services**
- **104 (67%) have utilized**
- **Outpatient SUD services in Alameda county**



Service Utilization

**Percent of Male Population 18 to 80 Years of Age and
Felony Arrests by Race/ Ethnicity in Alameda County,
2020**



Performance data

- **Mental health outcomes (FY 2018-19)**
- **Criminal justice outcomes**
- **Recidivism & cost savings**
- **Family treatment courts**
- **Current case study**

MENTAL HEALTH outcomes 2018-19

(all courts over a year period)

- Over **80%** of participants are linked to mental health services and potentially diverted from crisis services.
- **59%** had between one and 53 episodes of jail mental health treatment (Adult Forensic Behavioral Health), with an average of **5.32** episodes per person.
- **66%** of participants with jail mental health treatment have not had further contact since participating in the collaborative courts.
- **32%** had psychiatric hospitalizations between one and 89 days with an average of **10** days per person.
- Only **7%** of participants with a psychiatric hospitalization were hospitalized again after entering a collaborative court (averaging **1.5** days).
- **100%** of veterans were moved from county mental health services (and hospitalization) to federal services through the Veterans Administration.

Criminal justice outcomes

Independent, Ph.D.-level Evaluator

- **Drop in crimes of victimization**
- **Unhoused to housed**
- **Veterans linked to federal services and benefits**
- **Reunified families**
- **Low recurrences of child maltreatment**
- **Charges dismissed, reduced, and sealed**
- **Legal and traffic fees and fines are waived**
- **Parole and probation time is reduced or dismissed**
- **Days of incarceration are waived**
- **Low rates of overdose and death**
- **Higher rates of treatment completion**
- **Fast release from custody and linkage to services**
- **Legal relief for communities impacted by inequities**
- **Improvement in rates of employment**



- **Drug Court participants enter the program with an average of 15 charges on their criminal record.**
- **The four-year rate of recidivism for drug court graduates is 14% (new charges were 50% misdemeanors, 33% felonies, and 17% infractions)**
- **The three-year rate of recidivism for veteran's court graduates is 0%**
- **Comparison: Alameda County AB 109 Evaluation from 2020: People with co-occurring conditions and/or SMI recidivated between 46-55%**
- **Comparison: The Public Policy Institute of California from 2019: People with felony convictions are rearrested and charged at 66%. Our graduates that entered on a felony conviction recidivate at 16.3%**
- **San Francisco treatment courts produce an average cost-savings of \$14,297 per participant (2008 robust study by NPC Research and the Administrative Office of the Courts)**
- **During the last three (pandemic) years, the collaborative courts served an average of 281 people each year for a savings of \$4M**

Recidivism & COST savings

- Last year, the number of children in Family Treatment Court cases was 426
- Last year, Alameda County parents in dependency court reunified with their children at a rate of 32%
- In comparison, parents in the Family Treatment Court reunified with their children at a rate of 55%. Also, this court admits only the highest-needs parents in the dependency system.
- From 2017-2020, an average of 8.75% of children who achieved permanency in Alameda County re-entered foster care, compared to a rate of 3.5% among the children of parents participating in the Family Treatment Courts.



Family treatment courts

A 21-year-old entered Drug Court charged with assaulting a family member. He struggled with severe mood fluctuations including suicidal thoughts and attempts, psychosis, and mania. He had been managing these increasingly severe symptoms with use of alcohol and marijuana. The treatment court team assisted him with changing his insurance to MediCal, placing him in an outpatient drug treatment program, and funding his stay at a recovery residence. As he began working on his sobriety, the court mental health team initiated treatment team meetings with his TAY service team so that he could explore his ambivalence regarding medication and therapy. He began to build trust with these providers and started talking through his experiences. He even began using psychotropic medications to support mood stabilization. One year after he was successfully linked to these services, he had avoided hospitalization, and any rearrests. He recently graduated from Adult Drug Court and had his charges dismissed and sealed.



Case study

- **Vision 2026 Goals**
- **Request for MHSA support**

How can the MHSA-SG be involved?

- The collaborative courts provide legal relief for people who successfully engage in behavioral health services
- The collaborative courts are directly contributing to our vision of a CRIME FREE COUNTY
- Specifically, these programs positively impact GOAL #3: Reentry Support by reducing barriers, providing wrap-around service navigation, reunifying families, and leveraging partnerships.
- These programs positively impact GOAL #4: Criminal Justice Strategies by reducing incarceration, practicing early intervention, utilizing data-driven strategies, facilitating successful community reintegration, and operating under progressive quality control practices

Vision 2026 goals

Request for MHSA support

- **January 2022: MHSA contract for \$153,294 annual funding to hire a Telecare “mental health navigator.”**
- **Current federal grant-funding for mental health services ends July 30, 2023. This funding pays for a full-time mental health clinical director and a half-time mental health assessor.**
- **New request for MHSA to fund these positions at an annual cost of \$264,068 (starting FY 2023-2024)**

MHSA-SG questions?

Gavin O'Neill

goneill@alameda.courts.ca.gov

Danielle Guerry

dguerry@telecarecorp.com

MHSA Listening Session Agenda

Listening Session Purpose: Education and Information sharing about MHSA, Stakeholder Engagement and Decision Making processes.

Meeting Focus :

- Welcome & Introductions
- Meeting Logistics
- Education on the Mental Health Services Act
- Listening Session
- Wrap Up and Check-in on how the session went +/-
- Raffle & End of the Session





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CPPP Demographic Survey at:


<https://www.surveymonkey.com/r/YGNCXL5>


WE WANT TO HEAR FROM YOU!
Help shape and impact Alameda County's mental health system!



 **HHREC**
MHSA POLICIES

 **alameda county**
behavioral health
PROTECT • PROMOTE • PREVENT • RECOVER • RESILIENCE



 **HHREC**
HEALTH & HUMAN RESOURCE
EDUCATION CENTER

MHSA is funded by a 1% tax on individual incomes over \$1 million.



Community Program Planning Process (CPPP)

The County shall provide for a CPPP (also known as Community Listening Sessions or Community Input) as the basis for developing the Three-Year Program and Expenditure Plans and Plan Updates*.

The CPPP shall, at a minimum, include:

- Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process.
- Participation of diverse stakeholders.
- Training/Education on MHSA.

Alameda's Community Listening sessions will conclude December 31, 2022

**Title 9 CCR § 3300*



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MHSA Funding from Community Input



Provider contract increases to address workforce crisis



Increased funding for underserved ethnic and language groups



Expand housing rental subsidies



Listening Session



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Community Agreements

- *Mute your microphone to reduce background noise,*
- *Respect diversity of opinions. There is no wrong answer,*
- *1 mic/1 voice- let's avoid talking over one another,*
- *Pause/Breathe: We have a variety of people participating using different communication methods (phone, webcam, etc.) we might take time to pause to allow others to contribute who cannot see our faces,*
- *Step, up step back,*
- *Raise your hand,*
- *Keep answers brief, so to allow maximum participation, and*
- *Participate/Have fun.*



Input Questions


1. What are the **top** or **most pressing mental health challenges** right now in your community?
2. Are there **individuals, groups** and/or **cultural communities** who you believe are **not being adequately served**?
1. What do you see as **barriers** and/or **gaps** for people to **access** mental health **resources** and appropriate/effective treatment needed for their recovery?
 - *(a) Identify barriers & gaps for mental health consumers (also known as peers with lived experience)*
 - *(b) Identify barriers & gaps for their family member(s)*
2. Related to the challenges described earlier, what are your **ideas** on how to address these challenges or others that you may see to **better serve** your community?
3. What **MHSA-funded services** are you aware of, either as services you or someone you know has taken advantage of or as services you would feel comfortable recommending to others?
4. An **Innovation** project is proposing a title change to **Consumer Empowerment Using Recovery Oriented Cognitive Therapy (CT-R)**. The frame this peer training project will not change. What innovative [ideas](#) do you have to improve mental health services?
5. Other comments people want to share?







Take our CPPP Survey by January 31, 2023 at:

<https://acmhsa.org/>

WE WANT TO HEAR FROM YOU!
Help shape and impact Alameda County's mental health system!



Community Program Planning Process
for the Alameda County Mental Health Services Act Three-Year Plan FY23/26

MHSA INVITES YOU TO TAKE THE COMMUNITY INPUT SURVEY
VISIT WWW.ACMHSA.ORG

SURVEY IS AVAILABLE IN THREE LANGUAGES
English Spanish Chinese

[CLICK HERE TO TAKE THE SURVEY](#)



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GENERAL UPDATES & ANNOUNCEMENTS

Meeting Wrap-Up

Future Presentations:

- *African American Hub*
- *AOT*
- *988 (Mental Health Advisory Board meeting)*
- *School-Based/Pupil Services*
- *Supportive Housing*

Submit agenda item requests on the website

Last Meeting: January 27, 2023 from 2-4PM





Next meeting:
Friday, January 27, 2022
2-4PM



**Alameda County Behavioral Health
Care Services**



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thank you.

Please visit us at acmhsa.org