



2024 Behavioral Health Advisory Board (BHAB) Fall Retreat Pre-Assessment Survey Results

Member Expertise & Current Focus Areas

2. What interested you in serving on BHAB?

- Lack of disability rights and disability compliance in BHS and its contractors.
- After retirement, I became very involved with racial Justice and the criminal legal system. This led me to participate in the BHAB Criminal Justice Subcommittee and then to apply for the BHAB. I wanted to use my experience and expertise in BH to improve the current behavioral health system.
- Helping my community heal and supporting those facilitating the much-needed redress and culturally responsive healing modalities. To share voice as an indigenous woman, daughter of immigrants, and as a community leader in disinvested communities.
- I am interested in serving on this board based on my desire to use my experiences and insights to impact mental health services.
- Helping the community by influencing the development of sound behavioral health policy and programs.
- I wanted to understand services offered by the SD County better. And, how those impact and interact with CBO services.
- Opportunities to use my skills and experience to focus on behavioral health population; their needs and access to services. Opportunity to address gaps in service continuum of care. Opportunity to focus on behavioral health workforce needs.
- I wanted to give back to the County of San Diego. Numerous policy changes are impacting the state of behavioral health in California, and I feel driven to contribute my time and energy to advising our County leadership during this transition. Having previously served in a professional advisory capacity to the BOS, I am grateful to serve in this capacity as a community member and family member. I've seen first hand how poor transitions of care can impact people's trust in the system and want to see a future where the system engenders trust rather than dismantling it.
- Understanding and influencing the progression of effective behavioral health treatment available to all San Diegans
- I wish to represent the Filipino-American and API communities regarding mental health

3. Please share three (3) current interests concerning behavioral health:

- Lack of ADA, Fair Housing, and other disability protections in BHS, BHS Housing, BHS contractors.
- Lack of understanding about Senior & disability Justice act and its implications on those engaged in BHS services.
- Behavioral Health has become a medication pipeline. Everything a person needs to have mental health and safety is missing, like IHSS workers, and trauma informed therapists, and foods/nutrition needed for brain health, and reasonable accommodations for their disability, and protection from abuse under SB 338. All of that is missing and people who are then in need of mental health services get medicated with medications that have cross and potentially debilitating medications with black box warnings... all the while BHS is trying to bypass people from emergency and other forms of medical care by labeling them as mental health crises when many mental health symptoms manifest due to medical issues. Mental diagnoses can only be made after all medical causes have been ruled out. BHS didn't honor that established practice and dinners

- people away from medical care and into mental care.
- Prevention of incarceration for those with BH issues
- Ensuring that current and future BHS programs address lack of access to the above
- Increase the BH workforce
- Cultural Modalities in Therapy and safety net
- Environmental factors to behavioral health outcomes
- Criminal Justice Nexus
- Mental health crisis response
- Workforce shortages
- Access to care
- Impact on homelessness
- Intersection with substance abuse
- Policy reform (local, state, and federal levels)
- Need for better integration to help serve patients and conservatorship from FQHC and County clinics
- Simplification of County contracting processes
- Workforce shortages
- Impact on health policy changes, especially SB 43, Prop 1, and CalAIM.
- Increasing demand for services across the Continuum of Care
- Lag in addressing workforce needs
- Policy and regulatory changes (Prop 1, SB 43, CARE Court)
- Workforce
- Access and Care transitions
- Low number of Detox beds for Medi-Cal individuals
- Treatment for co-occurring SUD/mental health/residential
- Mental health stabilization in homeless population.
- Climate change impact on mental health, especially among children and youth
- Homelessness impact on mental health
- Preventive programs concerning climate change impacting mental health and homelessness

4. Please share your occupational background:

- Holistic Health Practitioner and Nutritionist, educator, senior & disability victimization and accommodation specialist, ADA in law enforcement Coordinator.
- 35 years as an LCSW in clinical practice and program development
- Environmental Justice Education
- Clinical Director
- Emergency Medical Services (EMS) – 7 years. Health policy advisor (local, state elected officials) – 7 years. Healthcare executive (Hospitals and Health Systems) – 15 years. Strategy & Public Affairs Consultant – 7 years.
- I am a psychiatrist and work for San Ysidro Health
- B.S. in Nursing with a public health focus (i.e, Public Health Departments). MPH in Public Health with a policy & planning focus. Health advocacy on behalf of hospitals and clinics.
- My background is at the intersection of policy, politics, research, and health services. I have dedicated my career to improving access to health care, and, in particular evidence-based behavioral health services. I have worked in a variety of behavioral health settings during the course of my career, including academic and non-profit hospitals, a locked facility in another state, a clubhouse model, an FQHC, and a private practice addictionologist. As a government affairs manager, I have followed the ongoing policy changes for California's behavioral health system and am eager to be of service to my community during this transition. My experience working at UC Davis' Behavioral Health Center of Excellence and supporting the launch of the

Steinberg Institute to bridge research and policy showed me the importance of collaboration to ensure that evidence-based care is also grounded in community-engaged work. My training is in public health and social work, and during my academic journey, I had the opportunity to intern at a major hospital system, the County, and a federally qualified health center in San Diego and saw first-hand the impact our fragmented system has on individuals and families seeking care. Because of my experience as a policy advisor for D3 I am very familiar with the County system and expectations of service.

- Psychologist specializing in addition, chronic mental illness, trauma, and homelessness. Business/owned/ & operations. CAO of university/higher education.
- 1989-2015: CEO, Operation Samahan Community Health Center. 2019: Obtained Master's degree in Urban Sustainability at Antioch University, Los Angeles.

BHAB Priorities for 2025

5. In your opinion, what are three (3) priorities that the advisory board should engage as top priorities in the upcoming year, 2025?

- Disability rights and protections compliance.
- Therapists, nutrition, ada coordinators, disability advocates for all BHS clients.
- ADA Accommodations and disability friendliness for all BHS Boards committees commissions councils
- The implementation of SB 43
- The impacts of Prop 1 on programming
- Using the UCSD Community Engagement report to guide future programming
- Share community perspective
- Attend regularly and engage others in community to attend
- Advise BHS on priorities and outreach, review contracts
- Continuing work with workforce shortage
- Talking about the current state of mental health and what may be leading to workforce shortages
- Continuing access to care
- Help inform the county's vision for behavioral health
- Provide reasoned, experienced insight for County elected officials and staff
- Bring community issues to the forefront of public discussion
- Continue to ask BHS leadership to explain reasoning behind actions
- Continue to independently identify priorities and work with BHS to shape their actions.
- Identify a pathway to response to community asks/comments.
- BHAB reviews, comments, and makes recommendations to the Board of Supervisors on reports regarding the needs and performance of County funded behavioral health programs and County agreements.
- BHAB evaluates the community's public health needs, services, facilities, and special problems, and advises the Board of Supervisors and BHS Director on local mental health and substance use programs
- BHAB reviews procedures used to ensure citizen and professional involvement at all stages of the planning process, including plans and outcomes for three-year program and expenditure plan, and makes substantive recommendations to BHS for revisions to the plan.
- Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
- Assess the impact of the realignment of services from the State to the County on behavioral health services delivered to clients and on the local community.
- Review the County's plans and outcomes for developing the three-year program and expenditure plan and updates pursuant to Welfare and Institutions Code Section 5848.

- I'm still learning the roles and responsibilities
- Submit mental health program recommendations to the Board of Supervisors (in my case, in connection with the Filipino American and API communities)
- Engage with our respective communities for feedback regarding their needs.
- Monitor County mental health programs, and provide feedback to the Board of Supervisors.

BHAB's Strengths and Opportunities

6. Based on your member experience, what would you say are the key strengths of BHAB?

- Good leadership under Robin sales
- Great bhab staff
- Diverse perspectives among the board members
- We have a breadth of lived expertise and experience as well as professional perspective
- We are motivated to hold BHS accountable through review of policies and programs
- We have some diversity
- Encouraging relationship strengthening within BHAB members and leadership.
- Focus on the community
- Power to influence policy
- Collaboration and partnership building
- Unique blend of background and experience of BHAB members
- Members from different background and life experiences.
- Members with awareness to ask the difficult questions.
- Supportive BHS staff and never a shortage of material to cover.
- 1st meeting
- Dedicated and hardworking members, especially the Officers.
- Strong BHS Director, Dr. Luke Bergmann
- Strong County support, especially the staff.

7. How would you describe the public's perception of BHAB?

- Poor
- Don't know what we do
- See us as rubber stamp board with no authority to effect change
- Many do not know about it.
- Not well known
- I don't believe the public knows anything about it
- Not having sufficient visibility for the Board of Supervisors and powers of the Board. Not receiving responses to public comments, may make community members think we're not engaging.
- Not very aware of - general public clients, or those in need of services, don't see BHAB as being very effective at addressing their needs. Providers are often disappointed in the frequency with which BHAB is marginalized.
- Rubber stamp.
- Very few members of the public know about BHAB. Maybe a "Meet the Public" event will help??

8. In your opinion, what are the pressing policy issues BHAB is positioned to address?

- Disability rights in a system and political climate ripe with civil rights violations and concerns about development of laws and systems that hurt people with disabilities and communities of color
- Ensuring that there is attention placed on consumer civil rights-seeing mental illness and substance use disorders as disabilities and maintaining a tenuous balance between protecting them from harm and getting them help.
- Focusing on children, youth, and families

- More decision making strength to the BHAB
- Strengthening equity approach in mitigating further harm from status quo systemic policies
- Investing in those communities and peoples historically harmed by systemic racism
- Currently (and for the last several months) the BHAB has focused on SB 43
- I'm not sure it's positioned to address anything given its current structure and time limitations (nearly eliminating any time for questions, discussions, or adequate consideration of agenda – and non-agenda items)
- Implementation/Impacts of SB 43, Prop 1, and CalAIM.
- Workforce challenges.
- I'm not sure BHAB is well positioned to address them, but there are many policy issues facing BHS, including the reallocation of MHSA funding, potential changes to Prop 47 if Prop 36 passes, and the implementation of SB43. Considering the new focus on housing through Prop. 1 I think it would benefit BHAB to have more conversations about the intersection of housing and BH services (e.g. how are shelter partnerships with BHS going? What are success stories or lessons learned from NPLH? Are there diversion programs that show outcomes?)
- Mental health vis-à-vis climate change crisis!
- Syndemics
- Ongoing homelessness
- Drug use epidemic

9. If there are challenges preventing BHAB from fulfilling its mission, what do you perceive them to be?

- Luke Bergman. Lying and ostracizing esp with regards to people who come forth with proof of BHS violations.
- Not disability friendly not compliant in ADA
- Too much time spent in staff talking and not enough time for bhab members to learn about issues and work together towards solutions
- Terrible unhappiness during BHAB meetings, every time looks miserable and people don't want to come
- Supervisor Vargas not filling her seat
- We don't actually so what we are supposed to do like the WIC duties below
- Maintains engagement of members through BHS's sincere belief that our collective wisdom and experience are valued. We need much better collaboration and communication from the director
- Apathy inactive members
- The actual decision making power to influence BHS
- Investing in Outreach in how the community wants it, creative and holistic.
- Lacking engagement from members
- Agenda is too packed
- Not enough time to discuss important items
- Limited interaction with County supervisors
- Seemingly little interest in leveraging the expertise of the advisory board members
- Not enough representation across all supervisorial districts
- BHAB agenda/priorities do not have a clean pathway to shape BHS.
- Lack of a robust, well-informed, and full engaged membership. Lack of Board of Supervisors' respect and support.
- I think the main challenges are lack of quorum and participation of board members.
- More clear information ahead of time for meetings
- Crises all around are escalating; our resources are limited, and there are serious disagreements (political & otherwise) on how to allocate such resources.

Familiarity with BHAB's WIC Code Duties

On a scale from 1 – 5, please circle your level of familiarity with the following WIC duties:
 1 – Not at all familiar
 2 – Slightly familiar
 3 – Somewhat familiar
 4 – Moderately familiar
 5 – Extremely familiar

10. The Behavioral Health Advisory Board (BHAB) reviews the County's Behavioral Health contracts and grants awarded to support services and initiatives administered through Behavioral Health Services (BHS).

Scale:	Results:
Not at all familiar	2
Slightly familiar	1
Somewhat familiar	2
Moderately familiar	1
Extremely familiar	4

11. BHAB reviews, comments, and makes recommendations to the Board of Supervisors on reports regarding the needs and performance of County funded behavioral health programs and County agreements.

Scale:	Results:
Not at all familiar	1
Slightly familiar	1
Somewhat familiar	1
Moderately familiar	2
Extremely familiar	5

12. BHAB evaluates the community's public health needs, services, facilities, and special problems, and advises the Board of Supervisors and BHS Director on local mental health and substance use programs

Scale:	Results:
Not at all familiar	1
Slightly familiar	2
Somewhat familiar	2
Moderately familiar	3
Extremely familiar	2

13. BHAB assesses the impact of the realignment of services from the state to the County on behavioral health services delivered to clients and the local community.

Scale:	Results:
Not at all familiar	2
Slightly familiar	2
Somewhat familiar	3
Moderately familiar	1
Extremely familiar	2

14. BHAB submits an annual report to the Board of Supervisors on the needs and performance of the County behavioral health system.

Scale:	Results:
Not at all familiar	3
Slightly familiar	1
Somewhat familiar	1
Moderately familiar	2
Extremely familiar	3

15. BHAB reviews the County's behavioral health performance outcome data and provides comments on findings to the California Behavioral Health Planning Council (CBHPC) Data Notebook.

Scale:	Results:
Not at all familiar	3
Slightly familiar	2
Somewhat familiar	3
Moderately familiar	0
Extremely familiar	2

16. BHAB reviews procedures used to ensure citizen and professional involvement at all stages of the planning process, including plans and outcomes for three-year program and expenditure plan, and makes substantive recommendations to BHS for revisions to the plan.

Scale:	Results:
Not at all familiar	1
Slightly familiar	2
Somewhat familiar	3
Moderately familiar	1
Extremely familiar	3