Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: October 19, 2022

## Documents Pertaining to 10/27/22 Agenda items:



| Agenda Item | Description | Page |
|---|---|---|
| 2. a | Approval of the October 27, 2022 Meeting Agenda | 1 |
| 2. b | Approval of the September 22, 2022 Meeting Minutes | 4 |
| 4. | Mental Health Resources & Services for Children & Youth provided by Division of Mental Health for the City of Berkeley<br>Presenter: Berkeley Mental Health Division CYF Program Supervisor, Jonathan Maddox, MFT | |
| | FYC- MHC presentation | 6 |
| 7. | Review and Vote on Dates for Commission meetings for year 2023 | |
| | a. Review potential dates for 2023<br>b. Review religious holidays for 2023 | 26<br>27 |
| 10. | Diversion Discussion and Possible Action – Commissioner Mary-Lee Kimber Smith | |
| | a. Resolution CFJL | 28 |
| 11. | Manager Report – Jeffery Buell | |
| | a. MHC Manager report October 2022<br>b. MH Caseload stats September 2022 | 35<br>36 |



Office: 2640 Martin Luther King Jr. Way, Berkeley, CA 94704 • bamhc@cityofberkeley.info
(510) 981-7721 • (510) 486-8014 FAX

| Email Correspondence | **Memo:** Mental Health Advisory Board Meeting (October 17, 2022) | 43 |
|---|---|---|
| | **Attachment:** 2022 10-17 MHAB Agenda - Final (002).pdf | 45 |
| | **Attachment:** 2022.09.19. MHAB (MAIN) Minutes.UNAPPROVED (002).pdf | 46 |
| | **Attachment:** MHAB_Leg Policy Process _101722 (002).pdf | 51 |
| | **Memo:** Get your ballot yet? Vote KB and RLee for School Board!! | 74 |
| | **Memo:** Agenda and Attachments for MHAB's Criminal Justice Committee Meeting on Wednesday, Oct. 19th, 4:30 - 6:00 | 75 |
| | **Attachment:** MHAB CJ Agenda 10-19-22 (002).pdf | 76 |
| | **Attachment:** INN Proposal - Alternatives-to-Confinement (002).pdf | 77 |
| | **Attachment:** INN Proposal - Peer-led-Continuum (002).pdf | 101 |
| | **Memo:** Mental Health Boards - Statutory Duties and CalAIM Medi-Cal Reforms | 123 |
| | **Memo:** 1st Annual Achievers Luncheon | 126 |
| | **Attachment:** Achievers' (1).pdf | 128 |
| | **Memo:** Mental Health Commission Priorities, Approaches, and Upcoming Retreat | 129 |
| | **Memo:** NYTimes: The Solution to America's Mental Health Crisis Already Exists | 132 |
| | **Memo:** Mental Health Commission Meeting - Thursday, October 27, 2022, 7 pm | 137 |
| | **Memo:** October 13, 2022 \| Adult MHFA Course @ FPCB | 140 |
| | **Memo:** Community Health Records - Excellent 10 min Video Demo & Google Slides of Computer Dashboards | 142 |
| | **Attachment:** Community Health Records Dashboards.pdf | 144 |
| | **Memo:** Great News! | 157 |
| | **Memo:** New resources for assessing threats: Mid-Childhood through Young Adult | 159 |
| | **Memo:** Attached Alameda County Mental Health Advisory Board - Annual Report 2021-2022 | 162 |
| | **Attachment:** MHAB Annual Report FY2021-2022.pdf | 163 |
| | **Memo:** Agenda Items for October | 173 |
| | **Memo:** Mental Health Commission | 174 |
| | **Memo:** Prichett's Response the MHC Mtg of Sept. 22 | 175 |
| | **Memo:** Care Court Power Point | 179 |
| | **Attachment:** Care Court Powerpoint to BMHC (9-22-22).pptx | 180 |
| | **Memo:** FW: Regrading Restorative Justice | 195 |
| | **Memo:** Regrading Restorative Justice | 199 |
| | **Memo:** FW: Responding to text from Margaret | 201 |
| | **Memo:** Responding to text from Margaret | 201 |
| | **Memo**: Invitation: October 21st Statewide Meeting/Training (Zoom & Sacramento) CALBHB/C | 207 |

**Berkeley/ Albany Mental Health Commission**

**Regular Meeting**
**Thursday, October 27, 2022**

**Time: 7:00 p.m. - 9:00 p.m.** **Zoom meeting** https://us06web.zoom.us/j/85337202554

**Public Advisory**: Pursuant to Government Code Section 54953(e) and the state declared emergency, this meeting of the City Council will be conducted exclusively through teleconference and Zoom videoconference. The COVID-19 state of emergency continues to directly impact the ability of the members to meet safely in person and presents imminent risks to the health of attendees. Therefore, no physical meeting location will be available.

**To access the meeting remotely:** Join from a PC, Mac, and IPad, IPhone or Android device: Please use the URL: https://us06web.zoom.us/j/85337202554

. If you do not wish for your name to appear on the screen, then use the drop-down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon by rolling over the bottom of the screen.

**To Join by phone**: Dial 1-669-900-9128 and enter the meeting ID 853 3720 2554. If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.

*Please be mindful that the teleconference will be recorded, and all other rules of procedure and decorum will apply for Council meetings conducted by teleconference or videoconference.*

All agenda items are for discussion and possible action

Public Comment Policy: *Members of the public may speak on any items on the Agenda and items not on the Agenda during the initial Public Comment period. Members of the public may also comment on any item listed on the agenda as the item is taken up. Members of the public may not speak more than once on any given item. The Chair may limit public comment to 3 minutes or less.*

**AGENDA**

7:00pm

1. **Roll Call**
2. **Preliminary Matters**
    a. Action Item: Approval of the October 27, 2022 agenda
    b. Public Comment (non-agenda items)
    c. Action Item: Approval of the September 22, 2022 minutes

3. **Bridge to SCU and SCU Update – Dr. Lisa Warhuus, Director, Health, Housing & Community Services for the City of Berkeley**

4. **Mental Health Resources & Services for Children & Youth provided by Division of Mental Health for the City of Berkeley**

   **Presenter: Berkeley Mental Health Division CYF Program Supervisor, Jonathan Maddox, MFT with Commissioner discussion and public comment**

5. **Youth Mental Health Subcommittee Report – Vice-Chair Monica Jones**

6. **Commission Secretary Recognition for Distinguished Contribution to the Berkeley Mental Health Commission**

7. **Review and Vote on Dates for Commission meetings for year 2023**

   a. Review potential dates for 2023
   b. Review religious holidays for 2023

8. **Retreat Training Discussion for January 2023**

   a. Commissioners' Manual, Brown Act, Robert's Rules of Order, and Commission Secretary Communications Protocols
   b. City and County Mental Health Boards – CA state mandated duties
   c. Writing Reports, Recommendations & Proposed Legislation to Berkeley City Council (BCC) (see Commissioners' Manual, p. 41)
   d. Serving Diverse Communities Equitably with Tailored, Culturally Safe and Responsive Services and for Diverse Commission Membership
   e. MHC Annual Report 2022-2023 and developing recommendations to BCC
   f. Establishing Work Plan Subcommittee 2023 to develop new work plan

9. **Stiavetti Case and Incompetency to Stand Trial – Commissioner Ned Opton**

10. **Diversion Discussion and Possible Action – Commissioner Mary-Lee Kimber Smith**
    a. Diversion Discussion, including MHC presentation, 9/22/22, and related topics
    b. Address Subcommittee Status
    c. Possible Resolution to Berkeley City Council about Care First Jails Last (including CARES Navigation Center) (see Agenda Packet)

## 11. Mental Health Manger's Report - Jeff Buell

a. MHC Manager report September 2022
b. MH Caseload stats August 2022

## 12. Adjournment

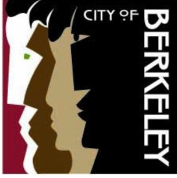
Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. **Please note: Email addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record.** If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary to the relevant board, commission or committee for further information. The Health, Housing and Community Services Department does not take a position as to the content.

Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or Jworks-wright@cityofberkeley.info

*Communication Access Information: This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date.* ***Please refrain from wearing scented products to this meeting. Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs.*** *Thank you.*

**SB 343 Disclaimer**

*Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Adult Clinic at 2640 MLK Jr. Way, Berkeley, CA 9470*



Department of Health,
Housing & Community Services
Mental Health Commission

**Berkeley/Albany Mental Health Commission**
**Drafted Minutes**

7:00pm
Zoom Webinar

Regular Meeting
September 22, 2022

**Members of the Public Present**: Lindsay Shachinger, Mary Norris, Brian Bloom, Alison M, Joe Genolio, L.D. Louis, Liz Rebensdorf, Pauline Miller, Andrea Zeppa, Katie Hawn, Robbi Montoya, Dina de Veer, Paula Aiello, Caitlin Palmer, Gloria, Wendy Alfsen, boona cheema, Paul Kealoha-Blake
**Staff Present:** Jeff Buell, Shelialanna Harris, Lisa Warhuus, Jamie Works-Wright

1) **Call to Order at 7:05pm –**
**Commissioners Present:** Judy Appel, Margaret Fine, Monica Jones, Edward Opton, Mary Lee Kimber-Smith, Glenn Turner, **Absent:** Tommy Escarcega, Terry Taplin (7:18)

2) **Preliminary Matters**
   a. **Approval of the September 22, 2022 Agenda**
   **M/S/C (Opton, Kimber- Smith)** Move that we adopt the agenda
   **PASSED**
   **Ayes:** Appel, Fine, Jones, Opton, Kimber- Smith, Turner **Noes:** None; **Abstentions:** None, **Absent:** Escarcega, Taplin

   b. **Approval of the August 23, 2022 Minutes**
   **M/S/C (Opton, Jones)** Move that we approve the minutes
   **PASSED**
   **Ayes:** Fine, Jones, Opton, Kimber- Smith, Turner **Noes:** None; **Abstentions:** Appel, **Absent:** Escarcega, Taplin

3) **SCU, Bridge & SCU public education and community engagement plan update– Dr. Lisa Warhuus**
   No Motion Made

4) **Community Presentation - Diversion of Berkeley People Living with Mental Illness and Substance Use in Alameda County. L.D Louis and Brian Bloom**

**The Alameda County District Attorney for the Mental Health Unit, L.D. Louis (22+ years), and the Public Defender, Brian Bloom (25+ years recently retired), will speak on different stages of diversion from pre-charging to avoiding deeper involvement in the criminal legal and incarceration systems for Berkeley people living with mental illness and/or substance use disorders and issues. The presentation will conclude with future trends, including comments on how CARE Courts may impact diversion processes.**

5) **Public Comment (non-agenda items) – Did not get to item**

6) **Mental Health Manger's Report – Did not get to item**
   a. MHC Manager report September 2022
   b. MH Caseload stats August 2022

7) **Discussion and possible action for subcommittees – Did not get to item**

   a. **Crisis Stabilization**
   b. **Site Visit**
   c. **Youth Mental Health**
   d. **Education**
   e. **Santa Rita Jail**

8) **Adjournment – Motion to adjourn the meeting (8:58)**
   **M/S/C (Kimber-Smith, Opton)**
   **PASSED**
   **Ayes:** Appel, Fine, Jones, Opton, Kimber- Smith, **Noes:** None; **Abstentions:** Turner; **Absent:** Escarcega, Taplin

**Minutes submitted by:** ______________________________
Jamie Works-Wright, Commission Secretary

DRAFT

# MENTAL HEALTH SERVICES & RESOURCES PROVIDED TO YOUTH/FAMILIES BY BERKELEY MENTAL HEALTH

# FAMILY, YOUTH, & CHILDREN MENTAL HEALTH SERVICES

- **WHO QUALIFIES:** STUDENTS/RESIDENTS OF BERKELEY, ALAMEDA COUNTY MEDI-CAL, MEET ACCESS CRITERIA.
- **SERVICES PROVIDED:** INDIVIDUAL/FAMILY THERAPY; MEDICATION MANAGEMENT, FULL SERVICE PARTNERSHIP, BHS HC TEAM
- **PROVIDERS IN PROGRAM:** 2 CLINICAL SUPERVISORS, CHILD PSYCHIATRIST, 1 SR. BHC, 6 BHC'S, 1 SOCIAL SERVICE SPECIALIST, & GRADUATE SCHOOL TRAINEES DURING THE ACADEMIC YEAR.
- **LANGUAGES SPOKEN BY STAFF:** SPANISH, ENGLISH

# FULL SERVICE PARTNERSHIP

- WRAP AROUND SERVICES MODEL FOR YOUTH/CHILDREN WHO PRESENT WITH ACUTE MENTAL HEALTH NEEDS
- CONNECTED TO/AT RISK OF CONTACT WITH JUVENILE JUSTICE, SOCIAL SERVICES, SPECIAL EDUCATION
- HX/RECENT PSYCHIATRIC HOSPITALIZATION

# FULL SERVICE PARTNERSHIP

- INTENSIVE SERVICES PROVIDED TO THE FAMILY SYSTEM BY THE FSP TEAM (CLINICIAN/SOCIAL SERVICE SPECIALIST)
- FLEX FUNDS TO SUPPORT THE FELT NEEDS OF THE CLIENT/FAMILY

# SCHOOL BASED SERVICES

- INDIVIDUAL/FAMILY THERAPY PROVIDED TO ELIGIBLE FAMILIES
- EDUCATIONALLY RELATED MENTAL HEALTH SERVICES (ERMHS):
- REFERRAL FROM BUSD FOR A CHILD WHO IS QUALIFIED FOR SPECIAL EDUCATION SERVICES AND HAS MENTAL HEALTH SYMPTOMS THAT ARE IMPACTING THEIR ACADEMIC PROGRESS. STUDENT MUST BE IDENTIFIED AND QUALIFIED FOR SERVICES BY THE SCHOOL DISTRICT.

# SCHOOL BASED SERVICES

- EARLY PERIODIC SCREENING DIAGNOSTIC TREATMENT

CHILD WHO MEETS ACCESS CRITERIA, CAN RECEIVE INDIVIDUAL/FAMILY/MEDICATION SERVICES

# BHS MENTAL HEALTH TEAM

- LOCATED AT THE BERKELEY HIGH SCHOOL HEALTH CENTER
- SERVICES PROVIDED:
  - ERMHS/EPSDT SERVICES
  - DROP IN INDIVIDUAL & GROUP COUNSELING
  - CRISIS INTERVENTION
  - CLINICAL CONSULTATION
  - MENTAL HEALTH CARE AT BERKELEY TECH. ACADEMY (BTA)
- ACCESS CARE THROUGH-DROP IN SERVICES, JOT FORM, REFERRAL FROM ANY CARING COMMUNITY MEMBER

# MHSA FUNDED PROGRAMS AT BUSD

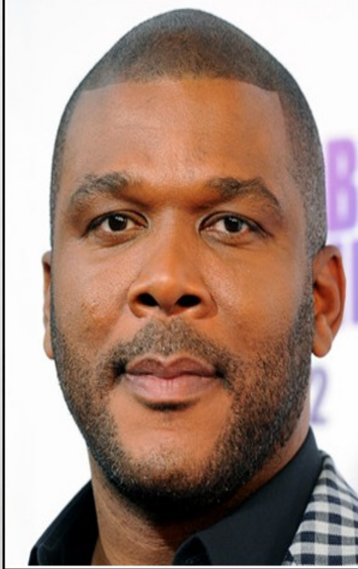
Internal

# D MIND

- EVIDENCED BASED, TRAUMA INFORMED PROGRAM IMPLEMENTED AT EACH BUSD MIDDLE SCHOOL.
- SUPPORT STRESS RESILIENCE AND HEALING FROM TRAUMA
- TEACHING SKILLS LIKE MINDFULNESS, DEEP BREATHING, AND CENTERING.

Internal

# AFRICAN AMERICAN SUCCESS PROJECT




- IMPLEMENTED AT LONGFELLOW M.S.
- ALIGNED WITH VISION 2020, WORKS WITH AA YOUTH/FAMILIES TO SUPPORT LONG-TERM ACADEMIC SUCCESS.
- THREE PRONGED APPROACH: CASE MANAGEMENT/MENTORSHIP, COMMUNITY BUILDING, & FAMILY ENGAGEMENT.

# SUPPORTIVE SCHOOLS PROJECT

- COLLABORATION WITH BUSD TO SUPPORT THE PROVISION OF MENTAL HEALTH SERVICES AT ELEMENTARY SCHOOLS.
- SERVICES PROVIDED: SOCIAL SKILLS GROUPS, SOCIAL/EMOTIONAL SUPPORT, COUNSELING, PARENT SUPPORT.
- SERVICES CONTRACTED TO COMMUNITY BASED ORGANIZATIONS (LIFELONG MEDICAL, CHILD THERAPY INSTITUTE, BAY AREA COMMUNITY RESOURCES)

Internal

# MHSSA GRANT

## A COLLABORATION BETWEEN CITY OF BERKELEY AND BERKELEY UNIFIED

# GOAL

**TO INVEST IN HIGH QUALITY, EQUITABLE, & SUSTAINABLE RESOURCES TO SUPPORT THE MENTAL HEALTH/WELLNESS OF BUSD STUDENTS AND STAFF.**

Internal

# WHAT IS THE MHSSA GRANT?

- **THE MENTAL HEALTH STUDENT SERVICES ACT (MHSSA) WAS PASSED IN 2019 TO:**

  1) ESTABLISH PARTNERSHIPS BETWEEN COUNTY BEHAVIORAL HEALTH DEPARTMENTS AND COUNTY OFFICES OF EDUCATION OR OTHER LOCAL EDUCATIONAL ENTITIES.

  2) THROUGH THE MHSSA, THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION HAS AWARDED GRANTS TO SUPPORT THESE PARTNERSHIPS

  3) EXPAND MENTAL HEALTH SERVICES TO STUDENTS ACROSS THE STATE OF CALIFORNIA.

- CITY OF BERKELEY IN COLLABORATION WITH THE ALAMEDA COUNTY OFFICE OF ED AND BERKELEY UNIFIED RECEIVED A 4YR-$2.5 MILLION GRANT.

Internal

- COLLABORATION BETWEEN ALAMEDA COUNTY OFFICE OF EDUCATION/BUSD, THE CITY OF BERKELEY MENTAL HEALTH DIVISION, AND COMMUNITY STAKEHOLDERS.
- OPPORTUNITY TO IDENTIFY AND ADDRESS MENTAL HEALTH NEEDS OF STUDENTS IN THE DISTRICT & THE IMPACT OF THE SHELTER IN PLACE ON THE HEALTH AND WELFARE OF STUDENTS, FAMILIES, AND STAFF.

# PURPOSE OF THE GRANT

- IMPROVED ACCESS TO MENTAL HEALTH CARE ON SCHOOL CAMPUSES
- IMPROVED SCHOOL-COMMUNITY/MENTAL HEALTH PARTNERSHIPS
- PROMOTE SCHOOL MENTAL HEALTH AS A PRIME OPPORTUNITY TO REACH AND SERVE AT-RISK CHILDREN, FAMILIES AND NEIGHBORHOODS
- IDENTIFY SUSTAINABLE SOLUTIONS TO SUPPORT THE MENTAL HEALTH/WELFARE OF STUDENTS AND STAFF ACROSS BUSD

# PROCESS OF THE GRANT

- CONVENE A STEERING COMMITTEE
- STAKEHOLDER ENGAGEMENT & DATA REVIEW
- IDENTIFY STRENGTHS, NEEDS, AND OPPORTUNITIES RELATED TO MENTAL HEALTH RESOURCES
- DEVELOP THE PROGRAM PLAN, WHICH WILL BE IMPLEMENTED BY BUSD

# POSSIBLE DELIVERABLES TO IMPLEMENT

- HIRE MENTAL HEALTH COORDINATOR
- INCREASE ACCESS TO MENTAL HEALTH SERVICES ON LOCAL CAMPUSES
- ENHANCE CULTURALLY RESPONSIVE NAVIGATION SUPPORT FOR STUDENTS/FAMILIES
- PROVIDE TRAINING TO TEACHERS/STAFF TO SUPPORT THE BENEFIT OF HEALTHY CAMPUSES
- IMPLEMENT MENTAL HEALTH PEER EDUCATION PROGRAM FOR STUDENTS
- CONDUCT A COMPREHENSIVE ASSESSMENT AND STRATEGIC PLANNING PROCESS TO INFORM STUDENT MENTAL HEALTH

# STATUS UPDATE

- THE FINAL DRAFT HAS BEEN SUBMITTED TO THE MHSOAC FOR REVIEW
- BUSD HAS HIRED THE MH COORDINATOR FOR THE GRANT (ROSINA KEREN)
- TENTATIVE DATE TO BEGIN THE IMPLEMENTATION PHASE IS 11/1/2022

# THANK YOU

# 2023 Commission Meeting Dates

Please complete this form and email it to the
Commission Inbox by: **Friday, January 6, 2023**

Name of Commission: _Mental Health Commission

Commission Secretary: Jamie Works-Wright

### Please Note the Commission Meeting Dates for 2023 Below

Please fill in meeting date below. If no meeting for the month is scheduled please note as “No Meeting.”

***Example***

| Month | Meeting Day and Date | Time |
|---|---|---|
| **February 2022** | **Wednesday 2/10/2022** | **7:00 pm** |
| | | |

| Month | Meeting Day and Date | Time |
|---|---|---|
| **July 2022** | **No Meeting** | |
| | | |

## 2023 Meeting Dates

| Month | Meeting Day and Date | Time |
|---|---|---|
| **January 2023** | Thursday 1/26/23 | 7:00 PM |
| **Chinese New Year** | | |
| | | |
| **February 2023** | Thursday 2/23/23 | 7:00 PM |
| | | |
| | | |
| **March 2023** | Thursday 3/23/23 | 7:00 PM |
| | | |
| | | |
| **April 2023** | Thursday 4/27/23 | 7:00 PM |
| | | |
| | | |
| **May 2023** | Thursday 5/25/23 | 7:00 PM |
| | | |
| | | |
| **June 2023** | Thursday 6/22/23 | 7:00 PM |
| | | |
| | | |

| Month | Meeting Day and Date | Time |
|---|---|---|
| **July 2023** | Thursday 7/27/23 | 7:00 PM |
| | | |
| | | |
| **August 2022** | **No Meeting** | |
| | | |
| | | |
| **September 2023** | Thursday 9/28/23 | 7:00 PM |
| | | |
| | | |
| **October 2023** | Thursday 10/26/23 | 7:00 PM |
| | | |
| | | |
| **November 2023** | **No Meeting** | |
| | | |
| | | |
| **December 2023** | Thursday 12/14/23 ? | 7:00 PM |
| | | |
| | | |

**commission@cityofberkeley.info**
**City Clerk Department**
Please contact our office at (510) 981-6908 with any questions.

Pursuant to Resolution No. 70,066-N.S., it is the policy of the City to avoid scheduling meetings of City Legislative Bodies (City Council, Commissions and Boards, Council Policy Committees, Task Forces) on religious holidays that incorporate significant work restrictions.

City legislative bodies must avoid scheduling meetings on the religious holidays listed below.

| Religion | Holiday | Date | 2023 Date |
|---|---|---|---|
| Christian | Good Friday | Varies (March or April) | 4/7/23 |
| Christian | Easter Sunday | Varies (March or April) | 4/9/23 |
| Christian | Christmas | December 25 | 12/25/23 |
| | | | |
| Jewish | Rosh Hashanah | Varies (Sept. or Oct.) | 9/15/23-9/17/23 |
| Jewish | Yom Kippur | Varies (Sept. or Oct.) | 9/24/23-9/25/23 |
| Jewish | Sukkot - first and last day | Varies (Sept. or Oct.) | 9/29/23, 10/6/23 |
| Jewish | Shmini Atzeret/ Simchat Torah | Varies (Sept. or Oct.) | 10/6/23-10/8/23 |
| Jewish | Chanukah (1st night) | Varies (Nov. or Dec.) | 12/7/23 |
| Jewish | Passover (Nights 1, 2, 7, 8) | Varies (March or April) | 4/5,4/6,4/12,4/13 |
| Jewish | Shavuot | Varies (May or June) | 5/25/23-5/27/23 |
| Jewish | Shabbat | Weekly | Friday sunset to Saturday sunset |
| Jewish* | Purim | Varies (February or March) | 3/6/23-3/7/23 |
| Jewish* | Tish'a B'Av | Varies (July or August) | 7/26/23-7/27/2023 |
| Jewish* | Yom HaShoah | Varies (April or May) | 4/17/23-4/18/23 |
| | | | |
| Buddhist | Vesak | Varies (April or May) | 5/5/23 |
| | | | |
| Hindu | Diwali | Varies (Oct. or Nov.) | 11/12/23 |
| Hindu | Dussera | Varies (Oct.) | 10/24/2023 |
| Hindu | Holi | Varies (March) | 3/8/23 |
| Hindu | Makar Sankranti | Varies (January or February) | 1/14/2023 |
| | | | |
| Islam | Eid al-Fitr | Varies | 4/21/23-4/22/23 |
| Islam | Eid al-Adha | Varies | 6/28/23-6/29/23 |
| | | | |
| Shinto | New Year | January 1-3 | 1/1/23-1/3/23 |
| Shinto | Obon Ceremony | August 13-15 | 8/13/23-8/15/23 |
| | | | |
| Baha'i Faith | Birth of Baja'u'llah | Varies | 10/16/22-10/17/23 |
| Baha'i Faith | Birth of Bab | Varies | 10/16/22-10/17/23 |
| | | | |
| Cultural | Chinese New Year (Day 1-7) | Varies (Jan. 21 – Feb. 20) | 1/21/23-1/27/23 |
| Cultural | Kwanzaa | Dec. 26 – Dec. 31 | 12/26/23-1/1/24 |

** No work restriction, but avoid scheduling meetings if possible*

DRAFT OF PROPOSED RESOLUTION

[Insert Date]

To: Members of the City Council

From: TBD

Subject: Resolution to adopt a city-wide “Care First-Jails Last” Policy

**RECOMMENDATION:**

Adopt a city-wide “Care First-Jails Last” policy that prioritizes a continuum of care for individuals with mental illness, substance use, and co-occurring disorders rather than incarceration. City departments that have contact with the public shall revise policies and practices to reflect this priority.

**BACKGROUND:**

A Care First, Jails Last policy has been in effect in Alameda County since May 25, 2021, when Alameda County Board of Supervisors (BOS) unanimously approved the policy. It calls for a just and equitable transformation of criminal justice, behavioral health, and wraparound services to reduce incarceration of people with mental illness, substance use, and co-occurring disorders. A County task force has been charged with implementing the policy county-wide. The county has begun to redefine its criminal justice system using the “Sequential Intercept Map” approach which was first established in the 1990s in Ohio. The policy later was adopted at the federal level by the US Department of Veterans Affairs and implemented via recommendations by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the early 2000s. The Care First, Jails Last approach provides multiple points between arrest, sentencing, and release in which mental health and substance use supports are offered. It puts care first when possible.

The City of Berkeley need not rely solely on Alameda County to meet a Care First, Jails Last policy. There are resources available close to Berkeley that offer care to those with mental illness and substance use disorders which could be used instead of jail. For instance, someone in mental health crisis having committed a misdemeanor could perhaps go to a crisis stabilization center, with an agreement between the Berkeley

Police Department and that center so that as long as the person in mental health crisis remains to receive the needed treatment, the misdemeanor is deferred.  Berkeley Police Department in conjunction with the Berkeley Division of Mental Health should consider what resources exist within and close to Berkeley for these types of arrangements.

**CURRENT SITUATION AND ITS EFFECTS:**

Currently, Berkeley does not have any diversion programs, meaning it does not have any programs that divert those with mental illness or substance use disorders from jail to care instead.  People who have mental illness or substance use disorder and who commit crimes are either taken to Santa Rita Jail or John George Hospital where they are purportedly offered mental health services.  However, given the significantly higher suicide rate at Santa Rita than most jails and the DOJ investigation into this, we as a city should consider whether we want to be sending some of our most vulnerable citizens to this location for supposed “care.”  Similarly, John George usually “cares” for individuals in crisis on a 72 hour hold but does not put in place a continuum of care needed for such individuals to succeed in the long-term.

Currently, the City of Berkeley has not participated in any of Alameda County’s Care First, Jails Last work.  Nor has the City of Berkeley availed itself of the resources offered by Alameda County such as the CARES Navigation Center which offers mental health or substance use treatment for those committing misdemeanors in lieu of criminal charging or jail.  We believe Berkeley need not re-invent the wheel to provide diversion programs for those with mental illness or substance use disorders but can instead tap into the work that Alameda County is already doing.

Currently, the City of Berkeley also has no arrangements with local crisis stabilization centers or other care centers to which take those with mental illness or substance use disorders to instead of to jail.  There are such options. The Mental Health Commission has been conducting investigations into these options including site visits.  The Mental Health Commission believes that Amber House, for example, located in Oakland (close to the Berkeley border) has the potential of being an excellent alternative to jail and has advised the Berkeley Police Department as such but no action has been taken.

**FISCAL IMPACTS:**

The fiscal impacts should be minimal because changing policies to use the County care options and not jail will not cost the City anything more – these are services available to

the City currently.  Moreover, the cost of the care for an individual in a crisis care center will not be billed to the City but rather to MediCal or other health insurance.

**ENVIRONMENTAL SUSTAINABILITY:**

No impact

**DRAFT OF RESOLUTION:**

WHEREAS the City Council of the City of Berkeley, acknowledges the need to reduce the number of people with mental illness, substance use and co-occurring disorders in our jail; and

WHEREAS the City Council of the City of Berkeley, acknowledges it is critical that we provide quality, affordable, accessible, and compassionate community-based mental health treatment options in order to reduce the number of people with mental illness, substance use and co-occurring disorders in our jail; and

WHEREAS the fundamental goal of a "Care First, Jails Last" policy is to develop a continuum of care that includes a full spectrum of treatment and housing, including preventative and outpatient services, inpatient acute and subacute facilities, licensed board and care homes, and other wraparound support services so that people with mental illness, substance use, and co-occurring disorders have a full opportunity to receive and live stable lives; and

WHEREAS the City Council of the City of Berkeley, recognizes the importance of responding to unprecedented and sustained calls from community members and behavioral health and criminal justice reform advocates to end law enforcement responses to health and social services needs: and

WHEREAS the Care First, Jails Last policy is consistent with the goals and mission of our Reimagining Public Safety and the resulting Specialized Care Unit; and

WHEREAS the Mental Health Commission, established pursuant to California

Welfare and Institutions Code 5604 et seq, is composed of 10 to 15 members. Fifty percent of the board membership shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least

20 percent shall be families of consumers. Pursuant to Berkeley City Council Resolution No. 65,945-N.S.: “The Commission shall…Review and evaluate the community's mental health needs, services, facilities, and special problems…Advise the governing body and the local mental health director as to any aspect of the local mental health program.”

WHEREAS the COVID-19 public health and financial crisis has further highlighted the need to move away from criminalization, and to reduce our jail population and provide people with mental illness. substance use and co-occurring disorders with safe and community-based services; and

WHEREAS reducing the number of people with mental illness, substance use and co-occurring disorders and providing a quality, affordable, accessible, and compassionate community-based behavioral health continuum of care are racial justice issues; and

WHEREAS incarceration and insufficient mental health and substance use disorder services disproportionately impact Black residents in Berkeley; and

WHEREAS individuals with serious mental illness, substance use and co-occurring disorders are more likely to return to jail, experience deteriorated health, and cycle through the criminal justice system than those without serious mental illness; and

WHEREAS community-based behavioral health and substance use services have been proven to reduce crime and recidivism; and.

WHEREAS jails spend two to three times more money on adults with mental illness who require intervention than on those without the same needs, with little or no improvement to public safety or individuals' health; and

WHEREAS both incarceration and insufficient quality, accessible behavioral health care services are linked to shortened life spans for people with mental illness, substance use, and co-occurring disorders

WHEREAS the Care First, Jails Last policy has demonstrated success in other jurisdictions, including Alameda County and Los Angeles County, in reducing incarceration and poor health outcomes of people with mental illness, substance use, and co-occurring disorders; and

WHEREAS counties are often confronted with obstacles, including minimal resources and insufficient coordination between agencies, to reducing the number of people with mental illness in the jails; and

WHEREAS it is critical to ensure that implementing a Care First, Jails Last policy allows those with lived experiences with the criminal justice system to meaningfully inform the recommendations for what a new system can look like;

NOW THEREFORE, BE IT RESOLVED that the City Council of the City of Berkeley, does hereby adopt a "Care First, Jails Last Policy" for just and equitable behavioral health care services and alternatives to incarceration that transform the city's systems of criminal justice, behavioral healthcare, and wraparound services including public benefits, social services, and housing to prioritize preventative, rehabilitative, health-focused programs; and

BE IT FURTHER RESOLVED that the work advancing the Care First, Jails Last policy must prioritize equity and inclusion frameworks in addressing racial, economic, and other disparities in the City of Berkeley's criminal justice, behavioral health, and wraparound support services systems; and

BE IT FURTHER RESOLVED that **all the City of Berkeley's departments**, in particular public safety, Division of Mental Health and any other supportive services, shall collaborate to advance a Care First, Jails Last policy; and

BE IT FURTHER RESOLVED that the Division of Mental Health and the Berkeley Police Department take the recommendations of the Mental Health Commission into consideration with regard to facilities (such as the use of Amber House as a care facility) and other strategies for diversion.

BE IT FURTHER RESOLVED that the work advancing the Care First, Jails Last policy shall be grounded in shared data from across the criminal justice, behavioral health, and other supportive services systems; and

BE IT FURTHER RESOLVED that the Chief of Berkeley Police Department (BPD) shall publicly provide updates as to the use of diversion by the BPD to the City Council, including public disclosure of aggregate data every three months to the City Council as to the number of diversions versus number of transports to jail, including the place/type

of diversion and including why diversion was not attempted and/or failed for those transported to jail, in an effort to uplift systemwide transparency and coordination; and

BE IT FURTHER RESOLVED that the Director of Division of Mental Health shall provide updates every three months to the City Council as to the implementation progress of a Care First, Jails Last policy, and provide opportunities for input from community stakeholders, including - but not limited to - individuals with lived experience, their advocates, community-based service providers, and coalitions and advisory boards whose missions support a Care First, Jails Last policy; and

BE IT FURTHER RESOLVED that in conjunction with adopting this "Care First, Jails Last" resolution, the City Council of the City of Berkeley directs a member of the Division of Mental Health to attend all the meetings of the Alameda County "Care First, Jails Last Task Force" and to report back to the Division of Mental Health on any opportunities or ideas about diversion from jails to care.

**MEMORANDUM**

**To:** Mental Health Commission
**From:** Jeffrey Buell, Mental Health Division Manager
**Date:** 10/14/2022
**Subject:** Mental Health Manager Report

Mental Health Services Report

Please find the attached report on Mental Health Services for October 2022.

Information Requested by MHC

The MHC Co-Chairs requested that the presentation at the October 2022 Commission Meeting include information about school based mental health services and funding. Available information about BMH services and the MHSSA funding will be included in the presentation.

Also requested was the opportunity for the Commission to schedule site visits at each of the two Berkeley Mental Health Clinic facilities: 2640 Martin Luther King Jr Way and 1521 University Ave. The Mental Health Manager will be available to schedule and lead a visit for the former, and help arrange for the latter.

| Adult Services | Intended Ratio of staff to clients | Clinical Staff Positions Filled | # of clients open this month | Average Monthly System Cost Previous 12 Months | Fiscal Year 2023 (July '22-June '23) Demographics as of September 2022 |
|---|---|---|---|---|---|
| **Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)** | 1-10 for clinical staff. | 5 Clinicians,<br>1 Clinical Supervisor | 57 | $7,001 | Clients: 55<br>American Indian: 0<br>Black or African-American: 29<br>Hispanic or Latino: 1<br>Other/Unknown: 0<br>API: 1<br>White: 24<br>Male: 30<br>Female: 23<br>Missing Gender ID: 1<br>Multiple Gender ID: 0<br>Prefer Not to Answer Gen ID: 1<br>Heterosexual: 42<br>Missing Sex Orient: 6<br>Bisexual: 2<br>Gay: 1<br>Multiple Sex Orient: 2<br>Lesbian: 1<br>Prefer Not to Answer Sex Orient: 1 |
| **Adult FSP Psychiatry (September Stats)** | 1-100 | .75 FTE | 48 | | |
| **AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)** | | | | $2,037,600 | |
| **Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)** | 1-8 for clinical staff | 4 Clinicians,<br>0 Clinical Supervisor | 33 | $6,554 | Clients: 31<br>API: 2<br>Black or African-American: 14<br>Hispanic or Latino: 0<br>Other/Unknown: 1<br>White: 14<br>Male: 22<br>Female: 7<br>Missing Gender ID: 2<br>Prefer No to Answer: 0 |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Multiple Gender Identities: 0<br>Heterosexual: 24<br>Missing Sex Orient: 4<br>Bisexual: 2<br>Gay: 1<br>Multiple Sex Orient: 0<br>Prefer Not to Answer: 0<br>Lesbian: 0 |
| **HFPS Psychiatry (September Stats)** | 1-100 | .0 FTE | 20 | | |
| **HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)** | | | TBD | | |
| **Comprehensive Community Treatment (CCT)<br>(High level outpatient clinical case management and treatment)** | 1-20 | 7 Clinicians<br>1 Team Lead<br>0 Clinical Supervisor | 161 | $2,294 | Clients:  159<br>American Indian: 4<br>API: 15<br>Black or African-American: 60<br>Hispanic or Latino: 1<br>Other/Unknown: 8<br>White: 71<br>Male: 80<br>Female: 73<br>Female to Male: 0<br>Missing Gender ID: 2<br>Multiple Gender Identities:  2<br>Non-Conforming Gender ID: 1<br>Other Gender ID: 0<br>Prefer Not to Answer Gender ID: 1<br>Queer Gender ID: 0<br>Heterosexual Sex Orient: 126<br>Missing Sexual Orient: 15<br>Bisexual Sex Orient: 6<br>Gay Sex Orient: 4<br>Lesbian Sex Orient: 4<br>Multiple Sexual Orient: 1<br>Prefer Not to Answer Sex Orient: 3<br>Queer Sexual Orient: 0<br>Other Sexual Orient: 0 |
| **CCT Psychiatry (September Stats)** | 1-200 | 1 FTE | 121 | | |

| | | | | | |
|---|---|---|---|---|---|
| **CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)** | | | $2,617,010 | | |
| **Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)** | 1-20 Team Lead,<br>1-50 Post Masters Clinical<br>1-30 Non-Degreed Clinical | 1 Licensed Clinician<br>1 CHW Sp./ Non-Degreed Clinical,<br>1 Clinical Supervisor | 89 | $1,146 | Clients: 88<br>API: 7<br>Black or African American: 32<br>Hispanic or Latino: 2<br>Other/Unknown: 2<br>White: 45<br>Male: 50<br>Female: 34<br>Missing Gender ID: 2<br>Intersex: 1<br>Other Gender ID: 1<br>Heterosexual: 74<br>Missing Sexual Orient: 9<br>Prefer Not to Answer Sexual Orient: 2<br>Gay: 1<br>Multiple Sexual Orient: 1<br>Questioning: 1 |
| **FIT Psychiatry (September Stats)** | 1-200 | .5 | 83 | | |
| **FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)** | | | $900,451 | | |

| Family, Youth and Children's Services | Intended Ratio of staff to clients | Clinical Staff Positions Filled | # of clients open this month | Average Monthly System Cost Last 12 months | Fiscal Year 2023 (July '22-June '23) Demographics as of September 2022 |
|---|---|---|---|---|---|
| **Children's Full-Service Partnership (CFSP)** | 1-8 | 1 Senior Behavioral Health Clinician | 5 | $6,881 | Clients: 5<br>American Indian: 0<br>API: 0<br>Black or African-American: 2<br>Hispanic or Latino: 3<br>Other/Unknown: 0<br>White: 0<br>Male: 1<br>Female: 3<br>Missing Gender ID: 1<br>Non-Conforming Gender ID: 0<br>Heterosexual: 4<br>Missing Sexual Orient: 1<br>Gay: 0<br>Other Sexual Orient: 0<br>Questioning Sexual Orient: 0 |
| **CFSP Psychiatry (September Stats)** | 1-100 | 0 | 1 | | |
| **CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)** | | | $489,235 | | |
| **Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)** | 1-20 | 1 Clinician<br>1 Clinical Supervisor | 45 | $2,161 | Clients: 47<br>American Indian: 2<br>API: 3<br>Black or African-American: 18<br>Hispanic or Latino: 10<br>Other/Unknown: 2<br>White: 12<br>Male: 19<br>Female: 17<br>Missing Gender ID: 7<br>Multiple Gender ID: 3<br>Non-Conforming Gender ID: 1<br>Female to Male: 0<br>Other Gender ID: 0<br>Heterosexual: 20<br>Missing Sexual Orient: 18<br>Gay: 4 |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Bisexual: 1<br>Multiple Sexual Orient: 3<br>Other Sexual Orient: 0<br>Prefer Not to Answer: 1<br>Queer Sexual Orient: 0<br>Questioning Sexual Orient: 0 |
| **ERMHS/EPSDT Psychiatry (September Stats)** | 1-100 | 0 | 6 | | |
| **EPSDT/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)** | | | $1,062,409 | | |
| **High School Health Center and Berkeley Technological Academy (HSHC)** | 1-6 Clinician (majority of time spent on crisis counseling) | 2 Clinicians, 1 Clinical Supervisor | Drop-in: 44<br>Externally referred: 21<br>Ongoing tx: 45<br>Groups: 0/0 | | N/A |
| **HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)** | | | $396,106 | | |

| Crisis and ACCESS Services | Staff Ratio | Clinical Staff Positions Filled | Total # of Clients/Incidents | MCT Incidents Detail | Calendar Year 2022 (Jan ’22- Dec ’22) Demographics – From Mobile Crisis Incident Log (through September 2022) |
|---|---|---|---|---|---|
| **Mobile Crisis (MCT)** | N/A | 2 Clinicians filled at this time | • 85 - Incidents<br>• 12- 5150 Evals<br>• 1 - 5150 Evals leading to involuntary transport | • 57 - Incidents: Location - Phone<br>• 18 - Incidents: Location - Field<br>• 1 - Incidents: Location - Home | Clients: 593<br>API: 31<br>Black or African-American: 110<br>Hispanic or Latino: 18<br>Other/Unknown: 287<br>White: 147<br>Male: 273<br>Female: 257<br>Transgender: 7<br>Unknown: 56 |
| **MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)** | | | $771,623 | | |
| **Transitional Outreach Team (TOT)** | N/A | .5 Licensed Clinician, (TOT and CAT have been recently merged) | • 3 – Incident(s) | N/A | Clients: 27<br>API: 2<br>Black or African-American: 9<br>Hispanic or Latino: 2<br>Other/Unknown: 4<br>White: 10<br>Male: 10<br>Female: 17<br>Transgender: 0<br>Unknown: 0 |
| **TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)** | | | $272,323 | | |
| **Community Assessment Team (CAT)** | N/A | 3 Non-Licensed Clinicians, .5 Licensed Clinician, 1 Clinical Supervisor | • 141 - Incidents | N/A | Clients: 497<br>API: 21<br>Black or African-American: 109<br>Hispanic or Latino: 25<br>Other/Unknown: 223<br>White: 119<br>Male: 239<br>Female: 184<br>Transgender: 1<br>Unknown: 73 |

| **CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)** | $735,075 |
| --- | --- |

Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support.
In demographics, other/unknown is used both when a client indicates that they are multi-racial and when demographic info is not known.

*Average System Costs come from Yellowfin, and per ACBH include all costs to mental health programs, sub-acute residential programs, hospitals, and jail mental health costs.

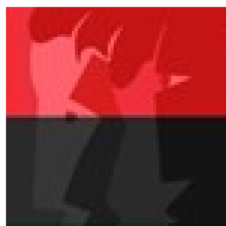
## Works-Wright, Jamie

| | |
|---|---|
| **From:** | Works-Wright, Jamie |
| **Sent:** | Friday, October 14, 2022 2:48 PM |
| **To:** | Works-Wright, Jamie |
| **Subject:** | FW: Mental Health Advisory Board Meeting (October 17, 2022) |
| **Attachments:** | 2022 10-17 MHAB Agenda - Final.pdf; 2022.09.19.MHAB (MAIN) Minutes.UNAPPROVED.pdf; MHAB_Leg Policy Process _101722.pdf |

Internal

Please see below and attached


Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office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**From:** MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
**Sent:** Friday, October 14, 2022 1:41 PM
**Cc:** MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
**Subject:** Mental Health Advisory Board Meeting (October 17, 2022)


**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.


Good afternoon,

Please see attached agenda/materials for the Mental Health Advisory Board meeting scheduled for Monday, October 17th.

**Mental Health Advisory Board Meeting**
Time: 3:00 PM – 5:00 PM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/87366080958?pwd=YWZaQkd5RWEwZW1sbjRTVTh4Q3pNUT09

Meeting ID: 873 6608 0958

Passcode: 774947
One tap mobile
+16699006833,,87366080958#,,,,*774947# US (San Jose)
+12532158782,,87366080958#,,,,*774947# US (Tacoma)

Dial by your location
+1 669 900 6833 US (San Jose)
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
Meeting ID: 873 6608 0958
Passcode: 774947
Find your local number: https://us02web.zoom.us/u/kjz8ViFhl

Join by Skype for Business
https://us02web.zoom.us/skype/87366080958

Alameda County
Mental Health Advisory Board

# Mental Health Advisory Board Agenda

**Monday, October 17, 2022 ◊ 3:00 PM – 5:00 PM**

***This meeting will be conducted exclusively through videoconference and teleconference***
https://us02web.zoom.us/j/87366080958?pwd=YWZaQkd5RWEwZW1sbjRTVTh4Q3pNUT09
**Teleconference: (669) 900-6833 | Meeting ID: 873 6608 0958 | Passcode: 774947**

| MHAB Members: | | | |
|---|---|---|---|
| | **Lee Davis** *(Chair, District 5)* | **Thu Quach** (District 2) | **Aditi Sharma** *(District 3)* |
| | **L.D. Louis** *(Vice Chair, District 4)* | **Grant Quinones** *(District 2)* | **Brian Bloom** *(District 4)* |
| | **Christina Aboud** (*District 1*) | **Warren Cushman** *(District 3)* | **Anh Thu Bui** *(District 5)* |
| | **Terry Land** *(District 1)* | **Ashlee Jemmott** *(District 3)* | **Juliet Leftwich** *(District 5)* |

## Committees

**Adult Committee**
Warren Cushman, Co-Chair
Christina Aboud, Co-Chair

**Children's Advisory Committee**
*Vacant*

**Criminal Justice Committee**
Brian Bloom, Co-Chair
Juliet Leftwich, Co-Chair

**MHAB Mission Statement**

The Alameda County Mental Health Advisory Board has a commitment to ensure that the County's Behavioral Health Care Services provide quality care in treating members of the diverse community with dignity, courtesy and respect. This shall be accomplished through advocacy, education, review and evaluation of Alameda County's mental health needs.

**3:00 PM** Call to Order ______________________ **Chair Lee Davis**

**3:00 PM I. Roll Call**

**3:02 PM II. Approval of Minutes**

**3:04 PM III. Continue MHAB Meetings by Teleconference Pursuant to AB361**

**3:05 PM IV. Chair's Report**
- A. Welcome New MHAB Member
- B. Joint Health Public Protection Committee – October 24, 2022
- C. MHAB Annual Retreat – January 2023 (Date: TBD)
- D. Question(s) for John George Presentation - due October 28, 2021

**3:15 PM V. Director's Report**
- A. General Update

**3:30 PM VI. Committee Reports**
- A. Adult Committee
- B. Criminal Justice Committee
- C. Children's Advisory Committee
- D. MHSA Stakeholders Committee
- E. Quality Improvement Committee
- F. MHAB Data Ad Hoc Committee
- G. MHAB Legislative Ad Hoc Committee
- H. Care First, Jails Last Taskforce

**3:45PM VII. Legislative and Policy Advocacy Process Presentation**

**4:45 PM VIII. Public Comment**

**5:00 PM IX. Adjourn**

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

**Mental Health Advisory Board UNAPPROVED Minutes**
**Monday, September 19, 2022 ◊ 3:00pm-5:00pm**

**Meeting Conducted Exclusively through Video Conference Meeting**

**Alameda County**
**Mental Health Advisory Board**

| | | | |
|---|---|---|---|
| **MHAB Members:** | ☒ **Lee Davis** *(Chair, District 5)*<br>☒ **L.D. Louis** *(Vice Chair, District 4)*<br>☒ **Christina Aboud** *(District 1)*<br>☒ **Terry Land** *(District 1)* | ☒ **Thu Quach** *(District 2)*<br>☒ **Grant Quinones** *(District 2)*<br>☒**Warren Cushman** *(District 3)*<br>☒ **Loren Farrar** *(District 3)* | ☐ **Ashlee Jemmott** *(District 3)*<br>☒ **Brian Bloom** *(District 4)*<br>☐ **Anh Thu Bui** *(District 5)*<br>☒ **Juliet Leftwich** *(District 5)* |
| **ACBH Staff:** | ☒ **Dr. Karyn Tribble** *(ACBH Director);* ☐ **James Wagner;** ☒ **Asia Jenkins;** ☒ **Dainty Castro** *(Administrative Liaison);* | | |
| **Unexcused Absences:** | | | |

Meeting called to order at 3:00 PM by **Chair Lee Davis**

| ITEM | DISCUSSION | DECISION/ACTION |
|---|---|---|
| **Roll Call / Introductions** | Roll Call completed. | |
| **Approval of Minutes** | Minutes were approved unanimously. Julie Leftwich's and Loren Farrar's absences were not Unexcused for last meeting, due to prior notice. Otherwise, the minutes were adopted and approved, with two abstentions (Julie and Warren).<br><br>Dr. Tribble was asked to update the Board regarding virtual or in-person meetings. California has not changed their status/policy regarding in-person meetings. Therefore, due to the global pandemic (COVID 19), the MHAB has been meeting virtually, and due to California remaining in a state of emergency, it is recommended that the MHAB meetings continue to be held virtually. Terry suggested that when we are able to return to in-person meetings, the hybrid option remain in place. Warren stated that if and when the in-person meeting allowance returns, he will have transportation and be able to attend in person. A vote was taken relative to the current practice of meeting virtually. The issue unanimously passed. MHAB meetings will remain in emergency status due to the pandemic, and they will continue to use the virtual platform for the October meeting. | We will meet virtually again next month (October). |
| **Chair's Report** | There will be a presentation made to the Board of Supervisors' Joint Health and Public Protection Committee on October 24, 2022. This will be reporting on the ad hoc jail data, and submission of the annual report. Information will be forthcoming regarding virtual | |

| ITEM | DISCUSSION | DECISION/ACTION |
|---|---|---|
| | participation. A special meeting to address this matter is scheduled for September 26, 2022 at 3:00 p.m., if necessary.<br><br>MHAB will have their annual banquet in May, 2023, tentatively set for May 11, 2023.<br><br>A site walk has been planned for John George Hospital, with some additional investigation regarding the entire facility. Chair Davis asked for interested members of the Board that would like to participate. Interested individuals include: Julie Leftwich, Warren Cushman, Thu Quach, L.D. Davis, Grant Quinones, Brian Bloom, and Terry Land. Vice-Chair stated that the entire Board may participate in the site visit under the Brown Act. However, discussion cannot take place during the visit. Discussion will have to take place during the regular MHAB meeting. Dr. Tribble also stated that it would be beneficial for the MHAB to coordinate the visit with Alameda Health Systems and the CAO so that the visit and any post-meetings would go smoothly. | |
| **Director's Report** | **BHCIP:** Dr. Tribble produced a PowerPoint presentation regarding BHCIP. The presentation included information defining BHCIP, and the CCE program (Community Care Expansion). Round 3 has been funded, and includes three awards: Telecare for Forensic Crisis Residential Treatment; La Familia for Crisis Stabilization Units; and La Familia for Transitional Age Youth Residential and Outpatient Program. Greater Beginnings was also submitted. We are currently planning for Round 4 (Child & Youth Programs), and have submitted projects. We are looking at Crisis Stabilization for youth ages 6 – 11, and expanding Willow Rock to add 6 beds to serve additional youth under age 18. Our commitment to funding is obligated for 30 years. There will be over 200 beds yielded from the CCE.<br><br>**CARE Courts:** governor Newsom recently signed SB 1338. This allows funding for various infrastructures. We are not one of the pilot counties for CARE Courts. 7 counties were able to negotiate funding for the pilot program.<br><br>**Questions:**<br>1) Will there be a stakeholder process that will assist the County in getting individuals from the criminal justice system to mental health beds?<br>**Yes, the clinical operation side will be addressing this. The requirements for crisis residential are not the same, and should be an easier process.**<br><br>2) Were there actually 10 submissions by the County (Slide 3) and only 3 were funded? Does each round have a theme for submission?<br>**No. Each organization submitted their own application. There were actually 7 submissions, and 3 were funded. The themes are established by the State, and those that were not funded are encouraged to re-apply.** | |

DRAFT

| ITEM | DISCUSSION | DECISION/ACTION |
| --- | --- | --- |
| | 3) When you mention Crisis Residential, are you talking about something like Amber House, not a 5150 facility?<br>**That is correct.** | |
| **Committee Reports** | **A. Criminal Justice Committee**: The last meeting took place before the MHAB main meeting, and the report was given at that meeting. This month's meeting will focus on the 8 collaborative courts in Alameda County. Future planning is yet to be determined.<br><br>**B. Children's Advisory Committee:** CAC is still on hiatus until further notice.<br><br>**C. Adult Committee:** There is a rollout of the 988 theme in September. Stephanie Lewis has been invited to cover the County response, and there will also be a State representative to discuss the State response. In October, we are looking to discuss planning a site visit to John George in November. We would also like to address the workforce crisis, as there is incredible demand for mental health workers. Afterward, the Committee would like to work through the process of the Executive Committee, and have a follow-up meeting with the main Board. We are also considering not meeting in November and December in order to plan for the next year, and coming up with some strong recommendations, including plans for the retreat.<br><br>**D. MHSA Stakeholders Committee**: The last meeting was cancelled. They are in the process of working on a steering committee for the 3-year plan. Two (2) MHAB members will be joining this committee. These meetings have started. The next 3 years are in the process of being planned.<br><br>**E. Quality Improvement Committee**: Currently vacant. Looking for someone to undertake this committee.<br><br>**F. Data Ad Hoc Committee:** Information regarding this committee will be included in the presentation that will be delivered to the BOS.<br><br>**Legislative Ad Hoc Committee:** In the last meeting on August 22 there was a presentation given by Eileen Ng, Alameda County Policy Director, and Jessica Blackmore, Policy Analyst. They shared the areas of collaboration that would be beneficial in sharing thoughts on legislation. We are looking at the information being shared with the entire Board.<br><br>**Care First, Jails Last Task Force Update:** Brian Bloom reported that the task force is open to the public, and anyone can attend. The meeting takes place on the 4th Thursday of each month from 1:00pm – 2:30pm. At the next meeting, we will look at additional data. Wendy Still will make a presentation from the Reimagining Justice Committee, focusing | |





DRAFT

| ITEM | DISCUSSION | DECISION/ACTION |
| --- | --- | --- |
| | primarily on the jail population. Brian and L.D. will also be participating with the Berkeley Mental Health Commission on September 22, 2022 at 7:15 p.m. to discuss behavioral health and drug courts, along with discussion surrounding the CARE courts. It will be a virtual meeting. | |
| **Discussion Items** | **Annual Report:** The Executive Committee met and agreed unanimously that the report is reflective of the work product of the MHAB over the past year. The meeting was open to Board discussion concerning the report.<br><br>Thu was concerned that the language of the recommendation on the fully funding of the Forensics plan might take away from other entities.<br><br>Brian stated that the recommendation should be to encourage the BOS to make the financial commitment to fund the plan, and not cut any funding for programs.<br><br>General discussion continued, including the Needs Assessment, particularly emphasizing the needs, prioritizing the funding, the times of service, and incarceration and follow-up care.<br><br>Thu suggested that some language should be included in such a way so that one group is not cannibalized for another.<br><br>L.D. suggested that a proposition of a specific change to add a word to a place that all would agree to. It would be in place in order to make any changes.<br><br>Julie stated that some specific changes need to be made. Specifically, in the second paragraph of Recommendation No. 1, the bracketed language "including but not limited to" should not be included.<br><br>L.D. suggested that a final, comprehensive statement at the top of Page 3 that would say something similar to: "This letter includes recommendations designed to improve services while not diminishing existing programming."<br><br>After additional discussion, a motion was made to change and/or add particular language to allow the presentation to be made in a more favorable manner while still emphasizing the need for the funding. Brian will rewrite the changes.<br><br>It was suggested that Brian articulate the two areas of edit, specifically on page 3 - the paragraph that begins with "The COVID pandemic…" . Also, edits will take place on page 5, after Recommendation 1, beginning with "An overarching concern…". Brian consented. | Brian will make the discussed and agreed-upon edits to the report and submit it on behalf of the MHAB. |

DRAFT

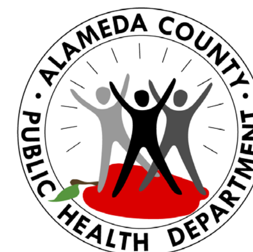
| ITEM | DISCUSSION | DECISION/ACTION |
|---|---|---|
| | L.D. made a motion that the annual report be adopted with the aforementioned revisions being made by Brian. An addendum to the motion was made to the motion that the MHAB would allow the report to be submitted based solely on the changes that Brian will make. The motion passed with a 9-0 vote.<br><br>L.D. stated that the Board members can be present during the presentations to the Joint Committee and Public Protection Committees. It was also recommended that the MHAB members advocate the report to their respective County supervisor in anticipation of the October 24, 2022 meeting. | |
| **Public Comment** | Public Comment was provided. | |
| **Adjournment** | Adjourned at 5:09 p.m. | The planned special meeting for next Monday is cancelled. |

DRAFT

Alameda County
Health Care Services Agency

# LEGISLATIVE AND POLICY ADVOCACY PROCESS

For Boards and Commissions
**Mental Health Advisory Board**
**October 17, 2022**



# Presentation Outline

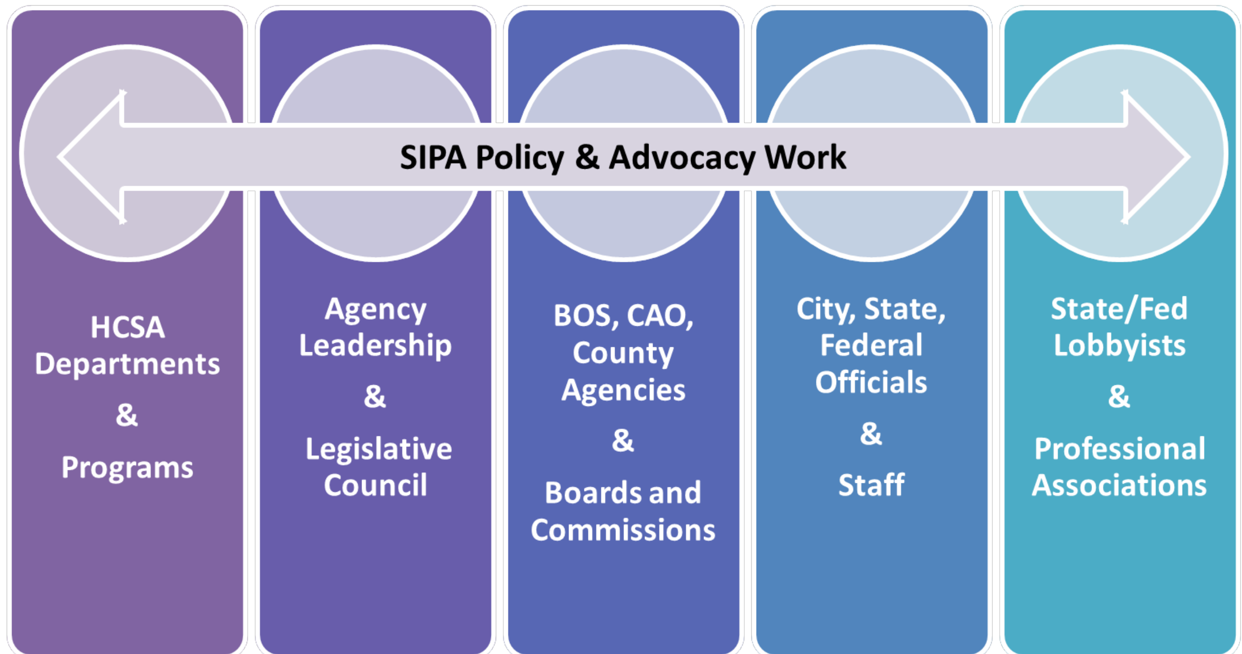
- Intro & Overview
- Alameda County Context
- How to Participate as a Board Member
- Important Dates
- MHAB and HCSA Collaboration
- Discussion & Questions

# ALAMEDA COUNTY CONTEXT

# HCSA Strategic Initiatives & Public Affairs (SIPA)

- Policy Work
  - *Agency-wide coordination of policy, communications, and collaborations*
  - *HCSA Legislative Council & HCSA Policy Coordination Team*
  - *Advance HCSA's vision and mission through proactive strategies*

- SIPA Policy Team
  - *Aneeka Chaudhry, Assistant Agency Director*
  - *Eileen Ng, Policy Director* *EileenNg@acgov.org*
  - *Jessica Blakemore, Senior Policy & Legislative Analyst* *Jblakemore@acgov.org*






Alameda County Health Care Services Agency

# Personnel/Administration/Legislation Committee *(BOS PAL)*

- Reviews federal, state, and local legislation and other regulatory and administrative matters referred by County departments
- Reviews and signs all letters of support or opposition for legislative & regulatory matters
- Recommends approval of the County’s legislative platform and priorities
- Advances all recommendations to the full Board of Supervisors for final approval
- Provides direction to the County’s State and federal lobbyists on advancing the County’s legislative agenda

**HCSA’s Role:**

- Attend PAL Committee Meetings
- Bring recommended positions to PAL Committee



Alameda County
Health Care Services Agency

# County Platform and Priorities

## *Guide legislative and advocacy work on state and federal issues*

### Legislative Platform

- *Updated every two years & organized around Vision 2026*
- *Identifies policy principles and priorities across all County agencies*
- *HCSA priorities covered in: Healthcare for All, Employment for All, Eliminate Poverty & Hunger, and Eliminate Homelessness*
- *2021-2022 Legislative Platform: https://cao.acgov.org/wp-content/uploads/2022/01/2021-2022AlamedaCountyLegislativePlatform.pdf*

### Legislative Priorities

- *Updated annually and highlights specific legislative priorities for the year*
- *2019 Legislative Priorities: https://cao.acgov.org/cao-assets/docs/2019%20County%20Priorities%20Amended%206.3.19.pdf*

# 2022 LEGISLATIVE RECAP

# 2022 – End of 2-year Session

| | 1st Year | 2nd Year | HCSA Reviewed | HCSA Position |
|---|---|---|---|---|
| Introduced | 2,776 | 2,353 | 382 | **34** |
| Dead | - | 2,582 | 207 | **15** |
| Chaptered | 1,038 | 1,273 | 138 | **12** |
| Vetoed | 66 | 169 | 39 | **7** |

# Status of Key Legislation - 2022

Signed by Governor
Did not pass legislature
**Vetoed by Governor**

- **HCSA/AlCo support**
  - *AB 1618 (Aguiar-Curry) Alzheimer's disease.*
  - ***AB 1930 (Arambula) Comprehensive Perinatal Services***
  - ***AB 1940 (Salas) School-Based Health Center Support Program***
  - ***AB 2483 (Maienschein) Housing for individuals experiencing homelessness***
  - ***AB 2750 (Bonta) Department of Technology: state digital equity plan***
  - ***SB 872 (Dodd) Pharmacies: mobile units***
  - ***SB 1019 (Gonzalez) Medi-Cal managed care plans: mental health benefits***
- **HCSA/AlCo oppose**
  - *AB 1737 (Holden) Children's Camps (position changed to Watch)*
- **HCSA oppose**
  - ***SB 972 California Retail Food Code (position changed to Watch)***
  - *AB 443 (Hertzberg) Emergency medical services (EMS): prehospital EMS*

# Status of Key Legislation - 2022

Signed by Governor
Did not pass legislature
**Vetoed by Governor**

- **In addition to position bills, HCSA watched:**
  - ***AB 988 (Bauer-Kahan) Mental health: 988 Suicide and Crisis Lifeline.***
  - ***AB 1929 (Gabriel) Medi-Cal benefits: violence prevention services***
  - ***AB 2242 (Santiago) Mental Health Services***
  - ***SB 57 (Wiener) Controlled substances: overdose prevention program***
  - *SB 866 (Wiener) Minors: vaccine consent.*
  - ***SB 1338 (Umberg) Community Assistance, Recovery, and Empowerment (CARE) Court Program.***
  - ***SB 1479 (Pan) COVID-19 testing in schools: COVID-19 testing plans.***

## Legislation

- Children's Camps Oversight (AB 1737)
- EMS Local Control (SB 443)

## Budget

- Alameda County Behavioral Health Housing
- CHDP Program Sunset
- EMS Training Pilot
- Public Health Infrastructure/ Workforce

# Next Legislative Session

- Ongoing CalAIM Implementation
- CARE Court and 988
- COVID recovery, End of Public Health Emergency, MPX ongoing response
- Violence Prevention
- Environmental Justice and Climate Equity
- Evergreen priorities:
  - *Equity*
  - *Preservation of/enhance the safety net*
  - *Adequate funding for local public health departments*
  - *Improved/integrated access to behavioral health services*
  - *Protection of funding streams/flexible funding for counties use to provide services*
  - *Environmental health regulations*
  - *Homelessness*
  - *Local control over key services provision*

Alameda County
Health Care Services Agency

# GUIDELINES FOR MHAB

# Advocacy
## *activities to influence or change policy*

- Includes emails, letters, regulatory comments, calls, testimony, meetings, social media, op-eds, etc.
- Applies to ALL levels of advocacy: local, state, and federal
- **County Board and Commission Members**
  - *May not use County time or resources, or status as a Board or Commission member to engage in political activity or advocacy*
  - *May not engage in commission-related advocacy without an **official County position***
  - *Must use personal time and identify as citizen if engaging as citizen*
- **Official County positions**
  - *ALL official positions are approved by the BOS*
  - *Guided by the Alameda County Legislative Platform*
  - *Require Agency (HCSA) and Personnel, Legislative, and Administrative Committee (PAL) review before submission to BOS*

# How to Participate as a Board or Commission

**To take positions on legislation, budget, or regulatory actions:**

- *Contact commission support staff, Legislative Council representative and HCSA Policy Team*
- *Provide a description of the item and the problem that it causes or solves*
  - Information provided will assist with completing a PAL Request Form that must be submitted to the County Administrator's Office
- *HCSA Policy Team will work with you and impacted departments/programs as necessary to understand the following:*
  - Is the item currently being tracked by HCSA and/or has a position been approved by BOS
  - Is it aligned with HCSA's Policy Priorities and the County's Legislative Platform?
  - What are the potential impacts for County residents?
  - Are there potential impacts on programs or County operations?
  - How does it impact the county/state/federal budget
- *Board members work with HCSA Policy Team to complete PAL Request Form*

**For proactive legislative ideas, concerns, or questions**:

- *Contact HCSA Policy Team*

**Other Activities**

- *Technical expertise on potential impacts of legislation or policy issues*



Alameda County Health Care Services Agency

# HCSA & Alameda County Policy and Legislative Process

**<u>Boards & Commissions</u>**
Identify and/or develop legislative and/or budget proposal or other solutions requiring County support.

Reach out to HCSA Policy Team for process guidance.

→

**<u>Department Review</u>**

Sponsoring department reviews the proposal for impacts to services and programs. Identified areas of concern must be discussed and resolved between department and Board & Commissions.

→

**<u>HCSA Legislative Council</u>**
Presentation of recommended position.

Legislative Council take action on position or hear it if it's an informational item.

→

**<u>Agency-wide Review</u>**
Policy Team coordinate with other County agencies.

Agency Director review and action.

→

**<u>CAO & County Depts. Review</u>**
Submit to CAO. CAO seeks concurrence across County agencies.

→

**<u>PAL Review</u>**
Approved positions advance to the full Board.

If not approved, return to Agency.

→

**<u>Board of Supervisors Review</u>**
BOS vote on recommended position.

If not approved, return to Agency.

→

**<u>Official County Position</u>**
County lobbyists submit letters to State/Fed entities on behalf of Alameda County.

Members may testify and engage in advocacy in support of position.

**Approximately 4-6 weeks from Legislative Council to Board of Supervisors**

# Key State Timelines

## Budget

- Fiscal year begins July 1
- By January 10: Governor releases proposed budget for the next fiscal year
- By May 14: Governor releases revised budget proposal “May Revision”
- By June 15: Legislature must pass a balanced budget

*budget trailer bills have longer timeline

## Legislation

- Mid-January: Bill submission deadline
- Mid-February: Bill introduction deadline
- March: Policy committee review bills
- June: Policy committee review bills sent over from the other house
- Mid-September: Deadline to pass most bills out of the Legislature
- October: Governor signs into law or vetoes bills passed by Legislature

**HCSA’s Role:**

- Tracking and monitoring for impacts
- Recommend positions and proposals to the Board of Supervisors

# Key Federal Timelines

## Budget

- Fiscal year begins October 1
- February: President submits budget to Congress
- By April 15: Congressional Budget Resolution Appropriations bill
- By October 1: Appropriations bills passed
- By October 1: President sign or veto

## Legislation

- Anytime during session – Introduce bill
- Set for committee hearings
- Mark up/Amendments
- Full committee action
- Floor action
- Refer to other chamber
- By December – President acts on bills

**HCSA's Role:**

- Tracking and monitoring for impacts
- Recommend positions to the Board of Supervisors

# MHAB & HCSA COLLABORATION

# Proposed Collaboration

- Legislative
  - *HCSA can share Alameda County's weekly priority bill list*
  - *Policy team can provide annual legislative process presentation to the MHAB*
  - *Policy team can present to MHAB twice a year*
    - Fall (September) – to discuss and identify legislative priorities for next year
    - Spring (April/May) – provide State budget and legislation update
  - *MHAB members, department Legislative Council rep, or policy team can present bills to Legislative Council for vote*
  - *Policy team will submit PAL requests*

# Discussion and Next Steps

- Questions or clarifications on Legislative Process or how to participate as a Commission member?
- Identifying your Board or Commission legislative priorities
  - *Does your Board/Commission have priorities in addition to those identified by HCSA? Are they annual priorities? What is your process developing priorities?*
- Next Steps for MHAB
  - *Identify 2023 priorities*
  - *Solidify MHAB process and HCSA Collaboration*
  - *Next update from the Policy Team*

# THANK YOU & QUESTIONS

# Resources

- CA Legislative and Budget Resources
  - *Navigating the State Budget Process Infographic*
  - *Guide to the State Budget Process*
  - *CA Legislative Process Map (how a bill becomes a law)*
  - *Legislation: https://leginfo.legislature.ca.gov/*
- Federal Resources
  - *Federal Register: https://www.federalregister.gov/*
  - *Legislation: https://www.congress.gov/*
- County Advocacy Resources
  - *PAL Request Form (download to edit)*
  - *County Legislative Platform*
  - *HCSA Legislative Priorities*

## Works-Wright, Jamie

**From:** Laura Babitt <laurababitt@gmail.com>
**Sent:** Thursday, October 13, 2022 4:18 PM
**Subject:** Get your ballot yet? Vote KB and RLee for School Board!!

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Hello all!

My ballot came today! I'm so excited to vote to re-elect Ka'dijah Brown and to elect Reichi Lee for BUSD School Board! I hope you all will join me. Want to hear first hand why? Join us tomorrow night 10/14 from 6-8pm at El Patio restaurant, 2056 San Pablo Ave in Berkeley. All are welcome.

In case you had any doubt about re-electing Ka'dijah Brown, now is not the time for BUSD to lose an incumbent. I'm confident that with the continued leadership of President Brown , Director Vasudeo, and I can forge a successful path forward with the two newly elected board members. Given many on the leadership team in BUSD have 2 years or less experience in several key positions, keeping the only incumbent running on the Board is critical. While I'm not adverse to change and appreciate newness of thought, bringing so many new leaders up to speed, gaining buy-in, and culture setting can also create significant delays to progress. So when you vote, please check one box for Ka'dijah Brown.

Both President Brown and I have chosen to endorse Reichi Lee to join us in this fight for education justice. While many have weighed in on who they believe should join the board, President Brown and I know first hand the work ahead of us and are asking you to support our schools by casting one vote for Reichi Lee. Check out her background at www.reichilee.com. Not only is she qualified, she has the courage and character I believe those on this email want exemplified in our city's leadership.

Feel free to reach out to me if you have more questions or concerns. It with deep gratitude that I thank you for strongly considering giving two of the three votes available to Ka'dijah Brown and Reichi Lee for Berkeley School Board.

In Community,
Laura Babitt
Vice President of Berkeley School Board

## Works-Wright, Jamie

**From:** Margaret Fine <margaretcarolfine@gmail.com>
**Sent:** Thursday, October 13, 2022 12:08 PM
**To:** Works-Wright, Jamie
**Subject:** Fwd: Agenda and Attachments for MHAB's Criminal Justice Committee Meeting on Wednesday, Oct. 19th, 4:30 - 6:00
**Attachments:** MHAB CJ Agenda 10-19-22.pdf; INN Proposal - Alternatives-to-Confinement.pdf; INN Proposal - Peer-led-Continuum.pdf

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Hi Jamie,

I hope you're well.

Alameda County Mental Health Advisory Board Member, Brian Bloom, has invited our Commissioners to the Board's Criminal Justice Committee Meeting on Wednesday, Oct. 19th from 4:30 - 6:00 pm. He has further sent along the Agenda and Attachments, including a proposal for a new MHSA INN program that focuses on alternatives to confinement.

If you would kindly forward this email to the Mental Health Commissioners, I would sincerely appreciate it. Thank you so much!

Best wishes,
Margaret

Margaret Fine, JD, PhD
Pronouns: she/her
Chair, Mental Health Commission
Berkeley, CA
Cell: 510-919-4309
LinkedIn: Margaret Fine

# Mental Health Advisory Board Agenda
## Criminal Justice Committee
**Wednesday, October 19, 2022 ◊ 4:30 PM – 6:00 PM**

**Teleconference:** (669)900-6833| **Meeting ID**: 848 0431 4905| **Passcode**: 973454
https://us02web.zoom.us/j/84804314905?pwd=VVU4dFY0dHpWK0dXYWc0WCtOV3dydz09

| **Committee Members** | Brian Bloom *(Co-Chair, District 4)*; Juliet Leftwich *(Co-Chair, District 5),* Lee Davis *(District 5)* |
|---|---|

**4:30 -- Call Meeting to Order and Introductions**

**4:35 -- Approve Minutes from Last Month's Meeting**

**4:40 -- We will be discussing two significant, multi-year forensic focused proposals for Alameda County which use local Alameda County MHSA funds (in the Innovation ("INN") category). The proposals are included in the MHSA Plan for FY 2022/23 (detailed descriptions of both plans are attached). To present and discuss these plans, we are fortunate to be joined by Robert Chambers and Kira Gunther from the Indigo Project; and Juan Taizan, Kate Jones, and Stephanie Lewis from ACBH.**

**In brief, the proposed innovation plans are:**

1. **<u>Peer-Led Continuum for Forensic and Reentry Services</u>**

   **This proposal is a collection of four continuum of services, of which three are peer led and one is family focused. Specifically, the continuum of services seek to: (1) support mental health consumers who are justice involved by helping them transition back into the community following arrest or incarceration; (2) identify and address the issues that led to their arrest and/or incarceration; and (3) connect with mental health and other services to support them in their recovery; and (4) build the capacity of family members to advocate on behalf of their loved ones with serious mental illness who has become justice involved.**

2. **<u>Alternatives to Confinement</u>**

   **This proposal is a collection of three co-located services that will work together to prevent incarceration and divert individuals from the criminal justice system into the mental health services. This continuum of services specifically seeks to divert individuals from incarceration at three different junctures: (1) when a mental health consumer who is forensically involved begins to exhibit early warning signs of a crisis with behaviors that may lead to police contact; (2) at the moment of police contact that may result in arrest; and (3) when the person has fallen out of compliance with their probation or parole and is subject to re-arrest.**

**5:45 – Public Comment**

**6:00 -- Adjournment**

# *Alternatives to Confinement*

# MHSA Innovation Project

**Amount Requested:** $13,432,653

**Project Duration:** 5 Years

**Submitted by:**
Alameda County Behavioral Health Care Services

**Prepared by:**
Roberta Chambers, PsyD
The Indigo Project

**Date:**
rev. 7/13/2022

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

| COMPLETE APPLICATION CHECKLIST |
|---|
| Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission: |
| ☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.<br>*(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)* |
| ☐ Local Mental Health Board approval     Approval Date: |
| ☐ Completed 30 day public comment period     Comment Period: |
| ☐ BOS approval date     Approval Date:<br>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled:<br>*Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.* |
| Desired Presentation Date for Commission: __________________________<br>***Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.*** |

Indigo Project

## Introduction

Alameda County Behavioral Health Care Services has identified the significant need to support individuals with serious mental health challenges who are involved with the justice system. As discussed in the proceeding Project Overview section in more detail, this is a pervasive and complex issue in Alameda County as well as across the state and nation that requires multiple approaches to address. ACBH has developed a forensic and reentry plan that sets forth the myriad approaches to be implemented, including systems, collaborative, and program initiatives and interventions. The ACBH forensic and reentry plan includes the approaches identified and included in these two Innovation plans. However, it is important to note that the services included in these two Innovation plans are just one component of a larger reentry approach that spans every intercept of the Sequential Intercept map, including addressing the social determinants and disparities that increase the risk of justice system involvement, pre-arrest diversion, arrest diversion, and pathways throughout the legal process that seek to divert individuals from criminal justice settings into mental health services. It is also important to highlight that all services included in these two Innovation plans are voluntary and seek to provide voice and choice, particularly in situations where that autonomy may otherwise be limited by arrest and/or incarceration.

Alameda County is proposing to pilot two discrete Innovation plans. Each plan proposes a unique continuum of services to address the same problem and achieve the same goal of reducing criminal justice involvement for people with significant mental health challenges by providing services tailored to the needs of individuals with mental health challenges who are justice involved, including addressing their criminogenic risk and need. While the two Innovation plans are addressing the same problems and have similar expected outcomes, what they propose to do is unique.

The first project, entitled **Alternatives to Confinement,** includes three mental health services that are clinical in nature, led by clinical staff, and intended to reduce incarceration and increase participation in mental health services. This continuum includes:

- An Arrest Diversion/Triage Center where law enforcement can take someone in lieu of arrest in order to receive a mental health assessment and engage them in whatever mental health services they receive;
- A Forensic Crisis Residential Treatment program where individuals can stay for up to 30 days to address their mental health and criminogenic risk and need while in a voluntary service environment; and

- A Reducing Parole/Probation Violations program to support individuals with significant mental health issues who are at risk of re-incarceration because they have been unable to comply with the terms and conditions of their release.

The second project, entitled **Peer Led Continuum, Forensic and Reentry Services**, includes four programs, all led by people with lived experience, including certified forensic peer specialists and trained family members, and is intended to reduce incarceration and increase participation in mental health services. While certified forensic peer specialists are included in the interdisciplinary teams reflected in the Alternatives to Confinement staffing plan[1], the Peer Led Continuum of Forensic and Reentry Services is designed to pilot a continuum of services where certified peer specialists provide peer support services independently. The Peer Led Continuum of Forensic and Reentry Services includes:

- Reentry Coaches that provide peer support to individuals with significant mental health challenges to exit the jail and transition back into the community;
- WRAP for Reentry that provides peer led WRAP groups facilitated by trained WRAP facilitators to support individuals to address their mental health and forensic needs and avoid future forensic involvement;
- Forensic Peer Respite program where individuals with significant mental health challenges who are justice involved can go for up to 30 days to receive peer support and address whatever issues may be affecting their recovery and reentry; and
- Family Navigation and Support program to develop materials, train family support specialists, and provide individual and group consultation directly to family members about the criminal justice system and how to best advocate on behalf of their loved one.

As previously mentioned, these two Innovation plans are a part of a larger set of strategies. ACBH has already received funding from the first round of the Behavioral Health Community Infrastructure Program (BHCIP) to certify peers as well as develop the curriculum for and train peers in the forensic specialization. One of ACBH's contracted providers, Telecare Corporation, applied for and received funding from Round 3 of the BHCIP to renovate an existing facility that they own for the Forensic Crisis Residential

[1] Integrating peers within clinical programming is a standard in Alameda County Behavioral Health programs and is supported by the body of research surrounding mental health treatment for people with serious mental illness.

Treatment program, and two other ACBH providers are preparing applications for BHCIP Rounds 5 and/or 6 for the Arrest Diversion/Triage Center and the Forensic Peer Respite.

None of these projects would be possible without the longstanding collaboration from ACBH's justice partners, including the Sheriff's Office and Probation Department as well as local law enforcement agencies (LEA). ACBH has been co-leading a County-wide Multi-Disciplinary Forensic Team in partnership with the Oakland Police Department for over twenty years that includes participation from all city police and fire departments as well as Emergency Medical Services (EMS). ACBH has also sponsored and provided training for the Crisis Intervention Team (CIT) training for 20 years, as well, For local law enforcement agencies. Additionally, ACBH, local law enforcement, and other first responders have longstanding history of joint response. ACBH currently provides mobile crisis across the County in partnership with LEAs, a joint response model through the Mobile Engagement Teams with Oakland and Fremont Police Departments, and a clinician/EMT response model in 4 of Alameda County's cities. We anticipate that these longstanding partnerships and practiced collaboration will support the development and implementation of these two Innovation plans.

It is also important to note that all of these services are voluntary mental health services that are intended to reduce the likelihood that justice-involved mental health consumers end up in jail or in other involuntary environments. Currently, many justice-involved mental health consumers have no choice available to them when interacting with law enforcement; law enforcement has voiced similar frustration that they have few options for someone with behavioral health and forensic needs. These two continuums, one clinician and one peer led, provide a choice that has been previously unavailable.

## Section 1: Innovations Regulations Requirement Categories

### General Requirement

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- X Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- X Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

### Primary Purpose

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- X Increases access to mental health services to underserved groups
- X Increases the quality of mental health services, including measured outcomes
- X Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

## Section 2: Project Overview

### Primary Problem

The issue of people with serious mental illness (SMI) and/or substance use disorders (SUD) experiencing incarceration is one of the most prominent challenges facing the behavioral health and criminal justice communities. In many jurisdictions, individuals with mental illness are more likely to be booked into jail than engaged in treatment, and jails have become the largest mental health institutions. **This issue is exacerbated because the legal threshold to arrest and incarcerate someone is lower than is the legal threshold to engage that same individual in treatment if they are unwilling or unable to participate on a voluntary basis.** Because the legal standard for incarceration is much lower than the threshold for involuntary treatment and jail beds are more readily available than treatment beds, either voluntary or involuntary, it has become increasingly common to incarcerate individuals in need of mental health services.[2] Despite intentional efforts to make the mental health system as accessible and recovery-oriented as possible, there remains a group of individuals who will not engage in voluntary services and are more likely to be incarcerated than treated by the community behavioral health system. **Once a person with SMI and/or SUD becomes justice-involved, they are more likely to remain involved and penetrate the justice system further[3], [4].** These

---

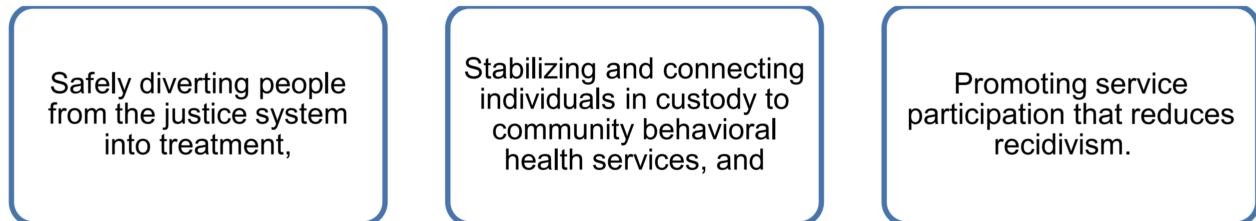
[2] National Sheriff's Association and Treatment Advocacy Center. *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey.* Retrieved from: https://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf.

[3] Fellner J: (2006), A corrections quandary: mental illness and prison rules. Harv CR-CL L Rev 41:391–412,

[4] Abramsky & Fellner, supra note 3, at 59 (citing Letter from Keith R. Curry, Ph.D., to Donna Brorby, Atty. in the Ruiz v. Johnson litigation (Mar. 19, 2002)

individuals typically have minimal financial resources and are more likely to be held in jail awaiting trial or placement for treatment, including competency restoration. They may experience difficulty complying with the terms and conditions of probation or release, and they may be charged with a new criminal offense while confined in jail.

Within California and across the Nation, there is a concerted effort to identify diversion opportunities and to ensure a continuum of services for individuals with mental health issues who are involved with the criminal justice system. Alameda County, along with its partners and community of stakeholders, has invested substantial time and resources on a number of efforts that aim to strengthen forensic and reentry mental health services for people with mental health needs and/or substance use disorders by:




The department unveiled a Forensic and Reentry Services Plan[5] in May of 2021 and has been systematically working through the short, mid, and long terms actions set forth in the plan. Alameda County was interested in how Innovation funds could assist in addressing the forensic and reentry mental health needs in the County. This Innovation plan arose out of these concerted efforts to divert individuals with mental health challenges from the justice system into mental health services and was developed for and by community stakeholders, including the County's Justice Involved Mental Health Task Force.

**Proposed Project**

Project Description

The *Alternatives to Incarceration* continuum of services is a collection of three co-located services that are working together intended to prevent incarceration and divert individuals from the criminal justice system into the mental health services. This continuum of services specifically seeks to divert individuals from incarceration in three primary ways:

1. When a mental health consumer who is forensically involved begins to exhibit early

[5] http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

warning signs of a crisis with behaviors that may lead to police contact,

2. At the moment of police contact that may result in arrest, and
3. When the person has fallen out of compliance with their probation or parole and is subject to re-arrest.

This continuum of services seeks to provide services that prevent individuals with mental health and criminal justice involvement from being booked into the jail. Services include the following three programs.

**Forensic Crisis Residential Treatment (CRT).** The Forensic CRT will provide a voluntary, unlocked alternative to hospitalization and/or incarceration for individuals with mental health and criminal justice involvement who require services to re-stabilize and address the issues that place them at higher risk for police contact and/or an involuntary hold or arrest. While this may seem similar to the Muriel Wright Center in neighboring Santa Clara County, Muriel Wright is intended to provide crisis residential services for individuals who receive services through their criminal justice mental health program while Alameda County's proposed CRT is intended to divert individuals with mental health issues from the criminal justice system, regardless of whether or not they are already enrolled in forensic mental health services. While they are both forensic CRTs, Alameda County's proposed program serves to test a different function within the system for individuals who may or may not already be enrolled in public mental health services.

This program will provide 24/7 mental health services and supports that address mental health, substance use, and criminogenic needs in an unlocked environment. The average length of stay will span 5-14 days with the opportunity to extend up to 30 days with Mental Health Plan approval, and the total capacity will be 16. The Forensic CRT will be licensed by Community Care Licensing as a Short Term Social Rehabilitation Facility and certified by Medi-Cal. The Forensic CRT would be available to consumers who are beginning to experience early warning signs of a crisis or other behaviors that place them at high likelihood of police contact. At the Forensic CRT, individuals would be able to stabilize from the crisis and address the issues that were increasing the likelihood of police contact.

The facility will accept consumers ages 18-59[6] with mental health and criminal justice involvement who meet medical necessity criteria for crisis residential services and do not require services in a locked setting. This program is intended to be a step up from the community as well as step down from a locked environment, and referrals may come from

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[6] Title XXII of the CCR that governs Community Care Licensing and Community Care Licensed facilities restricts the allowable age range for a CRT to 18-59.

community mental health providers who are serving justice-involved mental health consumers as well as providers from jail mental health, psychiatric hospitals, psychiatric emergency services, local emergency departments, crisis stabilization units, sobering centers and detoxification units, and the arrest diversion program described below. It is also possible that the Forensic CRT will also accept transfers from the existing CRTs if there is an individual with criminogenic needs that would be better served in a forensic environment.

**Arrest Diversion/Triage Center.** The arrest diversion/triage center is a centrally located program where law enforcement officers can bring someone with a serious mental illness who would otherwise be arrested in order to divert from jail and engage the person in mental health and other needed services. This program is unlocked and is not intended to accept individuals who require services in a locked environment. The arrest diversion center is open 24/7 and staffed with a clinical program supervisor, case managers, and certified forensic peer specialists. When a person is brought to the arrest diversion center, they are welcomed and offered a snack or other supports to help them feel comfortable and address any imminent basic needs. Once they have settled, the case manager meets with the individual to understand the person's situation and what short term interventions may be most successful in helping the person address whatever issues contributed to law enforcement contact. They may also identify longer term supports that may be useful. Based on this assessment and the person's preferences and willingness to participate, the case manager will make arrangements with and for the person to obtain the agreed upon short term services. They may also complete referrals for the longer term supports, if it makes sense to do so. While there are other programs that provide diversion from the criminal justice system into treatment, the programs are 1) either led by the justice system or 2) if they are led my mental health staff, they are placed in a crisis or emergency setting. Alameda County's proposed arrest diversion/triage center differs from other models in that it is not a crisis or hospital setting, and mental health staff will provide assessment, brief intervention, and service coordination to engage the person in services that help them address the issues that led to the police contact and promote their mental health.

The County, through its stakeholder-led Justice Involved Mental Health Taskforce and Sequential Intercept Mapping Process, has prioritized the need to divert arrest for individuals with mental health challenges in Alameda County. One of the identified barriers to pre-arrest diversion is a location where law enforcement officers can take someone to obtain services that will reduce the likelihood of subsequent police contact. This service provides that alternative drop off location and realigns the need for assessment and case planning back to mental health staff who can determine what a

person's needs and preferences are and link them to the appropriate programs and interventions.

**Reducing Probation/Parole Violations (RP/PV).** People with significant mental health challenges often struggle to comply with the terms and conditions of release and may be more likely to be re-incarcerated as a result of a parole or probation violation. Additionally, providers appear hesitant to interact with the justice system on behalf of their consumers for fear of triggering additional legal challenges for the people they serve. This program provides educational materials and training, developed by a mental health/legal consultant to be contracted by the department, for mental health providers who work with mental health consumers who are involved with the justice system in order to build their capacity to support the people they work with. Specifically, providers will learn how to support consumers they're working with to comply with the terms and conditions of their release and build the skills and knowledge to help consumers negotiate with their parole or probation officers on how to come into compliance with the terms and conditions of their release without being reincarcerated.

In the training, mental health providers will learn how work with consumers to understand their forensic history, what terms and conditions they have failed to comply with, how they understand why they have failed to comply, what services they have been participating in to address their mental health and criminogenic risk and needs, and what services they are willing to participate in. Staff will also learn how to develop a plan for reaching out to the parole or probation officer with the goal or coming into compliance with the terms and conditions of release without "being violated" or having to be booked into the jail. Staff will also learn how to negotiate directly with the probation or parole officer on behalf of or in partnership with the consumer. Additionally, this program will also support providers to increase knowledge of and comfort in working with legal entities to resolve parole and probation violations.

<u>Project General Requirements</u>

The Alternatives to Confinement continuum of services both adapts an existing mental health practice for the forensic mental health population as well as adapts practices from other disciplines.

The Forensic CRT borrows the CRT model, which provides an alternative treatment setting for people who do not require services in a locked environment to stabilize from a crisis and return to their community. While there is a strong evidence base for reducing avoidable hospitalization for people experiencing mental health crisis, the CRT model has not been piloted for people experiencing crisis who are at risk of arrest or incarceration as a result of their mental health and criminogenic needs. This continuum of services

seeks to test whether or not a forensic-focused CRT would reduce incarceration for people experiencing mental health issues that place them at high likelihood of police contact. The continuum of services would also measure the extent to the extent to which the program can connect people to ongoing mental health services, thereby decreasing the likelihood of future justice involvement. Currently, Alameda County has three CRTs for individuals with mental health issues that are experiencing crisis but do not require services in a locked environment. These programs have been successful in preventing avoidable hospitalization and connecting individuals to longer term mental health services and supports. The proposed Forensic CRT would provide the same level of mental health supervision but integrate services that address substance use and other criminogenic risk and need to support mental health consumers who are justice involved.

The Arrest Diversion Center is inspired by triage models from other disciplines. For example, the triage model is used across emergency and jail environments to quickly determine level of need and obtain that level of care. San Francisco used this type of model specifically in their juvenile justice system to avoid booking youth into their juvenile hall. The Centralized Assessment and Referral Center (CARC) operated by Huckleberry Youth Programs accepted juveniles from police officers and would meet with them and their families to assess their needs and connect them to ongoing services and supports. Contra Costa County used a similar model for individuals experiencing homelessness out of their multi-service drop-in centers (MSCs) where police could transport an individual to a service center rather than book them into the jail. Once at the MSCs, homeless individuals could access a variety of tangible supports (e.g., laundry, shower, food) as well as obtain an assessment and service linkages and referrals. However, these types of programs are rarely led by the mental health system, and when they are mental health led, they are typically set up as an urgent care center or crisis stabilization unit, are subject to rules and regulations for those environments, and do not have or are unable to maintain a specific forensic focus. This program intends to maintain a low barrier for police drop off and service provision with the singular focus to quickly connect mental health consumers with services that will reduce the likelihood of police contact or re-arrest, which may include partnering or negotiating with their family and other natural supports to develop a plan.

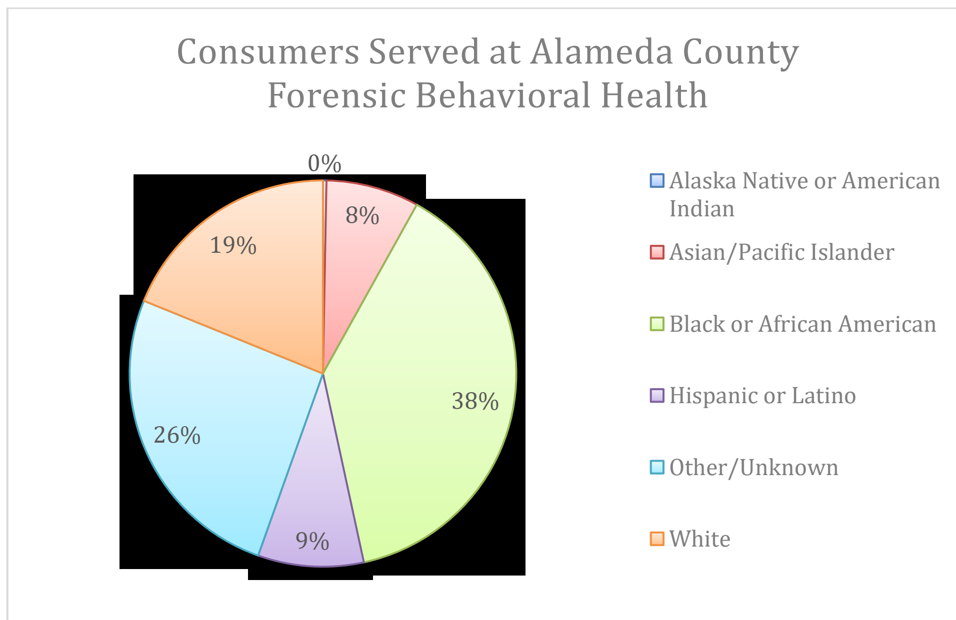
The RP/PV program also takes an existing type of program used across the justice system and applies it specifically to mental health consumers. Santa Cruz has a large and highly successful Reducing Revocations program for individuals on community supervision, and San Joaquin County has significantly reduced their incidence of probation violations resulting in re-arrest as a result of this type of intervention. This program will specifically apply that successful intervention to mental health consumers to determine if the RP/PV training can reduce re-arrest for individuals on community

supervision as well as increase the rates of successful probation/parole completion for mental health consumers.

Individuals to be Served

Overall, the Alternatives to Confinement continuum of services will serve 2,279 individuals per year. The arrest diversion center will serve approximately 1,825 individuals per year. This assumes that there will be about 5 individuals per day who are diverted from arrest and jail booking to the center. We expect to serve approximately 700 individuals in the Forensic CRT per year. This assumes that the 16 bed Forensic CRT will operate at 85% capacity with an average length of stay of one week. We also expect to serve about 40 providers in the RP/PV program. However, we anticipate that there is significant overlap between the programs.

This continuum of services will serve transition age youth ages 18-25 and adults ages 26 and up who have significant mental health issues and are involved with the criminal justice system; they may also have co-occurring substance use issues. They may be of any gender or gender identity as well as sexual orientation. We anticipate that consumers will be predominantly Black or African American with smaller percentages of people who are white, Latinx, or Asian, Pacific Islander, and American Indian. This is based on demographic data of consumers receiving services at Adult Forensic Behavioral Health, which is the outpatient clinic located inside the County jail, as demonstrated in Table 1. We also anticipate that a proportion of individuals will speak Spanish and other languages and will ensure language access is available.



**Research on INN Project**

The issue of individuals with serious mental illness who are involved with the justice system has become one of the largest problems facing communities across the nation, and the rate of individuals with serious mental illness is two to six times higher among incarcerated populations than it is in the general population.[7] Research clearly demonstrates that outcomes for people with mental illness who become justice involved are better when diverted into treatment than when in custody. The Sequential Intercept Model (SIM)[8] is a conceptual framework that defines a series of opportunities to divert individuals who have contact with or are involved with the criminal justice system into treatment. The SIM framework provides a system-wide way in which to organize interventions and resources in order to maximize diversion into treatment at each intercept. Risk Needs Responsivity (RNR)[9] represents an approach to effective interventions within the justice system that allows for a wide variety of programs, services, and interventions to be used. The *risk principle* states that services should be targeted to the assessed risk of reoffending. The *needs principle* states that treatment should target assessed criminogenic needs. The *responsivity principle* states that treatment should be tailored to meet the specific learning style, motivation, abilities, and strengths of the individual. Essentially, RNR states that treatment and supervision decisions should be based on assessed risk and need.

The Alternatives to Incarceration continuum of services co-locates three services that are intended to divert individuals from being arrested and/or booked into the jail in order to divert them into treatment. Using models from mental health and other disciplines, these three interventions collectively provide an opportunity to divert forensic mental health consumers from police contact that may result in being detained, from being arrested or booked into the jail if detained, and from being re-arrested if unable to comply with the terms and conditions of their release. These priorities for diversion arose out of the sequential intercept mapping process with Alameda County's Justice Involved Mental Health Task Force and focus on preventing entry into the criminal justice system as well as promoting exit from the criminal justice system. They are based on the RNR principles in that they do not prescribe a single approach but instead provide opportunities to assess both behavioral health and RNR principles and develop service plans that connect

[7] Cloud, David, and Chelsea Davis. Treatment Alternatives to Incarceration for People with Mental Health Needs in the Criminal Justice System: The Cost-Savings Implications. Vera Institute, 2013. Retrieved from: https://www.vera.org/downloads/Publications/treatment-alternatives-to-incarceration-for-people-with-mental-health-needs-in-the-criminal-justice-system-the-cost-savings-implications/legacy_downloads/treatment-alternatives-to-incarceration.pdf.
[8] https://www.samhsa.gov/criminal-juvenile-justice/sim-overview
[9] Andrews, D., Bonta, J., & Hoge, R. (1990). Classification for effective rehabilitation. *Criminal Justice and Behavior*, *17*, 19–52. https://doi.org/10.1177/0093854890017001004

individuals with services that are likely to address behavioral health and criminogenic risk and need as well as reduce the likelihood of sustained or future criminal justice involvement.

At this time, no other jurisdiction has developed a singularly focused Forensic CRT or applied a reducing revocations approach to people with serious mental illness. People with forensic mental health needs may be served in CRT models or general reducing revocation programs, but none specialize in the intersection between behavioral health and justice system involvement and specifically target behavioral health and criminogenic risk and need. While there are myriad versions of a triage center across the nation, none are led by the mental health system, and none are exclusively focused on arrest diversion for people with serious mental illness. To this end, this continuum of services aims to explore the extent to which these programs are able to reduce criminal justice system involvement for people with serious mental illness (e.g., reduced jail bookings, reduced revocations, increased exit from community supervision).

## Learning Goals/Project Aims

In Alameda County, 25% of ACBH consumers receive mental health services in the jail, and 10% of consumers only receive mental health services in the jail.[10] This highlights the need to address the over-incarceration of people with mental health issues and support them outside of a jail environment as a key County priority. This continuum of services, along with the other Innovation Plan entitled *Peer Led Continuum of Forensic Mental Health Services,* is one element of a larger Forensic Mental Health and Reentry Plan and represents the service offerings that are relevant to and meet criteria for Innovation projects.

With this continuum of services, Alameda County Behavioral Health seeks to pilot these three co-located services to understand the extent to which these programs, separately and together:

1. *Increase access to and participation in mental health services* for adults with mental health and criminal justice involvement;
2. *Improve outcomes,* including reduced jail bookings, jail days, and probation/parole violations; and
3. *Increase knowledge and collaboration* between mental health and criminal justice providers and agencies.

[10] http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

For the Forensic CRT, we hope to learn *the extent to which the Forensic CRT is able to prevent avoidable jail bookings and jail bed days* at the moment of intervention as well as following CRT participation. We also hope to learn *the extent to which individuals engage in ongoing mental health services following CRT discharge*. These are similar to the expected outcomes of a non-forensic CRT except they substitute jail bookings and bed days for crisis and hospitalization.

Similarly, we hope to learn *the extent to which law enforcement officers divert individuals to the arrest diversion center in lieu of booking them into the jail* therefore resulting in reduced jail bookings. We also hope to explore *if and how individuals participate in ongoing mental health services following participation at the arrest diversion center* and whether or not they remain in the community or are re-arrested. We also hope to learn more about their assessed level of need and referred level of care to better share system capacity needs for ongoing program planning.

Finally, we hope to learn whether or not a concerted effort to reduce parole and probation violations for people with serious mental illness *reduces booking individuals into the jail as a result of parole or probation violation*. We also hope to learn the extent to which the program results in *increased knowledge, understanding, and collaboration amongst probation and parole.*

### Evaluation or Learning Plan

This Alternatives to Confinement continuum of services evaluation will explore process and outcome measures related to the three co-located services. The overarching evaluation questions include:

1. What resources are being invested, by whom, and how much?
2. Who is being served, at what dosage, and in what ways, including participation in more than one INN-funded service?
3. To what extent do people who participate in INN-funded services experience reduced jail bookings, jail days, and parole/probation revocations?
4. To what extent to people who participate in INN-funded services experience increased service engagement and participation?
5. How does knowledge, understanding, and collaboration between mental health and criminal justice agencies change over the course of the project? What activities and experiences promote or detract from the working relationship?

The evaluation will explore the following types of quantitative data:

- Socio-demographics of individuals served, including race/ethnicity, age, gender identity, sexual orientation, zip code, income type and amount, housing status, level of education, and veteran status.

- Clinical and justice involved profile of individuals served, including mental health diagnoses and previous service participation; previous arrest, charge, and booking information; substance use and misuse; known trauma history; other clinically relevant information.
- Current program and service participation, including program, service type, procedure code, provider type, dates of service, length of encounter, length of episode, disposition. This includes for INN-funded programs as well as all other MHP-funded services, such as crisis and hospitalization as well as other residential and outpatient services.
- Current justice system interactions, including jail bookings and discharge dates, charges filed, court dispositions. If feasible, police contact and arrest data that did not result in a jail booking may also be included.
- Referrals, including referrals sources into the INN-funded programs as well as referrals and linkages provided from the INN-funded programs into other mental health services.
- Experience of services from consumers, family, behavioral health providers, and justice professionals.
- Perception of knowledge, understanding, and collaboration between behavioral health providers and justice professionals.

Quantitative data will be collected directly from the County's Electronic Health Record, the Sherriff's Office via existing Memorandum of Understanding, the Community Health Record funded through the Whole Person Care Initiative, and via data request to the courts. Experience of services and perception of knowledge, understanding, and collaboration will be collected via interviews and focus groups; there may also be a brief survey developed for service recipients and their families or involved professionals.

Data will be collected on an ongoing basis and reported annually to providers and partners in order to support communications and continuous quality improvement as well as to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in order to meet INN reporting requirements.

| Process | | | Outcome | |
|---|---|---|---|---|
| Resources | Activities | Outputs | Short-Term | Long-Term |
| ACBH Adult, Crisis, and Forensic Systems of Care<br><br>Office of Consumer Empowerment and Forensic Certified Peer Specialists<br><br>Sheriff's Office<br><br>Probation Department<br><br>Contracted Providers<br><br>MHSA Innovation Funds<br><br>BHCIP Round 1, 3, and 5/6 Funds | Procure and contract with service providers, consultants, and evaluator<br><br>Formalize MOUs, procedures, and protocols for this project with ACBH, contractors, and collaborative partners<br><br>Develop and implement an Arrest Diversion/Triage Center<br><br>Develop and implement a Forensic CRT<br><br>Develop and implement Reducing Parole/Probation Violations Program | Contracts with providers, consultants, and evaluator<br><br>MOU and program operations documentation<br><br># of clients served, including socio-demographics, clinical profile, and justice involvement by program<br><br># of families engaged<br><br># of services provided at CRT<br>- # of admissions<br>- # of discharges by discharge disposition and location<br>- # of bed days<br>- Admission and discharge dates<br><br># of services provided at AD/TC<br>- # of admissions<br>- # of discharges by discharge disposition and location<br>- # of minutes of service per encounter<br>- Types of services provided<br><br># of services provided at RP/PV<br>- Collateral materials<br>- # of/type of trainings<br>- # of providers trained | Increased collaboration amongst ACBH, providers, and partners<br><br>Reduced jail bookings and jail bed days<br><br>Reduced parole and probation violdations<br><br>Increased mental health service engagement and participation<br><br>Increased criminal justice system exits for mental health consumers<br><br>Improved experience of justice and mental health system interactions | Increased skills, knowledge, and confidence to support justice involved mental health consumers<br><br>Reduced criminal justice system involvement for mental health consumers |

## Section 3: Additional Information for Regulatory Requirements

### Contracting

The County expects to contract the Forensic CRT to a community-based provider and may also choose to contract for the other services. Additionally, the County intends to contract for an external evaluator for this project to work with our internal data support team in exploring the learning goals and evaluation questions listed above as well as complete required reporting for the project. The County will appoint a contract monitor for each of these contracts to ensure contract compliance as well as a portion of the County project/program manager to supervise the quality of work performed.

### Community Project Planning

These projects arose out of a longer term planning and system improvement process dedicated to improving services for justice involved mental health consumers. The Justice Involved Mental Health (JIMH) Task Force included representatives from the Health Care Services Agency, Alameda County Behavioral Health, Public Defender, District Attorney, provider and advocacy organizations, consumer and family representatives, faith based and other community leaders. After a more than year long process, the JIMH Task Force published a report in September 2020 with multiple stakeholder recommendations, including a focus on preventing law enforcement contact and arrest diversion, among other suggestions. Concurrently, ACBH published a Forensic Mental Health and Reentry Plan in October 2020 that was informed by JIMH and included additional actions informed by evidence based practice and ACBH's strategic direction.

During 2021, ACBH systematically went through the Forensic Mental Health and Reentry Plan and identified aspects of the plan that either warranted further development and/or consideration or may meet criteria for INN funds. As a part of this process, ACBH contracted with the Indigo Project to engage in INN Project planning. The Indigo Project met with a number of internal and external stakeholders to gather information and workshop the ideas and concepts as they evolved, including:

- Consumer representatives and members of the Pool of Consumer Champions
- Family representatives and individuals from NAMI
- Providers who represent communities who are underrepresented because of cultural affiliation and language access
- Members of the African American subcommittee

- Members of the MHSA Stakeholder group
- Healthcare for the homeless providers
- System of Care Directors for Adult, Crisis, and Forensic Mental Health Services
- Consumer and Family Empowerment Managers

With each discussion, the concepts evolved and were further developed and clarified. These projects will be included in the MHSA Annual Update Community Program Planning (CPP) process in 2022 with the hopes of beginning implementation in FY2022.

### MHSA General Standards

This project arose out of a community effort to address the needs of mental health consumers who are forensically involved. It was developed by consumers, family, and communities to support wellness and recovery and avoid incarceration.

This project arose out of a community effort to address the needs of mental health consumers who are forensically involved. It was developed by consumers, family, and communities to support wellness and recovery and avoid incarceration. Community collaboration is exemplified in not only how this project was developed but also in how the project itself works to keep individuals within their communities rather than removing them and placing them in a jail environment. Cultural Competency is included as a foundational component in that this project seeks to address the overincarceration of people with mental illness, the majority of whom are BIPOC individuals, by preventing police contact and jail booking as well as supporting individuals to successfully exit the justice system. Additionally, the services themselves will be informed by and primarily staffed by individuals who represent our County's diverse populations. Services will be client and family driven in that services aim to preserve a person's freedom, independence, and ability to consent to their own services by using person centered planning with family member input that respects an individual's needs and preferences and works in partnership with each individual and their family to discover how they understand the issues that they're facing and helps them develop a plan that they are willing to do to address what is most important to them. The services are wellness, recovery, and resiliency focused in that they are built upon the belief that participation in mental health services is more productive and meaningful than incarceration and that services that respect an individual's ability to invest in their own recovery journey are more likely to result in sustained freedom than "rehabilitation" provided by the jails. Finally, services are intended to be integrated in that these programs seek to strengthen collaboration between mental health and justice organizations so that individuals and families can streamline efforts and communication between mental health services and

criminal justice requirements in order to promote community-based recovery and minimize or avoid criminal justice involvement.

### Cultural Competence and Stakeholder Participation in Evaluation

On a quarterly basis, ACBH will convene a stakeholder meeting with individuals who are invested in both forensic mental health INN projects, which include this project and the *Peer Led Continuum of Forensic Mental Health Services.* This meeting will serve dual purposes to gather information from stakeholders and partners about their perspectives on the project and its implementation as well as to provide data from the evaluation to support a CQI process. As a part of this project, we will explore the extent to which the project is reaching its intended target population and that people receiving services are reflective of the jail population (i.e., the population receiving services is comparable to the Santa Rita population in terms of race/ethnicity and age). This will be one component of what is discussed in the quarterly meetings as well as overall feedback and evaluation data described in the preceding section.

### Innovation Project Sustainability and Continuity of Care

This project will primarily serve individuals with serious mental illness. If this project accomplishes its intended objectives of 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, the County will continue to fund the project using a combination of MHSA Community Services and Supports funding and Federal Financial Participation (FFP). All of the services described in this plan should be eligible for Medi-Cal reimbursement following completion of the INN project.

### Communication and Dissemination Plan

If this project is successful at 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, ACBH will apply to present learnings at California-specific conferences, including the forensic mental health association, California Institute of Behavioral Health Services, and California Association of Counties (CSAC) conferences. Additionally, ACBH will request that the contracted evaluator prepare a white paper that can be distributed through the California Behavioral Health Directors Association, California Probation Officers Association, and the MHSOAC listserv.

Keywords include:

1. Jail diversion
2. Pre-arrest diversion
3. Reducing revocations
4. Forensic Crisis Residential Treatment

5. Forensic mental health diversion

**Timeline**

ACBH proposes a 5 year Innovation project in which the first two years of the project allow for facility start-up. While the non-residential services may be able to be implemented more quickly, we believe that it is important to have all elements available at the same time, particularly with a co-located service model. To that end, ACBH will begin the site identification and procurement process upon MHSOAC approval. This may take up to nine months to facilitate a competitive bid process and then enter into contracts. The second year will focus on preparing the site and program for opening, including preparing the application for Community Care Licensing as well as the materials, including policies and procedures, for Medi-Cal certification. Concurrently, the evaluators will be working with the department and stakeholders to develop the evaluation approach. Years 3-5 will focus on service provision as well as data collection and analysis to support learning. In the final year, ACBH will also develop an ongoing funding strategy using MHSA, realignment, and FFP dollars. In year 5, the evaluators will also draft the summative evaluation report and a white paper detailing project implementation, outcomes, and lessons learned.

| | |
|---|---|
| **Year 1** | Project Start-up - County Procurement<br>• Identify program location<br>• Procure mental health provider and evaluator services<br>• Execute INN service provider and evaluator contracts |
| **Year 2** | Project Start-up - Facility Preparation<br>• Building Modifications<br>• Facility Licensing and Medi-Cal Certification<br>• Staff Hiring and Training<br>• Outreach to justice agencies and mental health providers<br>Project Start-up - Project Evaluation<br>• Evaluation planning, including stakeholder input<br>Milestone: Services Commence<br>Milestone: Evaluation Plan Complete |
| **Year 3** | Ongoing: Service provision<br>Ongoing: Data collection<br>Quarterly: Stakeholder convening to support CQI |

| | |
|---|---|
| | Annual: INN reporting |
| **Year 4** | Ongoing: Service provision<br>Ongoing: Data collection<br>Quarterly: Stakeholder convening to support CQI<br>Annual: INN reporting |
| **Year 5** | Ongoing: Service provision<br>Ongoing: Data collection<br>Quarterly: Stakeholder convening to support CQI<br>End of Project: Sustainability Plan<br>End of Project: Summative INN report |

## Section 4: INN Project Budget and Source of Expenditures

### INN Project Budget and Source of Expenditures

The next three sections identify how the MHSA funds are being utilized:

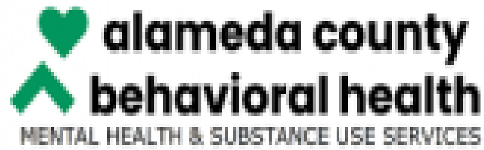
A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

### Budget Narrative

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “$5000 for

annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results

| Position | Quantity | Salary | Start-up | Annual Cost |
|---|---|---|---|---|
| | | **Staffing** | | |
| A/DTC Program Director/Clinical Supervisor | $ 1 | $ 125,000 | $ 46,875 | $ 62,500 |
| A/DTC Program Manager | $ 1 | $ 92,000 | $ 46,000 | $ 92,000 |
| A/DTC Clinician - License Eligible | $ 5 | $ 85,000 | $ 106,250 | $ 425,000 |
| A/DTC Case Manager | $ 5 | $ 74,000 | $ 92,500 | $ 370,000 |
| A/DTC Nursing | $ 5 | $ 82,000 | $ 102,500 | $ 410,000 |
| A/DTC Forensic Peer Specialist | $ 5 | $ 68,000 | $ 85,000 | $ 340,000 |
| F-CRT Program Director/Clinical Supervisor | $ 1 | $ 125,000 | $ 46,875 | $ 62,500 |
| F-CRT Program Manager | $ 1 | $ 92,000 | $ 46,000 | $ 92,000 |
| F-CRT Therapist - License Eligible | $ 2 | $ 85,000 | $ 42,500 | $ 170,000 |
| F-CRT Case Manager | $ 1 | $ 74,000 | $ 18,500 | $ 74,000 |
| F-CRT Forensic Peer Specialist | $ 2 | $ 68,000 | $ 34,000 | $ 136,000 |
| F-CRT Mental Health Rehabilitation Specialist | $ 15 | $ 62,400 | $ 234,000 | $ 936,000 |
| **Total Salaries** | | | **$ 901,000** | **$ 3,170,000** |
| CBO Benefits @ 33% | | | $ 306,340 | $ 1,077,800 |
| **Total Staffing** | **$ 46** | | **$ 1,207,340** | **$ 4,247,800** |
| | | **Operations** | | |
| **Contractors and Other Staffing Needs** | | | | |
| F- CRT Relief Staff | 4000 hours per year | $28/hour | $ - | $ 112,000 |
| Consutant - Psychiatrist (CRT) | 16 hours per week | $350/hour | $ - | $ 291,200 |
| Consultant - Licensing and Certification | | | $ 300,000 | $ - |
| Recruitment | | | $ 18,000 | $ 6,000 |
| Pre-employment Expenses | | | $ 36,000 | $ 8,000 |
| Reducing Revocations Training | | | $ 12,000 | $ 18,000 |
| Programmatic/Staff Training | | | $ 60,000 | $ 20,000 |
| **Supplies** | | | | |
| Food | | | $ 8,000 | $ 166,400 |
| Household Supplies | | | $ 12,000 | $ 38,400 |
| Personal Hygeine Items | | | $ 8,000 | $ 14,400 |
| Medical and First Aid | | | $ 8,000 | $ 10,000 |
| Office Supplies | | | $ 42,000 | $ 7,200 |
| Program Supplies | | | $ 40,000 | $ 48,000 |
| **Facilities/Utilities** | | | | |
| Lease Payment | | $ 20,000 | | $ 240,000 |
| Gas and Electric | | $ 2,000 | $ 12,000 | $ 24,000 |
| Water | | $ 1,800 | $ 10,800 | $ 21,600 |
| Garbage | | $ 600 | $ 3,600 | $ 7,200 |
| Comcast/Xfinity | | $ 1,200 | $ 7,200 | $ 14,400 |
| Maintenance (Furniture and Equipment) | | | $ 60,000 | $ 12,000 |
| Maintenance (Property) | | | | $ 48,000 |
| Housekeeping | | $ 4,000 | $ 24,000 | $ 48,000 |
| Laundy | | $ 2,400 | $ 14,400 | $ 28,800 |
| Landscaping | | $ 2,000 | $ 12,000 | $ 24,000 |
| **Communications** | | | | |
| Telephone | | $ 600 | $ 3,600 | $ 7,200 |
| Cell Phones | 20 cell phones | $ 600 | $ 3,000 | $ 12,000 |
| Digital Signage | | $ 1,200 | $ - | $ 14,400 |
| Microsoft 365 | | $ 2,079 | $ 1,040 | $ 2,079 |
| **Transportation** | | | | |
| Vehicle Lease and Fees | 2 leased vans | $ 800 | $ 4,800 | $ 33,600 |
| Vehicle Maintenance (incl gas, oil, etc) | | | $ - | $ 10,000 |
| Transportation Assistance | | | $ - | $ 29,200 |
| **Other Services** | | | | |
| Insurance | | | $ 4,500 | $ 18,000 |
| **Total Operations** | | | **$ 704,940** | **$ 1,334,079** |
| | | | | |
| Total Staffing | | | **$ 1,207,340** | **$ 4,247,800** |
| Total Operations | | | $ 704,940 | $ 1,334,079 |
| Total Direct Costs (Staffing + Operations) | | | $ 1,912,280 | $ 5,581,879 |
| Total Indirect (15%) | | | $ 286,842 | $ 837,282 |
| **Total Costs** | | | **$ 2,199,121** | **$ 6,419,161** |
| | | | | |
| Potential Medicaid Revenue | | | | $ 3,209,580 |
| Total INN funds needed | | | **$ 2,199,121** | **$ 3,209,580** |




# Peer-Led Continuum
# Forensic and Reentry Services
# MHSA Innovation Project

**Amount Requested:** $8,631,732.17

**Project Duration:** 5 Years

**Submitted by:**
Alameda County Behavioral Health Care Services

**Prepared by:**
Roberta Chambers, PsyD
The Indigo Project

**Date:**
rev. 7/13/2022

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

| COMPLETE APPLICATION CHECKLIST | |
|---|---|
| Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission: | |
| ☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.<br>*(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)* | |
| ☐ Local Mental Health Board approval | Approval Date: |
| ☐ Completed 30 day public comment period | Comment Period: |
| ☐ BOS approval date<br>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled:<br>*Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.* | Approval Date: |
| Desired Presentation Date for Commission: ________________________<br>***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.*** | |

Indigo Project

## Introduction

Alameda County Behavioral Health Care Services has identified the significant need to support individuals with serious mental health challenges who are involved with the justice system. As discussed in the proceeding Project Overview section in more detail, this is a pervasive and complex issue in Alameda County as well as across the state and nation that requires multiple approaches to address. ACBH has developed a forensic and reentry plan that sets forth the myriad approaches to be implemented, including systems, collaborative, and program initiatives and interventions. The ACBH forensic and reentry plan includes the approaches identified and included in these two Innovation plans. However, it is important to note that the services included in these two Innovation plans are just one component of a larger reentry approach that spans every intercept of the Sequential Intercept map, including addressing the social determinants and disparities that increase the risk of justice system involvement, pre-arrest diversion, arrest diversion, and pathways throughout the legal process that seek to divert individuals from criminal justice settings into mental health services. It is also important to highlight that all services included in these two Innovation plans are voluntary and seek to provide voice and choice, particularly in situations where that autonomy may otherwise be limited by arrest and/or incarceration.

Alameda County is proposing to pilot two discrete Innovation plans. Each plan proposes a unique continuum of services to address the same problem and achieve the same goal of reducing criminal justice involvement for people with significant mental health challenges. While they are addressing the same problems and have similar expected outcomes, what they propose to do is unique.

The first project, entitled **Alternatives to Confinement,** includes three mental health services that are clinical in nature, led by clinical staff, and intended to reduce incarceration and increase participation in mental health services. This continuum includes:

- An Arrest Diversion/Triage Center where law enforcement can take someone in lieu of arrest in order to receive a mental health assessment and engage them in whatever mental health services they receive;
- A Forensic Crisis Residential Treatment program where individuals can stay for up to 30 days to address their mental health and criminogenic risk and need while in a voluntary service environment; and
- A Reducing Parole/Probation Violations program to support individuals with significant mental health issues who are at risk of re-incarceration because they have been unable to comply with the terms and conditions of their release.

The second project, entitled **Peer Led Continuum, Forensic and Reentry Services**, includes four programs, all led by people with lived experience, including certified forensic peer specialists and trained family members, and is intended to reduce incarceration and increase participation in mental health services. While certified forensic peer specialists are included in the interdisciplinary teams reflected in the Alternatives to Confinement staffing plan[1], the Peer Led Continuum of Forensic and Reentry Services is designed to pilot a continuum of services where certified peer specialists provide peer support services independently. The Peer Led Continuum of Forensic and Reentry Services includes:

- Reentry Coaches that provide peer support to individuals with significant mental health challenges to exit the jail and transition back into the community;
- WRAP for Reentry that provides peer led WRAP groups facilitated by trained WRAP facilitators to support individuals to address their mental health and forensic needs and avoid future forensic involvement;
- Forensic Peer Respite program where individuals with significant mental health challenges who are justice involved can go for up to 30 days to receive peer support and address whatever issues may be affecting their recovery and reentry; and
- Family Navigation and Support program to develop materials, train family support specialists, and provide individual and group consultation directly to family members about the criminal justice system and how to best advocate on behalf of their loved one.

As previously mentioned, these two Innovation plans are a part of a larger set of strategies. ACBH has already received funding from the first round of the Behavioral Health Community Infrastructure Program (BHCIP) to certify peers as well as develop the curriculum for and train peers in the forensic specialization. One of ACBH's contracted providers, Telecare Corporation, applied for and received funding from Round 3 of the BHCIP to renovate an existing facility that they own for the Forensic Crisis Residential Treatment program, and two other ACBH providers are preparing applications for BHCIP Rounds 5 and/or 6 for the Arrest Diversion/Triage Center and the Forensic Peer Respite.

None of these projects would be possible without the longstanding collaboration from ACBH's justice partners, including the Sheriff's Office and Probation Department as well as local law enforcement agencies (LEA). ACBH has been co-leading a County-wide

[1] Integrating peers within clinical programming is a standard in Alameda County Behavioral Health programs and is supported by the body of research surrounding mental health treatment for people with serious mental illness.

Multi-Disciplinary Forensic Team in partnership with the Oakland Police Department for over twenty years that includes participation from all city police and fire departments as well as Emergency Medical Services (EMS). ACBH has also sponsored and provided training for the Crisis Intervention Team (CIT) training for 20 years, as well, For local law enforcement agencies. Additionally, ACBH, local law enforcement, and other first responders have longstanding history of joint response. ACBH currently provides mobile crisis across the County in partnership with LEAs, a joint response model through the Mobile Engagement Teams with Oakland and Fremont Police Departments, and a clinician/EMT response model in 4 of Alameda County's cities. We anticipate that these longstanding partnerships and practiced collaboration will support the development and implementation of these two Innovation plans.

It is also important to note that all of these services are voluntary mental health services that are intended to reduce the likelihood that justice-involved mental health consumers end up in jail or in other involuntary environments. Currently, many justice-involved mental health consumers have no choice available to them when interacting with law enforcement; law enforcement has voiced similar frustration that they have few options for someone with behavioral health and forensic needs. These two continuums, one clinician and one peer led, provide a choice that has been previously unavailable.

## Section 1: Innovations Regulations Requirement Categories

### General Requirement

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- X Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

### Primary Purpose

An Innovative Project must have a primary purpose that is developed and evaluated

in relation to the chosen general requirement. The proposed project:

- X Increases access to mental health services to underserved groups
- X Increases the quality of mental health services, including measured outcomes
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

## Section 2: Project Overview

### Primary Problem

The issue of people with serious mental illness (SMI) and/or substance use disorders (SUD) experiencing incarceration is one of the most prominent challenges facing the behavioral health and criminal justice communities. In many jurisdictions, individuals with mental illness are more likely to be booked into jail than engaged in treatment, and jails have become the largest mental health institutions. **This issue is exacerbated because the legal threshold to arrest and incarcerate someone is lower thanis the legal threshold to engage that same individual in treatment if they are unwilling or unable to participate on a voluntary basis.** Because the legal standard for incarceration is much lower than the threshold for involuntary treatment and jail beds are more readily available than treatment beds, either voluntary or involuntary, it has become increasingly common to incarcerate individuals in need of mental health services.[2] Despite intentional efforts to make the mental health system as accessible and recovery-oriented as possible, there remains a group of individuals who will not engage in voluntary services and are more likely to be incarcerated than treated by the community behavioral health system. **Once a person with SMI and/or SUD becomes justice-involved, they are more likely to remain involved and penetrate the justice system further[3], [4].** These individuals typically have minimal financial resources and are more likely to be held in jail awaiting trial or placement for treatment, including competency restoration. They may

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[2] National Sheriff's Association and Treatment Advocacy Center. *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey.* Retrieved from: https://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf.

[3] Fellner J: (2006), A corrections quandary: mental illness and prison rules. Harv CR-CL L Rev 41:391–412,

[4] Abramsky & Fellner, supra note 3, at 59 (citing Letter from Keith R. Curry, Ph.D., to Donna Brorby, Atty. in the Ruiz v. Johnson litigation (Mar. 19, 2002)

experience difficulty complying with the terms and conditions of probation or release, and they may be charged with a new criminal offense while confined in jail.

Within California and across the Nation, there is a concerted effort to identify diversion opportunities and to ensure a continuum of services for individuals with mental health issues who are involved with the criminal justice system. Alameda County, along with its partners and community of stakeholders, has invested substantial time and resources on a number of efforts that aim to strengthen forensic and reentry mental health services for people with mental health needs and/or substance use disorders by:

Safely diverting people from the justice system into treatment,

Stabilizing and connecting individuals in custody to community behavioral health services, and

Promoting service participation that reduces recidivism.

The department unveiled a Forensic and Reentry Services Plan[5] in May of 2021 and has been systematically working through the short, mid, and long terms actions set forth in the plan. Alameda County was interested in how Innovation funds could assist in addressing the forensic and reentry mental health needs in the County. This Innovation plan arose out of these concerted efforts to divert individuals with mental health challenges from the justice system into mental health services and was developed for and by community stakeholders, including the County's Justice Involved Mental Health Task Force.

**Proposed Project**

<u>Project Description</u>

The *Peer Led Continuum of Forensic Mental Health Services* is a collection of four (4) continuum of services, of which three are peer led and one is family focused. The continuum of services specifically seeks to:

1. Support mental health consumers who are justice involved by helping them transition back into the community following an arrest or incarceration,
2. Identify and address the issues that led up to their arrest and/or incarceration

[5] http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

3. Connect with mental health and other services to support them in their recovery and reentry journey, and
4. Build the capacity of family members to advocate on behalf of their loved one with a serious mental illness who has become justice involved.

As a result of the continuum of services, we expect that individuals will experience fewer episodes of arrest and/or incarceration and will have increased participation in ongoing mental health and other services. The included services are described below.

**Reentry Coaches.** In Alameda and across the state, there have been strong outcomes associated with using people with lived experience to support individuals following a crisis or hospitalization to connect to follow-up mental health services. These individuals are sometimes referred to as peer mentors and have shown strong outcomes in increasing service linkage and reducing crisis and hospitalization in Alameda, Orange, and other counties. This project aims to employ forensic peer specialists who can serve as reentry coaches for individuals with serious mental illness to help them transition back into the community. Their role is to help the person with whatever they need, including tangible resources such as linkages for food and shelter or transportation to appointments, as well as encouragement and consciousness raising to actively participate in their own recovery and reentry journey. Referrals into the program may come from service providers supporting reentry planning at the Santa Rita jail, and ideally the reentry coach would be able to make contact with the individual before they are released from jail. However, their first contact may be upon release at the Safe Landing program, which is a drop in center on site at the jail that provides information and referrals to individuals leaving the jail, or at another community location. The reentry coach will work with the individual to develop a personalized reentry plan that addressed the needs and issues that the person feels are most pressing, and the coach can stay involved for up to 90 days providing direct peer support as well as support to engage with other services.

**WRAP for Reentry.** The Centers for Human Development have a number of curricula based on Wellness Recovery Action Planning (WRAP) for specialty populations, including individuals with mental health challenges who are involved with the criminal justice system. WRAP for Reentry is one of the newer offerings from the Center for Human Development and includes a new chapter, post-crisis plan for managing reentry after incarceration, and personal stories in every chapter building on a “life free from new justice involvement, beginning from the first few hours after release” (Center for Human Development, 2022). Existing WRAP facilitators as well as identified Forensic Peer Specialists will receive training in WRAP for Reentry. If they are already certified WRAP facilitators, the training will include an 8 hour session to orient them to the new materials and tools included in the WRAP for Reentry curriculum. If they are not already certified

WRAP facilitators, they will first participate in the existing WRAP certification training, and then participate in the additional 8 hour session. The WRAP for Reentry groups will be available at existing peer led programs as well as offered at the peer respite, Forensic CRT (included as a part of the Alternatives to Confinement continuum of services), and potentially at Santa Rita, if permitted.

**Forensic Peer Respite.** The Forensic Peer Respite will be available to adult mental health consumers who are justice involved who would benefit from a brief moment of pause to reflect on their recovery and reentry journey, address whatever issues are coming up for them, and receive peer support to connect them with whatever services may be most helpful to support their continued recovery and reentry. This program will provide 24/7 peer support services that address mental health, substance use, and criminogenic needs in an unlocked, peer-led environment. The average length of stay based on other peer respites will span 5-14 days with the opportunity to extend up to 30 days with ACBH approval, and the total capacity will be 6. The Forensic Peer Respite would be available to consumers who are beginning to experience early warning signs of a crisis or other behaviors that place them at high likelihood of police contact.

The program will accept consumers ages 18-59 with mental health and criminal justice involvement who can be safely served in this environment. This program is intended to be a step up from the community as well as step down from the jail, and referrals may come from community mental health providers who are serving justice-involved mental health consumers as well as providers from jail mental health, psychiatric hospitals, psychiatric emergency services, local emergency departments, crisis stabilization units, sobering centers and detoxification units, and the reentry coaching program described above. It is also possible that the program will also accept consumers from the Forensic CRT if there is an individual that would be better served in a peer-led environment.

The location for the peer respite will be a residential environment in order to allow for 24/7 supports for individuals. The site has not yet been secured, although the County intends to leverage the BHCIP Round 6 application process, if possible. The peer respite will also have access to a vehicle in order to support individuals to access other health, behavioral health, and social services appointments while at the peer respite as well as other social, leisure, and recreational opportunities.

**Family Navigation and Support.** Family members of adult children with mental health issues are a critical component of supporting an individual to participate in mental health treatment and exit the justice system. However, family members have to quickly become experts in the justice system and relevant mental health law in order to understand and work within the justice system and process in support of their loved one. The family navigation and support service would develop and disseminate informational materials

about the forensic mental health process. This program would collaborate and train existing warmlines, staffed by family partners, to educate and coach families on how to best advocate for their loved ones and would collaborate with ACBH partners to ensure information materials are translated and accessible for all Alameda County residents. The program would also provide individual and group consultation to families in order to increase knowledge of the justice mental health system and the legal process; the types of specific hearings, legal mechanisms, and appeals for individuals with mental health issues; how competency is determined, what incompetent to stand trial means, and what services may be available; how to provide medical and mental health information to the jail and other legal entities; and how to advocate on behalf of a loved one who has become involved with the criminal justice system.

Project General Requirements

The Peer Led Continuum of Forensic Mental Health Services both adapts an existing mental health practice for the forensic mental health population as well as adapts practices from other disciplines.

The Forensic Peer Respite, Reentry Coaches, and WRAP for Reentry take existing mental health practices and seeks to apply them to adult mental health consumers who are involved with the criminal justice system. Specifically, this continuum of services is inspired by the Peer Respite model which exists in other jurisdictions and in Alameda County, the WRAP curriculum which has a strong evidence base and has been implemented for decades in Alameda County, and peer mentoring programs who support individuals post crisis or hospitalization that are available across the state. In each of these instances, they have been modified for a justice involved mental health population and seek to promote similar outcomes including reduced arrest and incarceration rather than crisis and hospitalization as well as increased service connectedness.

The Family Navigation and Support component is modeled after other disciplines, specifically the resources and consultation available through advokids[6] for the foster care system or Regional Centers for families with intellectual and/or developmental disabilities. These programs offer a combination of written resources, consultation, education, and support to educate families about the intricacies of the system and equip them to advocate on behalf of their family member.

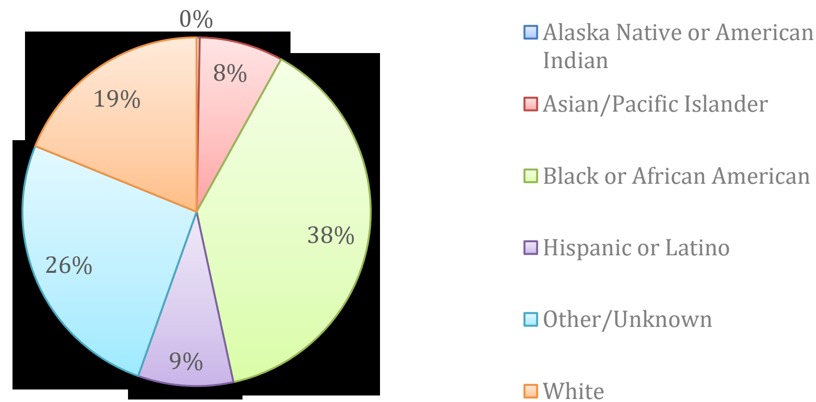
[6] Advokids is a legal advocacy organization committed to protecting foster children across California and provides a variety of educational materials to support children and families who are navigating the dependency court process.

Individuals to be Served

Overall, the Peer Led Continuum of Forensic Mental Health Services project will serve 2,279 individuals per year. We anticipate that the Reentry Coaches will serve approximately 480 individuals per year, which is 15 consumers per coach with an average engagement of 90 days and 8.0 FTE. The WRAP for Reentry program will serve approximately 960 individuals, or 20 unduplicated individuals per month per facilitator, of which there will be 4 facilitators. We expect to serve approximately 122 individuals in the Forensic Peer Respite per year. This assumes that the 6 bed Forensic Peer Respite will operate at 85% capacity with an average length of stay of two weeks. We also expect to reach about 800 families with the written resources through the Family Navigation and Support program, with about 25%, or 200 families, reaching out for consultation or other support. However, we anticipate that there is significant overlap between the programs.

This continuum of services will serve transition age youth ages 18-25 and adults ages 26 and up who have significant mental health issues and are involved with the criminal justice system; they may also have co-occurring substance use issues. They may be of any gender or gender identity as well as sexual orientation. We anticipate that consumers will be predominantly Black or African American with smaller percentages of people who are white, Latinx, or Asian, Pacific Islander, and American Indian. This is based on demographic data of consumers receiving services at Adult Forensic Behavioral Health, which is the outpatient clinic located inside the County jail, as demonstrated in Table 1. We also anticipate that a proportion of individuals will speak Spanish and other languages and will ensure language access is available. Additionally, the Family Navigation and Support project will work with culturally specific organizations to ensure that they have the capacity to support individuals to advocate on behalf of their family members.

Table 1. Consumers Served at Alameda County Forensic Behavioral Health (AFBH) (in-custody services)




**Research on INN Project**

The issue of individuals with serious mental illness who are involved with the justice system has become one of the largest problems facing communities across the nation, and the rate of individuals with serious mental illness is two to six times higher among incarcerated populations than it is in the general population.[7] Research clearly demonstrates that outcomes for people with mental illness who become justice involved have better outcomes when diverted into services than when in custody. Peer support has a strong evidence base for supporting individuals to reduce crisis and/or hospitalization as well as engage in mental health and other recovery based services.

The Peer Led Continuum of Forensic Mental Health Services provides three peer-led and one family-focused services that are intended to support individuals to transition from incarceration to the community and use peer support to address whatever issues may contribute to police contact, arrest, and/or incarceration. Using models from mental

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[7] Cloud, David, and Chelsea Davis. Treatment Alternatives to Incarceration for People with Mental Health Needs in the Criminal Justice System: The Cost-Savings Implications. Vera Institute, 2013. Retrieved from: https://www.vera.org/downloads/Publications/treatment-alternatives-to-incarceration-for-people-with-mental-health-needs-in-the-criminal-justice-system-the-cost-savings-implications/legacy_downloads/treatment-alternatives-to-incarceration.pdf.

health and other disciplines, these four programs collectively provide an opportunity to support individuals to reenter the community and engage in services that reduce the likelihood of future arrests and/or incarceration.

These priorities for diversion arose out of the sequential intercept mapping process with Alameda County's Justice Involved Mental Health Task Force and focus on supporting reentry as well as promoting exit from the criminal justice system. They are based on the principles of peer support provided at opportunities identified through Alameda County's Sequential Intercept Mapping process.

At this time, no other jurisdiction has developed a singularly focused Forensic Peer Respite or applied a peer mentor approach to people with serious mental illness reentering from jail. While WRAP for Reentry is implemented in other jurisdictions, it does not yet have an evidence base supporting its use. People with forensic mental health needs may be served in Peer Respite, peer mentor, or WRAP programs, but none specialize in the intersection between behavioral health and justice system involvement and specifically target behavioral health and criminal justice involvement. While there are myriad versions of parental support, none are solely focused on supporting family members whose loved ones with serious mental illness have become justice involved. To this end, this project aims to explore the extent to which these programs are able to reduce criminal justice system involvement for people with serious mental illness (e.g., reduced jail bookings and jail days, increased service participation, increased exit from the criminal justice system).

### Learning Goals/Project Aims

In Alameda County, 25% of ACBH consumers receive mental health services in the jail, and 10% of consumers only receive mental health services in the jail.[8] This highlights the need to address the over-incarceration of people with mental health issues and support them outside of a jail environment as a key County priority. This project, along with the other Innovation Plan entitled *Alternatives to Confinement,* is one element of a larger Forensic Mental Health and Reentry Plan and represents the service offerings that are relevant to and meet criteria for Innovation projects.

With this project, Alameda County Behavioral Health seeks to pilot these four services within a peer led continuum of care to understand the extent to which these programs, separately and together:

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8 http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

1. *Increase access to and participation in mental health services* for adults with mental health and criminal justice involvement and
2. *Improve outcomes,* including reduced jail bookings, jail days, and exit from the criminal justice system.

**Evaluation or Learning Plan**

This Peer Led Continuum of Forensic Mental Health Services project evaluation will explore process and outcome measures related to the four included services. The overarching evaluation questions include:

1. What resources are being invested, by whom, and how much?
2. Who is being served, at what dosage, and in what ways, including participation in more than one INN-funded service?
3. To what extent do people who participate in INN-funded services experience reduced jail bookings, jail days, and are able to exit the criminal justice system?
4. To what extent do people who participate in INN-funded services experience increased service engagement and participation?
5. How does family education and consultation support individuals to move through the justice system?

The evaluation will explore the following types of quantitative data:

- Socio-demographics of individuals served, including race/ethnicity, age, gender identity, sexual orientation, zip code, income type and amount, housing status, level of education, and veteran status.
- Clinical and justice involved profile of individuals served, including mental health diagnoses and previous service participation; previous arrest, charge, and booking information; substance use and misuse; known trauma history; other clinically relevant information.
- Current program and service participation, including program, service type, procedure code, provider type, dates of service, length of encounter, length of episode, disposition. This includes for INN-funded programs as well as all other Mental Health Plan (MHP)-funded services, such as crisis and hospitalization as well as other residential and outpatient services.
- Current justice system interactions, including jail bookings and discharge dates, charges filed, court dispositions. If feasible, police contact and arrest data that did not result in a jail booking may also be included.

- Referrals, including referrals sources into the INN-funded programs as well as referrals and linkages provided from the INN-funded programs into other mental health services.
- Experience of services from consumers, family, behavioral health providers, and justice professionals.
- Perception of knowledge, understanding, and collaboration between behavioral health providers and justice professionals.

Quantitative data will be collected directly from the County's data services in collaboration with the Sheriff's Office via existing Memorandum of Understanding, the Community Health Record funded through the Whole Person Care Initiative, and via data request to the courts. Experience of services and perception of knowledge, understanding, and collaboration will be collected via interviews and focus groups; there may also be a brief survey developed for service recipients and their families or involved professionals.

Data will be collected on an ongoing basis and reported annually to providers and partners in order to support communications and continuous quality improvement as well as to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in order to meet INN reporting requirements.

| Process | | | Outcome | |
|---|---|---|---|---|
| **Resources** | **Activities** | **Outputs** | **Short-Term** | **Long-Term** |
| Office of Consumer Empowerment and Forensic Certified Peer Specialists<br><br>ACBH Adult, Crisis, and Forensic Systems of Care<br><br>Sheriff's Office<br><br>Probation Department<br><br>Contracted Providers<br><br>MHSA Innovation Funds<br><br>BHCIP Round 1 Funds<br><br>BHCIP Round 5/6 Funds | Procure and contract with service providers, trainers, legal experts, and evaluator<br><br>Formalize MOUs, procedures, and protocols with ACBH, contractors, and collaborative partners<br><br>Develop and implement a Forensic Peer Respite<br><br>Develop and implement Reentry Coaching<br><br>Develop and implement WRAP for Reentry<br><br>Develop and implement Family Navigation and Support | Contracts with providers, consultants, and evaluator<br><br>MOU and program operations documentation<br><br># of clients served, including socio-demographics, clinical profile, and justice involvement by program<br><br># of families engaged<br><br># of direct services provided by program<br>- # of admissions<br>- # of discharges by discharge disposition and location<br>- Length of episode<br>- # of minutes of service per encounter<br>- Admission and discharge dates<br>- # of WRAP groups<br>- # of types of referrals and linkages<br><br># of training and consultation services provided<br>- Collateral materials<br>- # of/type of trainings<br>- # of providers trained | Increased collaboration amongst ACBH, providers, and partners<br><br>Reduced jail bookings and jail bed days<br><br>Increased mental health service engagement and participation<br><br>Increased criminal justice system exits for mental health consumers<br><br>Improved experience of justice and mental health system interactions<br><br>Increased advocacy skills, knowledge, and confidence for family members to support their justice involved mental health family member | Increased skills, knowledge, and confidence to support justice involved mental health consumers<br><br>Reduced criminal justice system involvement for mental health consumers |

## Section 3: Additional Information for Regulatory Requirements

### Contracting

The County expects to contract out all of the services included in this proposal. Additionally, the County intends to contract for an external evaluator for this project to work with our internal data support team in exploring the learning goals and evaluation questions listed above as well as complete required reporting for the project. The County will appoint a contract monitor for each of these contracts to ensure contract compliance as well as a portion of the County project/program manager to supervise the quality of work performed.

### Community Project Planning

These projects arose out of a longer-term planning and system improvement process dedicated to improving services for justice involved mental health consumers. The Justice Involved Mental Health (JIMH) Task Force included representatives from the Health Care Services Agency, Alameda County Behavioral Health, Public Defender, District Attorney, provider and advocacy organizations, consumer and family representatives, faith based and other community leaders. After a more than year long process, the JIMH Task Force published a report in September 2020 with multiple stakeholder recommendations, including a focus on supporting reentry. Concurrently, ACBH published a Forensic Mental Health and Reentry Plan in October 2020 that was informed by JIMH and included additional actions informed by evidence-based practice and ACBH's strategic direction.

During 2021, ACBH systematically went through the Forensic Mental Health and Reentry Plan and identified aspects of the plan that either warranted further development and/or consideration or may meet criteria for INN funds. As a part of this process, ACBH contracted with the Indigo Project to engage in INN Project planning. The Indigo Project met with a number of internal and external stakeholders to gather information and workshop the ideas and concepts as they evolved, including:

- Consumer representatives and members of the Pool of Consumer Champions
- Family representatives and individuals from NAMI
- Providers who represent communities who are underrepresented because of cultural affiliation and language access
- Members of the African American subcommittee
- Members of the MHSA Stakeholder group
- Healthcare for the homeless providers

- System of Care Directors for Adult, Crisis, and Forensic Mental Health Services
- Consumer and Family Empowerment Managers

With each discussion, the concepts evolved and were further developed and clarified. These projects will be included in the MHSA Annual Update Community Program Planning (CPP) process in 2022 with the hopes of beginning implementation in FY2022.

### MHSA General Standards

This project arose out of a community effort to address the needs of mental health consumers who are forensically involved. It was developed by consumers, family, and communities to support wellness and recovery and avoid incarceration. Community collaboration is exemplified in not only how this project was developed but also in how the project itself works to support individuals to return to and remain in their communities rather than in a jail environment. Cultural Competency is included as a foundational component in that this project seeks to address the overincarceration of people with mental illness, the majority of whom are BIPOC individuals, by supporting individuals to reenter their communities and successfully exit the justice system. Additionally, the services themselves will be informed by and primarily staffed by individuals who represent our County's diverse populations. Services will be client and family driven in that services aim to preserve a person's freedom, independence, and ability to consent to their own services by using person centered planning with family member input that respects an individual's needs and preferences and works in partnership with each individual and their family to discover how they understand the issues that they're facing and helps them develop a plan that they are willing to do to address what is most important to them. The services are wellness, recovery, and resiliency focused in that they are built upon the belief that participation in mental health services and supports are more productive and meaningful than incarceration and that services that respect an individual's ability to invest in their own recovery journey are more likely to result in sustained freedom than "rehabilitation" provided by the jails. Finally, services are intended to be integrated in that these programs seek to strengthen each person's ability to renter the community and successfully navigate the service system with peer support.

### Cultural Competence and Stakeholder Participation in Evaluation

On a quarterly basis, ACBH will convene a stakeholder meeting with individuals who are invested in both forensic mental health INN projects, which include this project and the *Alternatives to Confinement* continuum of services. This meeting will serve dual purposes to gather information from stakeholders and partners about their perspectives on the project and its implementation as well as to provide data from the evaluation to support a

CQI process. As a part of this project, we will explore the extent to which the project is reaching its intended target population and that people receiving services are reflective of the jail population (i.e., the population receiving services is comparable to the Santa Rita population in terms of race/ethnicity and age). This will be one component of what is discussed in the quarterly meetings as well as overall feedback and evaluation data described in the preceding section.

## Innovation Project Sustainability and Continuity of Care

This project with its continuum of services will primarily serve individuals with serious mental illness. If this project accomplishes its intended objectives of 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, the County will continue to fund the project using a combination of MHSA Community Services and Supports funding and Federal Financial Participation (FFP). Most of the services described in this plan should be eligible for Medi-Cal reimbursement following completion of the INN project, assuming peer certification and billing for peer support continue implementation during this INN project.

## Communication and Dissemination Plan

If this continuum of services is successful at 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, ACBH will apply to present learnings at California-specific conferences, including the forensic mental health association, California Institute of Behavioral Health Services, and California Association of Counties (CSAC) conferences. Additionally, ACBH will request that the contracted evaluator prepare a white paper that can be distributed through the California Behavioral Health Directors Association, California Probation Officers Association, and the MHSOAC listserv.

Keywords include:

1. Mental health reentry
2. Forensic Peer Respite
3. WRAP for Reentry
4. Reentry Peer Support
5. Reentry Family Support

## Timeline

ACBH proposes a 5 year Innovation project in which the first two years of the project allow for program start-up. While services may be able to be implemented more quickly, we

believe that it is important to have all elements available at the same time, particularly with a service model that requires significant coordination with partner agencies. To that end, ACBH will begin the site identification and procurement process upon MHSOAC approval. This may take up to nine months to facilitate a competitive bid process and then enter into contracts. The second year will focus on preparing the programs for opening, developing written materials, and outreaching and coordinating with our justice partners. Concurrently, the evaluators will be working with the department and stakeholders to develop the evaluation approach. Years 3-5 will focus on service provision as well as data collection and analysis to support learning. In the final year, ACBH will also develop an ongoing funding strategy using MHSA, realignment, and FFP dollars. In year 5, the evaluators will also draft the summative evaluation report and a white paper detailing project implementation, outcomes, and lessons learned.

| | |
|---|---|
| **Year 1** | Project Start-up - County Procurement<br>• Procure mental health provider and evaluator services<br>• Execute INN service provider and evaluator contracts |
| **Year 2** | Project Start-up - Program Development Preparation<br>• Site Identification<br>• Written Materials Development<br>• Staff Hiring and Training<br>• Outreach to partner agencies<br>Project Start-up - Project Evaluation<br>• Evaluation planning, including stakeholder input<br>Milestone: Services Commence<br>Milestone: Evaluation Plan Complete |
| **Year 3** | Ongoing: Service provision<br>Ongoing: Data collection<br>Quarterly: Stakeholder convening to support CQI<br>Annual: INN reporting |
| **Year 4** | Ongoing: Service provision<br>Ongoing: Data collection<br>Quarterly: Stakeholder convening to support CQI<br>Annual: INN reporting |

| Year 5 | Ongoing: Service provision<br>Ongoing: Data collection<br>Quarterly: Stakeholder convening to support CQI<br>End of Project: Sustainability Plan<br>End of Project: Summative INN report |
|---|---|

## Section 4: INN Project Budget and Source of Expenditures

### INN Project Budget and Source of Expenditures

The next three sections identify how the MHSA funds are being utilized:

A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

### Budget Narrative

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

| Position | Quantity | Salary | Start-up | Annual Cost |
|---|---|---|---|---|
| Program Director/ | $ 1 | $ 95,000 | $ 71,250 | $ 95,000 |
| RC Reentry Coach | $ 5 | $ 72,000 | $ 90,000 | $ 360,000 |
| WRAP Facilitator | $ 3 | $ 74,000 | $ 55,500 | $ 222,000 |
| FPR Program Manager | $ 1 | $ 85,000 | $ 42,500 | $ 85,000 |
| FPR Forensic Peer Specialist | $ 10 | $ 72,000 | $ 180,000 | $ 720,000 |
| FNS Navigators | $ 3 | $ 74,000 | $ 55,500 | $ 222,000 |
| Total Salaries | | | $ 494,750 | $ 1,704,000 |
| CBO Benefits @ 33% | | | $ 168,215 | $ 579,360 |
| **Total Staffing** | **$ 26** | | **$ 662,965** | **$ 2,283,360** |
| **Operations** | | | | |
| **Contractors and Other Staffing Needs** | | | | |
| FPR Relief Staff | 3000 hours | $25/hour | $ - | $ 75,000 |
| Consultant - Legal System | | | $ 40,000 | $ 20,000 |
| Consultant - Materials Dev't | | | $ 18,000 | $ 8,000 |
| Recruitment | | | $ 12,000 | $ 4,000 |
| Pre-employment Expenses | | | $ 7,500 | $ 3,750 |
| Training | | | $ 30,000 | $ 18,000 |
| **Supplies** | | | | |
| Food | | | $ 8,000 | $ 62,400 |
| Household Supplies | | | $ 4,000 | $ 4,800 |
| Personal Hygeine Items | | | $ 6,000 | $ 9,600 |
| Medical and First Aid | | | $ 2,000 | $ 3,000 |
| Office Supplies | | | $ 48,000 | $ 4,800 |
| Program Supplies | | | $ 22,000 | $ 7,200 |
| **Facilities/Utilities** | | | | |
| Lease Payment | | $ 12,000 | | $ 144,000 |
| Gas and Electric | | $ 800 | $ 4,800 | $ 9,600 |
| Water | | $ 990 | $ 5,940 | $ 11,880 |
| Garbage | | $ 600 | $ 3,600 | $ 7,200 |
| Comcast/Xfinity | | $ 1,200 | $ 7,200 | $ 14,400 |
| Maintenance (Furniture and Equipment) | | | $ 32,000 | $ 12,000 |
| Maintenance (Property) | | | | $ 24,000 |
| Housekeeping | | $ 1,500 | $ 9,000 | $ 18,000 |
| Laundy | | $ 1,800 | $ 10,800 | $ 21,600 |
| Landscaping | | $ 1,000 | $ 6,000 | $ 12,000 |
| **Communications** | | | | |
| Telephone | | $ 600 | $ 3,600 | $ 7,200 |
| Cell Phones | | $ 600 | $ 1,500 | $ 6,000 |
| Microsoft 365 | | $ 2,376 | $ 1,188 | $ 2,376 |
| **Transportation** | | | | |
| Vehicle Lease and Fees | | $ 800 | $ 2,400 | $ 16,800 |
| Vehicle Maintenance (incl gas, oil, etc) | | | $ - | $ 4,000 |
| Mileage | | | $ - | $ 2,800 |
| Transportation Assistance | | | $ - | $ 4,160 |
| **Other Services** | | | | |
| Insurance | | | $ 2,250 | $ 9,000 |
| **Total Operations** | | | **$ 287,778** | **$ 547,566** |
| | | | | |
| Total Staffing | | | $ 662,965 | $ 2,283,360 |
| Total Operations | | | $ 287,778 | $ 547,566 |
| Total Direct Costs (Staffing + Operations) | | | $ 950,743 | $ 2,830,926 |
| Total Indirect (15%) | | | $ 142,611 | $ 424,639 |
| **Total Costs** | | | **$ 1,093,354** | **$ 3,255,565** |
| | | | | |
| Potential Medicaid Revenue | | | | $ 1,106,892 |
| **Total INN Funds Needed** | | | **$ 1,093,354** | **$ 2,148,673** |

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Wednesday, October 12, 2022 9:27 AM
**To:** Works-Wright, Jamie
**Subject:** FW: Mental Health Boards - Statutory Duties and CalAIM Medi-Cal Reforms

Please see information below


Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

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**From:** Margaret Fine <margaretcarolfine@gmail.com>
**Sent:** Tuesday, October 11, 2022 9:15 PM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Subject:** Mental Health Boards - Statutory Duties and CalAIM Medi-Cal Reforms


**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.


Hi Jamie,

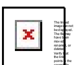
I hope you are well. Thank you very much for your work. Would you please kindly send along the resources below?

I have listed key resources for the Mental Health Commissioners below. I want to ensure everyone has a copy of them as they are important for our operations and general knowledge and for discussing content for the retreat.

**CA Mental Health Boards - Statutory Duties, WIC 5604.2 (screenshot below)**

Every California county (58) has a mental health board like our Mental Health Commission. The City of Berkeley and the Tri-City (Claremont, La Verne, Pomona) are unique jurisdictions with a mental health board too.

Link: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5604.2.&lawCode=WIC



**CalAIM - New Medi-Cal Reforms** - The reforms are designed for people with complex needs, particularly those with significant behavioral health needs. It is very early days for the reforms but some information is below, including a specific update about the Berkeley Division of Mental Health.

**California Health Care Foundation - CalAIM Explained Link:**
https://www.chcf.org/publication/calaim-explained-five-year-plan-transform-medi-cal/#what-is-calaim

**Additional resource about CalAIM for those interested in more details:**

CHCF ISSUE BRIEF: Launching CalAIM: 10 Observations About Enhanced Care Management and Community Supports So Far

https://www.chcf.org/wp-content/uploads/2022/05/LaunchingCalAIM10ObservationsECMCommunitySupports.pdf

**Berkeley Division of Mental Health Update:**

Last our new Mental Health Division Manager, Jeff Buell, reported about the status of current CalAIM implementation for the Berkeley Division of Mental Health in part of the Manager's Report to the Mental Health Commission dated July 18, 2022 as follows: (BMH is Berkeley Mental Health or the Division).

"CalAIM is currently in process of rolling out information regarding this process via webinars with providers regarding their plan of implementation, and Alameda County is still in process of sharing information and developing processes for these new reforms with contractors such as BMH. As the CalAIM process is still at the stage of hosting these webinars, implementation has not commenced or completed yet. The implementation phase is scheduled from July 2022 and is to continue into the middle of 2023.

Functionally, many of these reforms are being rolled out piecemeal so that some adjustments can occur while other changes are in process. For example, BMH no longer requires a full diagnosis or assessment before services can be provided to a client. Provisional diagnoses are sufficient to allow a qualifying community member to be assigned to an appropriate treatment team, and a more in-depth assessment can be completed after treatment services have begun. Standard Medi-Cal treatment plans are no longer required and are being replaced by problem lists."

I hope these resources are useful. Please send along any inquiries. Thanks so much.

Best wishes,
Margaret

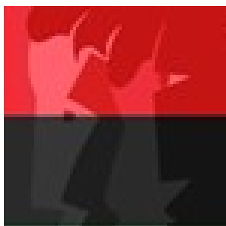
Margaret Fine, JD, PhD
Pronouns: she/her
Chair, Mental Health Commission
Berkeley, CA
Cell: 510-919-4309

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Tuesday, October 11, 2022 1:49 PM
**To:** Works-Wright, Jamie
**Subject:** FW: 1st Annual Achievers Luncheon
**Attachments:** Achievers' (1).pdf

Please see information below.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office



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**From:** Commission
**Sent:** Tuesday, October 11, 2022 11:28 AM
**Cc:** Commission <Commission@cityofberkeley.info>
**Subject:** FW: 1st Annual Achievers Luncheon

Internal

Good morning Commission secretaries,

We are forwarding this to your attention as an FYI, per BART's request.

Sincerely,

Sarah K. Bunting
Assistant City Clerk
City of Berkeley
2180 Milvia Street, 1st Floor
Berkeley, CA 94704
P | (510) 981-6908
E | commission@cityofberkeley.info

**From:** Anisa McNack <AMcNack@bart.gov>
**Sent:** Wednesday, October 5, 2022 8:58 PM
**To:** Commission <Commission@cityofberkeley.info>
**Subject:** 1st Annual Achievers Luncheon

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Greetings,

I hope this email finds you well. You are cordially invited to The National Organization of Black Law Enforcement Executives - San Francisco Bay Area Chapter 1st Annual Achievers Luncheon on **October 26, 2022, at the Fairview Metropolitan Golf Course, 10051 Doolittle Drive, Oakland CA, from 11:30 AM - 13:30 PM.** The luncheon theme is ***"Leading Reform: Challenging Assumptions".*** We will be honoring leaders with a commitment to our youth and social justice, creating strong police & community relationships, and enhancing transparency and accountability.

Please see the attached flyer.

If you have any questions, do not hesitate to contact me at 510-409-9641.

Sincerely,

Commander Anisa McNack L19

BART Police Department

101 8th Street

Oakland, Ca. 94607

amcnack@bart.gov

510-464-7235 (Office)

510-908-3363 (Cell)

# 1st Annual Achievers Luncheon

**PRESENTED BY**

## San Francisco Bay Area Chapter

**National Organization of Black Law Enforcement Executives (NOBLE)**

## LEADING REFORM

### Challenging Assumptions

26 | October 2022 | 11:30 AM - 1:30 PM
Doors Open at 11:00 AM

**FAIRVIEW METROPOLITAN GOLF COURSE**
10051 Doolittle Dr.
Oakland, CA 94603

**Keynote Speaker**

**Chief (Ret.) Carmen Best**
**Seattle Police Department**

**Tickets $75:** includes a copy of Chief Best's Book "Black in Blue"

*Honoring*

**Legacy Award**

**Director Ronald L. Davis**
**United States Marshals Service**

**Achievers' Award**

**Chief Leronne Armstrong**
**Oakland Police Department**

**Chief Abdul Pridgen**
**San Leandro Police Department**

**Lieutenant (Ret.) Joan Johnson**
**Alameda County Sheriff's Office**

**NOBLE Partner Award**

**Sheriff Paul Miyamoto**
**San Francisco Sheriff's Office**

**Purchase tickets at:** https://sfbaachieversluncheon.eventbrite.com
*To avoid ticket surcharges contact Anisa McNack at 510-409-9641 prior to puchase*
***For more information, please call NOBLE: 510-823-0801 or visit our website at SFBAYAREANOBLE.ORG***
***Proceeds to benefit the scholarship fund and other NOBLE community activities***

**From:** Works-Wright, Jamie
**Sent:** Tuesday, October 11, 2022 11:28 AM
**To:** Works-Wright, Jamie
**Subject:** FW: Mental Health Commission Priorities, Approaches, and Upcoming Retreat

Please see the message below from Margaret Fine

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

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**From:** Margaret Fine <margaretcarolfine@gmail.com>
**Sent:** Tuesday, October 11, 2022 10:32 AM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Subject:** Mental Health Commission Priorities, Approaches, and Upcoming Retreat

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Hi Jamie,

I hope you're well. Would you please kindly send this email to the Mental Health Commissioners? It is much appreciated. Thank you!

Dear Commissioners,

As you may realize, there are a range of diverse perspectives on the Mental Health Commission including on highly controversial issues, and we may want to discuss our approaches to contemplating them as one part of our upcoming retreat. The retreat is one agenda topic that we will discuss after our youth mental health presentation at the next public meeting on Thursday, October 27, 2022.

Below I have highlighted perhaps one of the most contentious areas surrounding mental health and substance use in our society and further one that may be contemplated and potentially acted upon by the Mental Health Commission, particularly given the statutory framework that mandates our membership composition for the Mental Health Commission.

As you know, mental health boards have a state statutorily-mandated composition that includes special interest members—consumers and family members—as well as general interest members who have expertise in multiple subject matter disciplines related to mental health. As you may further know, there has been and can be a schism that exists between consumers and family members in society, particularly over self-determination about psychiatric treatment for serious mental illness (SMI) and taking medication to treat it. Whether people living with SMI should be compelled to take medication is highly controversial despite the fact that some living with SMI cannot achieve basic functional stability and predictability needed to care for themselves without medication. As we further know, there are controversies over substance use treatment between abstinence-based and harm reduction approaches, or using a combination of them and what that means.

At the same time, while the Mental Health Commission has broad state statutory duties to review and evaluate the needs, services, facilities, and special problems related to mental health in our community, it remains to be seen in this particular context whether Commissioners will explore a range of approaches and make recommendations to the Berkeley City Council on serious mental illness (SMI) and/or substance use disorder (SUD) treatment to alleviate entrenched societal problems such as homelessness. There are divided opinions among Commissioners and we have not determined whether the Commission will take a position on self-determination, including the use of psychiatric supervision through legal instruments such as CARE Court or conservatorships. Most importantly, we will need to contemplate the range of diverse perspectives—including through sharing material about them and at the same time, discussing them as a full body at our public meetings where we can fully hear diverse perspectives and decide about taking a position (or not) and moreover if we want to present recommendations to the Berkeley City Council.

Like our broad statutory responsibilities as you know, commissions and boards further have an overall responsibility to thoroughly explore topics in making reports and recommendations to the Berkeley City Council (BCC) per the Commissioners' Manual. While the BCC has indicated its keen interest in hearing about a range of possible solutions addressing mental health, substance use, and homelessness that impact our city (for example during its Special Session last Spring 2022—including as to CARE Court and conservatorships), it is yet to be seen whether Commissioners may take this topic beyond our community presentation last month focused on education about diversion in the criminal legal process and the role of CARE Court and sharing materials related to it. Thanks to Commissioner Opton and Turner for the FASMI material and opportunity to attend one of their meetings, and to Commissioner Smith for the NYT article.

Thus, it may ripe for us to discuss approaches to contemplating these controversial issues at a retreat, and how we will plan to move forward on them if a majority of the Commission votes to do so. The recent passage of the CARE Court legislation reflected how family members and their organizations vigorously advocated for passage of this California legislation and how consumers strongly opposed it. NAMI—the National Association for Mental Illness—that represents family members stated through its CEO upon passage of the CARE Court legislation: "NAMI stands proud to support the CARE Act and looks forward to seeing this legislation become a reality in every community throughout the state. CARE Court will be a lifeline to thousands of individuals across California looking for help to live a more fulfilling life." In particular, our Mental Health Commission has Commissioners who may align with NAMI and generally the role of CARE Court and conservatorships, as well as other members who are vehemently against them—and likely some members who have not made a decision. It is noteworthy that there may be nuanced, complex, and complicated interpretations about this topic and the circumstances in which supervised treatment may or may not be beneficial for addressing serious mental illness and substance use disorder.

Hopefully at our retreat we will have the opportunity to consider the statutory and related factors that may determine and influence the development of the Mental Health Commission priorities, including this one. Our next meeting will have an overarching presentation on youth mental health in Berkeley and discussion among Commissioners with public comment, as well as an agenda item about the content of our retreat. Thus there is an opportunity to incorporate this topic and how we, as a group, would seek to approach it. It is valuable for us to have an overriding framework for approaching these topics and I look forward to hearing perspectives from across the board.

Best wishes,
Margaret

Margaret Fine, JD, PhD
Pronouns: she/her
Chair, Mental Health Commission
Berkeley, CA
Cell: 510-919-4309
LinkedIn: Margaret Fine

# Works-Wright, Jamie

| | |
|---|---|
| **From:** | Works-Wright, Jamie |
| **Sent:** | Tuesday, October 11, 2022 9:36 AM |
| **To:** | Works-Wright, Jamie |
| **Subject:** | FW: NYTimes: The Solution to America's Mental Health Crisis Already Exists |

Internal

Hello Commissioners,

Please see the email below from Mary-Lee Kimber Smith

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

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**From:** Mary-Lee Kimber Smith <mkimbersmith@gmail.com>
**Sent:** Sunday, October 9, 2022 3:39 PM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Subject:** Fwd: NYTimes: The Solution to America's Mental Health Crisis Already Exists

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Hi Jamie,
Could you send this to the Commissioners?
Thanks so much,
Mary-Lee

Dear Commissioners,
I found this article to be very interesting (especially in light of California's decision to go with CARE courts). The solution described in the article seems more of a long term one. But I welcome your thoughts or just encourage you to read the article and consider this perspective.
Thanks,
Mary-Lee

The Solution to America's Mental Health Crisis Already Exists

https://www.nytimes.com/2022/10/04/opinion/us-mental-health-community-centers.html?referringSource=articleShare

Across the country hundreds of thousands of Americans with serious mental illnesses, such as schizophrenia and bipolar disorder, have been consigned to lives of profound instability. Instead of therapists to help them manage their illnesses or doctors to oversee their medication regimens or evidence-based treatment for their substance use disorders, they cycle through homeless shelters and the jails and prisons that have become the nation's largest mental health providers. Or they make their homes on the streets. They are victims of a mental health system that is not designed to meet their needs — and of a society that has proved mostly indifferent to their plight.

Few Americans are receiving adequate psychiatric care or psychological support these days — either because their health insurance doesn't cover it, or because they don't have insurance to begin with, or because wait lists run far too long. But even amid such pervasive insufficiency, society's neglect of the most severely mentally ill stands out. Of the 14 million or so people who experience the most debilitating mental health conditions, roughly one-third don't receive treatment. The reasons are manifold — some forgo that treatment by choice — but far too many simply cannot connect with the services they want and need.

The most obvious reason is money. Community-based mental health clinics serve the vast majority of Americans with serious mental illnesses. These patients tend to be low-income, to be disabled and to rely on Medicaid, whose reimbursement rates are so abysmal that clinics lose money on nearly every service their doctors provide. "They get 60 to 70 cents on the dollar," says Chuck Ingoglia, president of the National Council for Mental Wellbeing, a nonprofit representing thousands of U.S. community mental health centers. "I don't know any other part of health care where your physician is your loss leader." As a result, staff vacancies can run upward of 30 percent in public mental health clinics and waiting lists can stretch for months, even for people in crisis.

In many ways, the criminal justice system has become the only reprieve: Because court-ordered patients are granted priority, pressing charges against loved ones is a common way to get them psychiatric attention in a crisis. Jails and prisons also serve as final landings for those who fall through the cracks: They make up the three largest psychiatric facilities in the country, and more than 40 percent of the nation's inmates have been diagnosed with mental disorders.

Americans have long accepted that, tragic though it may be, there are no other options. That apathy is easy to understand. When it comes to caring for the mentally ill, the arc of American history has nearly always bent toward failure. But the policies and programs that could undo this crisis have existed for decades.

In 1963, in what would turn out to be the last bill he signed into law, President John F. Kennedy laid out his vision for "a wholly new emphasis and approach to care for the mentally ill." It involved closing the nation's state psychiatric hospitals — which had become dens of neglect and abuse — and replacing them with a national network of community mental health centers. The centers, unlike the hospitals, would support and treat the formerly institutionalized so that they could live freely in their communities, with as much dignity as possible.

Lawmakers and health officials executed the first half of that vision with alacrity. Thanks to a roster of forces — Kennedy's bill, new and effective antipsychotic drugs and a rising tide of activism for patients' rights — the number of people housed in large psychiatric hospitals fell by 95 percent between the 1950s and the 1990s. But nearly 60 years after Kennedy's bill became law, health officials and lawmakers have yet to realize the second half: There is still no community mental

health system in America, but it is possible to start building one now.

Dr. Steven Sharfstein remembers the Boston State Hospital in Mattapan, a creaking 19th-century building where he and his fellow psychiatry residents were forced to send their most intractable patients.

It was a terrible place," says Dr. Sharfstein, who served as president of the American Psychiatric Association. "The lights didn't always work, the patients wandered around like zombies. Nobody got better."

Eventually, he and his fellow residents banded together and refused to go. Move the patients back to central Boston, they insisted, and treat them at the community mental health center. Their small protest was part of a growing movement to close state psychiatric hospitals across the nation and replace them with community-based care.

Those hospitals had also arisen from a movement: In the mid-1800s, after visiting hundreds of almshouses, jails and hospitals and seeing the horrid conditions that most people with mental illnesses lived in, the reformer Dorothea Dix begged health officials to create asylums where those patients could be treated more humanely. The first such facilities were small, designed for short-term, therapeutic care, and functioned more or less as Dix had hoped they would. But as local officials began foisting more of their indigent populations onto the states, they morphed into human warehouses. By the time Dr. Sharfstein started his career, most of them held upward of 3,000 patients, often for years at a time.

Advocates of a community-based approach argued that even the sickest psychiatric patients deserved to live in or near their own communities, that they should be cared for in the least restrictive settings possible and that with the right treatment (humane, respectful, evidence-based) the vast majority of them could recover and even thrive.

Kennedy's bill was meant to enshrine these principles. The plan was to build some 1,500 community mental health centers across the country, each of which would provide five essential services: community education, inpatient and outpatient facilities, emergency response and partial hospitalization programs. Ultimately, the centers would serve as a single point of contact for patients in a given catchment area who needed not just access to psychiatric care but also help navigating the outside world.

The law did not provide long-term funding to sustain these new clinics — just seed grants for planning, construction and initial staffing. The hope was that once those grants expired, states would step in with their own resources. But this thinking proved overly optimistic. Rather than invest the money saved through asylum closures on mental health clinics, most states spent it on other priorities, such as cutting taxes or shoring up pensions.

As the initial grants ran out, programs that had been designed specifically for people with serious mental illnesses shifted focus, Dr. Sharfstein says. Some turned their attention to patients with better health insurance than the indigent had. Others tried tackling an array of nonpsychiatric crises. Alleviate homelessness and food insecurity, the thinking went, and even the most seemingly intractable mental illnesses would all but disappear. "Obviously, there is inherent value in addressing social ills," says Dr. Paul Appelbaum, a Columbia University psychiatrist and an expert on the intersection of mental illness and law. "But the concept of community mental health became diluted to the point that it neglected psychiatric treatment."

Congress tried to revive the flailing community mental health initiative in 1980, with a bill that would have more than doubled the federal government's investment in Kennedy's original plan. President Jimmy Carter signed that bill into law, but President Ronald Reagan repealed it the following year. He replaced it with a block grant program that gave state leaders broad discretion in how they spent federal mental health dollars. "It was more or less the death knell for a national community mental health system," Dr. Appelbaum says. "They spent the money on all sorts of things, including things that we already knew were not working."

In the end, less than half of the centers that Kennedy had envisioned were ever built. Marginalized people continued to spill out of state psychiatric institutions but found no meaningful safety net. By the 1990s, they were turning up in prisons and homeless shelters once again.

What stands out about this history now is not how disastrously wrong it all went but how close officials came to getting it right. The catchment area model laid out in the Kennedy bill would enable people in psychiatric distress to remain anchored in their communities. And single-point-of-access clinics would help families in crisis avoid the desperate gambit of seeking care through courts and judges. "The community mental health model was the right one," says Dr. Appelbaum. "I talk to so many families who are in crisis today, and they have no idea where to turn."

Congress could correct course now by writing a new bill that pulls the best of these past attempts together and builds on them.

Federal officials took a promising step in that direction in 2014, when they created a new community mental health demonstration project that enables Medicaid to pay mental health clinics based on what it actually costs to care for patients. "There are so many things you do to support a person with a serious mental illness that you cannot get reimbursed for," says Mr. Ingoglia, of the National Council for Mental Wellbeing. "Sending case managers to jails and prisons and state hospitals to help clients transition into outpatient care. Working with police to screen the people that they encounter in their work." The pilot program factors these essentials into the cost of care and reimburses centers accordingly.

So far, the resulting initiatives have proved more sustainable and more effective. In Missouri, behavioral health clinics are serving nearly 30 percent more patients by switching to the new model and have been able to provide same-day service to many clients. In Oklahoma, mental health clinics have effectively "put a therapist in every police car," officials say, by outfitting cars with an iPad that contains a specially designed app. The program has helped reduce adult psychiatric emergency room visits by more than 90 percent and is now being implemented in homeless shelters and other contact points throughout the community.

Congress has already expanded this demonstration project, and scores of states are experimenting with the new model or planning to. But it will take more than pilot programs for these new centers to succeed where the early community mental health movement failed. Individual projects will have to be evaluated rigorously so that the most effective ones can be scaled. Hospitals, police departments, homeless shelters and other institutions will have to be brought along at every step so that mental health is neither siloed nor forgotten but instead becomes a fully embedded part of the wider community.

Education and outreach will also be essential. People with serious mental illnesses are far more likely to be victims of violent crime than perpetrators. But in an age where mass shootings and random street attacks have become commonplace, that fact has been buried in stigma. And a truly robust mental health system will have to include a range of services — not only outpatient clinics

but also short-term care facilities for people facing acute crises, and some congregate institutions for the small portion of people who can't live safely in the community. To prevent abuse, these facilities will need to be well funded, well monitored and held to a high standard.

None of this will be cheap. By most estimates, it would cost several billion dollars to fully fund and carry out the original community mental health vision today. But those costs would be partly offset by what police departments, jails and hospitals could save. The $193 billion in lost earnings that results from untreated mental illnesses should also be an incentive, and an eventual source of savings.

Americans have accepted the mistreatment and neglect of people with serious mental illnesses for far too long. It's within our power to break that cycle now, and to change the way that the most vulnerable among us live for generations to come.

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Thursday, October 6, 2022 10:08 AM
**To:** Works-Wright, Jamie
**Cc:** Buell, Jeffrey; Warhuus, Lisa
**Subject:** FW: Mental Health Commission Meeting - Thursday, October 27, 2022, 7 pm

Internal

Please see the message below:

Dear Mental Health Commissioners,

I hope you are well. I would like to let you know about some agenda items for our next meeting scheduled for Thursday, October 27, 2022 at 7 pm.

**SCU and Bridge to SCU Report - Dr. Lisa Warhuus**

**Youth Mental Health Presentation and Discussion**
Vice-Chair Monica Jones is leading this effort and doing terrific work. If you are part of the Youth Mental Health Subcommittee or want to join, please get in touch with her—only bear in mind that less than a quorum can work on it.

**Sciavetti** case - This case addresses people languishing while incompetent to stand trial. Ned Opton has done excellent work researching and analyzing this case and its implications, including potentially a role that he will present at our October 2022 meeting,

**Commission Secretary Recognition** - we want to recognize our Commission Secretary for the many responsibilities she handles. The list is long in Commissioners' Manual but does not cover everything. We are very fortunate to have a committed Commission Secretary who is exceptionally professional and thoughtful.

**Retreat Training for January 2023:**

1. **Commissioners' Manual, Brown Act, Roberts Rules of Order**

approaching City Clerk's Office and other experts on Commissioin and Board operating procedures, including to address Commission & Commission Secretary responsibilities

2. **Developing Mental Health Commission reports and recommendations for the Berkeley City Council - Commissioners' Manual. p. 41 screenshot**

⃞→Asking Berkeley City Councilmembers and legislative staff to gather perspectives from across the board related to policy on mental health, substance use and harm reduction, homelessness, reducing psychiatric (5150s) and law enforcement, increasing crisis response services (SCU) and related services that improve well-being equitably.

3. **Serving Diverse Communities Equitably with Tailored, Culturally Safe and Responsive Mental Health and Substance Use Services**

⃞→ approaching people with lived experience including consumers and family members including Black, Brown, Indigenuous, AAPI, LGBTQIA+, young, old, veterans, those living outdoors, formerly incarcerated, those with multiple identities. Consumers & family members include those with lived experience of mental health conditions +/or alcohol +/or drug use/addiction & their loved ones.

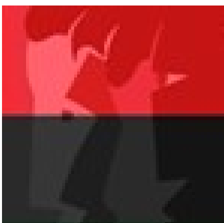
4. Additional Topics - please send additional topics, ideas and further thoughts to the Commission Secretary.

5. We will be having a full discussion at the next Mental Health Commission meeting on Thursday, October 27, 2022 at 7 pm.

Best wishes,
Margaret

Dr. Margaret Fine, JD, PhD
Pronouns: she/her
Chair, Mental Health Commission
Berkeley, CA
Cell: 510-919-4309
LinkedIn: Margaret Fine
Twitter: @margaretfinephd

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office



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**From:** Margaret Fine <margaretcarolfine@gmail.com>
**Sent:** Wednesday, October 5, 2022 8:29 PM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Subject:** Mental Health Commission Meeting - Thursday, October 27, 2022, 7 pm

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Dear Jamie,

I hope you are well. Would you please kindly send this email to the Mental Healrh Commissioners? Would you further be so kind and send this email to Division Manager Jeff Buell and Director HHCS Dr. Lisa Warhuus? Thank you so much!

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Wednesday, October 5, 2022 9:29 AM
**To:** Works-Wright, Jamie
**Subject:** FW: October 13, 2022 | Adult MHFA Course @ FPCB

Internal

Please see message from boona:

Subject: Re: October 13, 2022 | Adult MHFA Course @ FPCB

Good evening, all,

This is a friendly reminder that registration for the Adult MHFA Course on Thursday, October 13, will close this Thursday evening, October 6, at the close of business.

If you or someone you know would still like to register, please follow this link.

All the best,
Genevieve

On Fri, Sep 30, 2022 at 6:06 AM Genevieve Wilson <genevieve.t.wilson@gmail.com> wrote:
Good morning all,

This is a friendly reminder that I will be teaching an Adult Mental Health First Aid Course at First Presbyterian Church of Berkeley on Thursday, October 13, 2022, and details are below. We still have room in that course and would love to have and of you or those you know who have interest join our course. The registration and payment deadline is next Thursday, October 6.

If you have any questions, please let me know.

All the best,
Genevieve

On Wed, Sep 21, 2022 at 10:33 PM Genevieve Wilson <genevieve.t.wilson@gmail.com> wrote:
Dear friends and colleagues,

This is to let you know that I will be instructing another Mental Health First Aid (MHFA) Course in mid October in case you or others you know would like to participate. You can learn more about Mental Health First Aid on their website.

The course will be MHFA's revised 2nd Edition, In-Person Adult curriculum, and it will be taught in one session on **Thursday, October 13, 2022 from 9 AM-5:30 PM.** This course time does include breaks. Participants will need to complete some brief online pre and post course work (around 30 minutes, total) as well as attending the entire in-person session to earn their certificate.

Our course is hosted by First Presbyterian Church of Berkeley, and the cost is $140 per participant.

Due to COVID-19, the course will be socially distanced, and we strongly recommend being fully vaccinated, wearing a mask indoors, and taking other precautions. Registrants will receive further information.

**For more information about registration, please reply via this email. The registration and payment deadline is Thursday, October 6, 2022, and you can register online at this link.**

Hope you're having a great week,

Genevieve

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

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**From:** boona cheema <boonache@aol.com>
**Sent:** Wednesday, October 5, 2022 6:44 AM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Cc:** margaretcarolfine@gmail.com
**Subject:** Fwd: October 13, 2022 | Adult MHFA Course @ FPCB

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Please forward to MHCommission.

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Monday, October 3, 2022 10:12 AM
**To:** Works-Wright, Jamie
**Cc:** Warhuus, Lisa; Buell, Jeffrey
**Subject:** FW: Community Health Records - Excellent 10 min Video Demo & Google Slides of Computer Dashboards
**Attachments:** Community Health Records Dashboards.pdf

Please see message from Margaret

Hello Commissioners,

As we know, the Berkeley Division of Mental Health will be onboarding and implementing the Community Health Records (CHR) to enhance access to information for serving clients with involvement across many systems. The City Attorney approved the data sharing agreement and the City of Berkeley executed it in June 2022.

The Community Health Records are important for delivering well-integrated, coordinated, and timely care across medical, mental health, substance use, crisis response, emergency room, medical and psychiatric hospitals, HUD housing, county jail, and additional systems.

Currently the Division of Mental Health relies primarily on Clinician's Gateway—which is the Medi-Cal system for mental health services to people living with serious mental illness (SMI) and/or substance use disorders (SUD) or issues.

This information about the CHR is further useful in becoming familiar with the level of involvement that clients may have who are experiencing mental illness, substance use, and possibly homelessness in Berkeley and Alameda County.

As we have new Commissioners, I located an excellent 10 minute video demonstration of the CHR that includes a solid overview and 2 examples showing how care team members can locate and serve clients using the CHR in an effective and empathetic manner across systems. Here is the link: https://accareconnect.org/ac-care-connect-chr/

In addition I created the attached Google slides from the CHR computer dashboards provided by the Alameda County Care Connect team that further unpack the comprehensive information available from the CHR (with the exception of the data sources slide, which reflects the new demo video as there are more sources available now).

In 2021 the Mental Health Commission hosted Alameda County Care Connect Directors who gave a comprehensive demonstration of the computer dashboards showing how the Community Health Records (CHR) present data across many systems in order to serve clients living with SMI +/or SUD—which the. allows for a high degree of coordination among care team members.

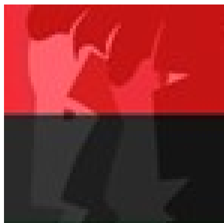
Hope this information is beneficial.

Best wishes,
Margaret

Margaret Fine
Pronouns: she/her
Chair, Mental Health Commission
Berkeley, Ca

Cell: 510-919-4309
LinkedIn: Margaret Fine

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office



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**From:** Margaret Fine <margaretcarolfine@gmail.com>
**Sent:** Saturday, October 1, 2022 3:11 PM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Cc:** mjberkeleycommissioner18@gmail.com
**Subject:** Community Health Records - Excellent 10 min Video Demo & Google Slides of Computer Dashboards

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Hi Jamie,

I hope you are enjoying a lovely weekend.

Would you please be so kind and send this email to the Mental Health Commissioners, the Division Manager for Mental Health, and the Director for HHCS? Thank you so much!

# Alameda Countv Whole Person Care Model

**<u>Who is Served?</u>**

- **People experiencing homelessness**
- **People with complex physical, behavioral and social conditions (SDOH)**
- **People with needs for care across multiple systems, especially to eliminate interactions with police, criminal legal and incarceration**
- **People with needs for equitable, tailored culturally safe and responsive services**

# Data Sources

- Alameda Alliance for Health
- Alameda County Behavioral Health
- Alameda Health System (Highland, San Leandro, Alameda Hospitals All Outpatient Clinics)
- Anthem Blue Cross
- CAIR2 COVID Vaccination Data
- CalREDIE (Alameda County & Berkeley Public Health)
- Collective Medical (CMT)
- Discrete Services Data
- ESO (Emergency Medical Services)
- H.M.I.S (Homeless Management Information System)
- HealthPAC
- John George Hospital (Part of AHS)
- Lifelong Medical Care
- MEDS (Medi-Cal Eligibility Data System)
- Public Health: Mortality
- Santa Rita Jail
- Social Services Administration
- St. Rose Hospital
- Sutter (Eden Hospital & Alta Bates Summit Campus)
- Tiburcio Vasquez Health Center
- Tri City Health Center
- Welligent
- West Oakland Health Center
- Zoll (Emergency Medical Services)

**Coming soon**

- Wellpath (Santa Rita Jail Patient Data)
- Healthcare for the Homeless
- Washington Hospital

## 22 Data Sources

CLIENT INFORMATION on the LANDING PAGE DASHBOARD:

A summary of demographic and contact information: Name, gender, age, DOB, mobile and other phone number, fax, email, address; status check alert to sign consent form for data sharing; Medi-Cal enrollment information (ID, active/inactive status, month, county, renewal date); and other alerts when available such as housing alerts or an indication that the client is currently incarcerated.

# CONTACTS & CARE TEAM DASHBOARD:

Contact information for the consumer, social care team contacts, address, phone, mobile, email address, type of contact from all of the data sources.

Consumer | User: George, John | Enterprise: Alameda Health System

Home
Lists
Consumer
Upload Files
Messaging
Analytics

Search...

Consent | SCP

**Gelerter, Terrence Funkhouser**
Male (38y) **DoB:** 6/17/1983
**Medical Home:** Alameda Health System - Highland Wellnes...
**Ethnicity:** Not Hispanic or Latino
**Race:** Black or African American

**Consumer ID:** XN11000237

**Contact**

| | |
|---|---|
| Mobile | (422) 592-3052 |
| Other | (766) 868-7376 |
| Fax | (760) 256-4555 |
| Email: | test@thrasys.com |

**Address:** 4662 Groeber St, CASTRO VALLEY, CA 94...

**Status Check**

Click the **Consent** button above to view or edit. Care Connect Enrolled.

**Information Sharing Authorization** — Sharing
Sharing HIV — No
Add'l Sharing of Mental Health — No

**Medi-Cal Enrollment**

| | |
|---|---|
| ID | XN11000237 |
| Status | Active |
| Month | 09/01/21 |
| County | Alameda |
| Renewal Date | 06/30/22 |

Rinebarger, Donna ×

Programs & Encounters | Contacts and Care Team | Housing Detail | Clinical | Meds / Labs / Vitals | Claims | Files & Documents

**Gelerter, Terrence** (Male) | **Age:** 38y | **Born:** 6/17/1983 | **Consumer ID:** XN11000237 | **Race:** Black or African American | **Ethnicity:** Not Hispanic or Latino | **Enterprise:** Alameda Health System | Show More

**Address / Phone / Email**

**Source:** Alameda Health System
**Type:** Home
**Address:** 4662 Groeber St, CASTRO VALLEY, CA 94546
**Phone:** (766) 868-7376
**Mobile:** (422) 592-3052
**Email:** test@thrasys.com

**Source:** Alameda Health System CCDA (Data)
**Type:** Home
**Address:** 2530 Savard St, CASTRO VALLEY, CA 94546
**Phone:** (472) 530-3935
**Mobile:** (388) 734-7309
**Email:** test@thrasys.com

**Source:** Anthem Blue Cross (data)
**Type:** Home
**Address:** 3762 Matzek St, CASTRO VALLEY, CA 94546
**Phone:** (412) 820-9700
**Mobile:** (709) 181-3110
**Email:** test@thrasys.com

**Source:** San Leandro Hospital (data)
**Type:** Home

**Social Contacts**

**Buttolph, Ervin** - Alameda Health System CCDA (Data)
Mother
4404 Chard St
DRAYDEN, MD 20630
(503) 976-7033
test@thrasys.com
Emergency

**Eroman, Duncan** - San Leandro Hospital (data)
Mother
6572 Grundy St
WASHINGTON, DC 20530
(780) 789-8088
test@thrasys.com

**Maranville, Johnson** - San Leandro Hospital (data)
Self
4218 Sharley St
POPE VALLEY, CA 94567
(782) 576-9931
test@thrasys.com
Guarantor

**Slaughter, Devin** - Highland Hospital (data)
Other
1824 Grotheer St
AKUTAN, AK 99553
(631) 825-1273
test@thrasys.com

**Care Team**

**Wilczak, Adam** - St Rose Hospital
Physician

**Liegler, Danial** - TELECARE
Program Manager
(650) 449-1000
test@thrasys.com

**Strausner, Zack** - Alameda Health System CCDA (Data)
Physician
(650) 449-1000
test@thrasys.com

**Heberling, Jackson** - Alameda Health System CCDA (Data)
Physician
(650) 449-1000
test@thrasys.com

**Richoux, Jerrold** - Alameda Health System CCDA (Data)
Physician
(650) 449-1000
test@thrasys.com

**Timothy** - Anthem Blue Cross (data)
Primary Care Clinic
(650) 449-1000
test@thrasys.com

HOUSING DETAIL DASHBOARD - information from Clarity HMIS (housing management information system:
A summary at the top: years in HMIS, CES (coordinated entry system) last assessment date and the agency taking the assessment, current HUD housing status, HRC (Housing Resource Center) assignment, CES last assessment date, date added to HMIS; CES last assessment status.

HMIS PROGRAM HISTORY: start, exit, type program, date in project, active, housing status night before.
(Note: Information will be updated next year to better reflect the new Coordinated Entry process.)

Home
Lists
Consumer
Upload Files
Messaging
Analytics

Search...

Consent | SCP

**Gelerter, Terrence Funkhouser**
Male (38y) **DoB:** 6/17/1983
**Medical Home:** Alameda Health System - Highland Wellnes...
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**Fax** (760) 256-4555
**Email:** test@thrasys.com
**Address:** 4662 Groeber St, CASTRO VALLEY, CA 94...

**Status Check**

Click the **Consent** button above to view or edit.
Care Connect Enrolled.

**Information Sharing Authorization** Sharing
Sharing HIV No
Add'l Sharing of Mental Health No

**Medi-Cal Enrollment**
**ID** XN11000237
**Status** Active
**Month** 09/01/21
**County** Alameda
**Renewal Date** 06/30/22
**Medicare Status** No Coverage

Rinebarger, Donna

Programs & Encounters | Contacts and Care Team | Housing Detail | Clinical | Meds / Labs / Vitals | Claims | Files & Documents

Client And Last CES Status

**Source:** Clarity HMIS
**Name:** Terrence Gelerter
**DoB:** 6/17/1983
**SSN:**
**Date Added to HMIS:** 4/17/2014, 5:00 PM
**Years in HMIS:** 7 yrs 5 mths in the HMIS
**Current HUD Housing Status:** Emergency Shelter
**HRC Assignment:** North County Adults (NA)
**CES Last Assessment Date:** 10/28/2020
**CES Last Assessment Status:** Active
**CES Last Assessment Agency Taking:** Bay Area Community Services (BACS)

HMIS Program History

Drag here to set row groups

| Start Date | Exit Date | Program Type | Program Name | Days in Project | Currently Active | Housing Status Night Before |
|---|---|---|---|---|---|---|
| 8/21/2021 | — | Emergency Shelter | SVdP-OA-ES-Winter Shelter-ESG | 37 | Yes | Hospital or other residential non-psychiatric mec |
| 10/29/2020 | 11/2/2020 | Emergency Shelter | BFHP-NA-ES-Men's Overnight-ESG | 4 | No | Emergency shelter, including hotel or motel paic |
| 11/27/2019 | 1/29/2020 | Emergency Shelter | SVdP-OA-ES-Winter Shelter-ESG | 63 | No | Emergency shelter, including hotel or motel paic |
| 10/23/2019 | 11/2/2019 | Transitional Housing | ORS-NA-TH-Transitional Housing | 10 | No | Emergency shelter, including hotel or motel paic |
| 7/9/2019 | 7/9/2019 | Emergency Shelter | BOSS-NA-ES-Harrison House Singles SSP-ESG | — | No | Place not meant for habitation (e.g., a vehicle, a |
| 6/20/2019 | 7/8/2019 | Emergency Shelter | BFHP-NA-ES-Men's Overnight-ESG | 18 | No | Place not meant for habitation (e.g., a vehicle, a |
| 6/6/2019 | 6/20/2019 | Emergency Shelter | EOCP-OA-ES-SSP Shelter Standards-SSA | 14 | No | Place not meant for habitation (e.g., a vehicle, a |
| 1/31/2019 | 3/7/2019 | Services Only | ORS-NYA-OS-Day Treatment-Brkly-Blended (Inactive) | 35 | No | Emergency shelter, including hotel or motel paic |
| 1/30/2019 | 4/5/2019 | Emergency Shelter | BFHP-NA-ES-Men's Overnight-ESG | 65 | No | Place not meant for habitation (e.g., a vehicle, a |
| 1/30/2019 | 1/30/2019 | Street Outreach | BFHP-NA-SO-CoB Outreach-Berkeley | — | No | Place not meant for habitation (e.g., a vehicle, a |
| 3/8/2016 | 3/21/2016 | Emergency Shelter | EOCP-NYA-ES-SSP PRCS-RHP | 13 | No | Transitional housing for homeless persons (inclu |
| 11/23/2015 | 5/21/2016 | PH - Rapid Re-Housing | EOCP-NYA-RRH-PRCS Housing Stabilization-RHP | 180 | No | Place not meant for habitation (e.g., a vehicle, a |

# CLINICAL/MEDICAL DASHBOARD: diagnosis; conditions; immunizations; allergies.

Consumer | User: George, John | Enterprise: Alameda Health System

Home | Lists | Consumer | Upload Files | Messaging | Analytics

Search... | Rinebarger, Donna

Consent | SCP

**Gelerter, Terrence Funkhouser**
Male (38y) DoB: 6/17/1983
**Medical Home:** Alameda Health System - Highland Wellnes...
**Ethnicity:** Not Hispanic or Latino
**Race:** Black or African American

**Consumer ID:** XN11000237

**Contact**

| | |
|---|---|
| Mobile | (422) 592-3052 |
| Other | (766) 868-7376 |
| Fax | (760) 256-4555 |
| Email: | test@thrasys.com |

**Address:** 4662 Groeber St, CASTRO VALLEY, CA 94...

**Status Check**

Click the **Consent** button above to view or edit.
Care Connect Enrolled.

| Information Sharing Authorization | Sharing |
|---|---|
| Sharing HIV | No |
| Add'l Sharing of Mental Health | No |

**Medi-Cal Enrollment**

| | |
|---|---|
| ID | XN11000237 |
| Status | Active |
| Month | 09/01/21 |
| County | Alameda |
| Renewal Date | 06/30/22 |
| Medicare Status | No Coverage |

Programs & Encounters | Contacts and Care Team | Housing Detail | Clinical | Meds / Labs / Vitals | Claims | Files & Documents

**Diagnosis**

| Diagnosis | Type | Date |
|---|---|---|
| Adjustment disorder with depressed mood (F43.21) | Emergency | 9/1/2 |
| Other stimulant abuse, uncomplicated (F15.10) | Emergency | 8/14/ |
| Amphetamine abuse (disorder) (84758004) | Emergency | 8/14/ |
| Pain in left leg (M79.605) | Emergency | 8/4/2 |
| Encounter for removal of sutures (Z48.02) | Emergency | 8/4/2 |
| Surgical follow-up (183644000) | Emergency | 8/4/2 |
| Left leg pain (287047008) | Emergency | 8/4/2 |
| Major depressive disorder, single episode, unspecified (F32.9) | Emergency | 8/1/2 |

Count: 51 Time: 2:10 PM

**Problem List**

| Condition | Diagno... | Status | Source |
|---|---|---|---|
| Current some day smoker (428041000124106) | 8/6/2021 | Prior Histor | AHS_CCDA |
| Cigarettes smoked current (pack per day) - Reported (8663-7) | 8/6/2021 | Resolved | AHS_CCDA |
| Cigarette pack-years (401201003) | 8/6/2021 | Resolved | AHS_CCDA |
| Never used (451381000124107) | 8/6/2021 | Resolved | AHS_CCDA |
| Current drinker of alcohol (finding) (219006) | 8/6/2021 | Resolved | AHS_CCDA |
| Alcohol intake (160573003) | 8/6/2021 | Resolved | AHS_CCDA |
| Not sure (LA12693-0) | 8/6/2021 | Resolved | AHS_CCDA |

Count: 7 Time: 2:10 PM

**Immunizations**

| Description | Vaccinated | Source |
|---|---|---|
| TST-PPD intradermal (96) | 7/9/2021 | AHS_CCDA |
| TST-PPD intradermal (96) | 3/21/2021 | AHS_CCDA |
| TST-PPD intradermal (96) | 1/21/2021 | AHS_CCDA |
| TST-PPD intradermal (96) | 12/7/2020 | AHS_CCDA |

**Allergies**

| Description | Recorded | Status | Source |
|---|---|---|---|
| No Known Drug Allerg | 5/31/2019 | Active | SRH |

# MEDS/LABS/VITALS DASHBOARD: Medications; Lab orders; EMS Transport Notes; COVID test results; vitals.

Consumer | User: George, John | Enterprise: Alameda Health System

Home | Lists | Consumer | Upload Files | Messaging | Analytics

Rinebarger, Donna

Consent | SCP

Programs & Encounters | Contacts and Care Team | Housing Detail | Clinical | Meds / Labs / Vitals | Claims | Files & Documents

**Gelerter, Terrence Funkhouser**
Male (38y) **DoB:** 6/17/1983
**Medical Home:** Alameda Health System - Highland Welnes...
**Ethnicity:** Not Hispanic or Latino
**Race:** Black or African American

**Consumer ID:** XN11000237

**Contact**

| | |
|---|---|
| Mobile | (422) 592-3052 |
| Other | (766) 868-7376 |
| Fax | (760) 256-4555 |
| Email: | test@thrasys.com |
| Address: | 4662 Groeber St, CASTRO VALLEY, CA 94... |

**Status Check**

Click the **Consent** button above to view or edit.
Care Connect Enrolled.

| Information Sharing Authorization | Sharing |
|---|---|
| Sharing HIV | No |
| Add'l Sharing of Mental Health | No |

**Medi-Cal Enrollment**

| | |
|---|---|
| ID | XN11000237 |
| Status | Active |
| Month | 09/01/21 |
| County | Alameda |
| Renewal Date | 06/30/22 |
| Medicare Status | No Coverage |

**Medications**

| Description | Ordered | Status | Source |
|---|---|---|---|
| RISPERIDONE 2 MG | 8/14/2021 | Prescribed | AHS_CCDA |
| IBUPROFEN 400 MG | 8/4/2021 | Prescribed | AHS_CCDA |
| ACETAMINOPHEN 3 | 8/4/2021 | Prescribed | AHS_CCDA |
| LIDOCAINE HCL 1% | 8/4/2021 | Prescribed | AHS_CCDA |
| RISPERIDONE 2 MG | 8/2/2021 | Prescribed | AHS_CCDA |
| NICOTINE 2 MG CHI | 8/1/2021 | Prescribed | AHS_CCDA |

Count: 11 Time: 2:10 PM

**Lab Orders and Results**

| Description | Ordered | Status | Source | LabResultsCount |
|---|---|---|---|---|
| EMSRUNSHEET | 9/2/2021 | Completed | ESO | 61 |
| EMSRUNSHEET | 9/1/2021 | Completed | ESO | 88 |
| | 8/14/2021 | Completed | AHS_CCDA | 0 |
| | 8/4/2021 | Completed | AHS_CCDA | 0 |
| EMSRUNSHEET | 8/4/2021 | Completed | ESO | 137 |
| EMSRUNSHEET | 8/1/2021 | Completed | ESO | 86 |

Count: 22 Time: 2:10 PM

**Covid-19 Test Results**

| Test Name | Test Value | Date |
|---|---|---|
| SARS-CoV-2 ORF1ab Resp Ql NAA+probe | NOT DETECTED | 7/25/2020, 5:00 PM |
| SARS-CoV-2 (COVID-19) RdRp gene NAA+probe Ql (Resp) | Not detected | 12/6/2020, 4:00 PM |
| SARS-CoV-2 (COVID-19) RNA NAA+probe Ql (Unsp spec) | Not detected | 12/22/2020, 4:00 PM |
| SARS-CoV-2 (COVID-19) RNA NAA+probe Ql (Unsp spec) | Not detected | 1/2/2021, 4:00 PM |
| SARS-CoV-2 (COVID-19) RdRp gene NAA+probe Ql (Resp) | Not detected | 1/20/2021, 4:00 PM |
| SARS-CoV-2 (COVID-19) RNA NAA+probe Ql (Resp) | Not detected | 3/31/2021, 5:00 PM |

**Vitals**

| Name | Date | Source |
|---|---|---|
| Vitals | 8/14/2021 | Alameda Health System CCDA (D |
| Vitals | 8/4/2021 | Alameda Health System CCDA (D |
| Vitals | 8/4/2021 | Alameda Health System CCDA (D |
| Vitals | 8/2/2021 | Alameda Health System CCDA (D |
| Vitals | 8/1/2021 | Alameda Health System CCDA (D |

# CLAIMS DASHBOARD: Providers; medications; problems list; claim events. This dashboard is where information from AC Behavioral Health is displayed.

Home
Lists
Consumer
Upload Files
Messaging
Analytics

Search...

Rinebarger, Donna

Consent | SCP

**Gelerter, Terrence Funkhouser**
Male (38y) DoB: 6/17/1983
**Medical Home:**
Alameda Health System - Highland Wellnes...
**Ethnicity:** Not Hispanic or Latino
**Race:** Black or African American

**Consumer ID:** XN11000237

**Contact**

| | |
|---|---|
| **Mobile** | (422) 592-3052 |
| **Other** | (766) 868-7376 |
| **Fax** | (760) 256-4555 |
| **Email:** | test@thrasys.com |

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4662 Groeber St, CASTRO VALLEY, CA 94...

**Status Check**

Click the **Consent** button above to view or edit.
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| Add'l Sharing of Mental Health | No |

**Medi-Cal Enrollment**

| | |
|---|---|
| ID | XN11000237 |
| Status | Active |
| Month | 09/01/21 |
| County | Alameda |
| Renewal Date | 06/30/22 |
| Medicare Status | No Coverage |

Programs & Encounters | Contacts and Care Team | Housing Detail | Clinical | Meds / Labs / Vitals | **Claims** | Files & Documents

**Range:** 3M 6M 1Y 2Y

Visits | Evaluation | Procedure | Service | Imaging | Test | Product | Other/Unclassified

**Providers** — Show Date: Initial / Latest

| Provider | Date |
|---|---|
| Barcliff, Rodrigo - General Acute Care Hospital | 2/14/2021 |
| Bays, Dane - Internal Medicine | 9/3/2020 |
| Bohnker, Riley - Emergency Medicine | 9/6/2020 |
| Carco, Gilberto - Psychiatry | 10/17/2020 |
| Cavalcante, Fredrick - General Acute Care Hospital | 9/6/2020 |
| Cressman, Rueben - Psychiatry | 1/21/2021 |
| | 9/2/2020 |

**Medications** — Show Date: Initial / Latest

| Medication | Date |
|---|---|
| BACLOFEN TAB 20MG | 9/2/2020 |
| BANOPHEN CAP 25MG | 7/19/2021 |
| FLUOXETINE CAP 20MG | 12/7/2020 |
| HYDROXYZ HCL TAB 25MG | 9/3/2020 |
| HYDROXYZ HCL TAB 50MG | 12/7/2020 |
| HYDROXYZ PAM CAP 50MG | 1/21/2021 |
| | 9/2/2020 |

**Problem List** — Show Date: Initial / Latest

| Problem | Date |
|---|---|
| | 7/8/2021 |
| Adverse effect of antiallergic and antiemetic drugs, init | 9/6/2020 |
| Adverse effect of oth antipsychotics and neuroleptics, init | 9/6/2020 |
| Adverse effect of propionic acid derivatives, init encntr | 9/6/2020 |
| Adverse effect of unsp drug/meds/biol subst, init | 4/15/2021 |

**Claim Events**

| Source | Start Date | Description | Primary Diagnosis |
|---|---|---|---|
| Anthm | 7/24/2021 | Lab tests - automated general profiles | Laceration without for |
| Anthm | 7/24/2021 | Other drugs | Laceration without for |

# SANTA RITA JAIL REPORTS:

## Consumers who are incarcerated and those incarcerated in the past

Home
Lists
Consumer
Upload Files
Messaging
Analytics

Hospital Census (my panel)
Hospital Census (organization panel)
IP/ED Encounters (my panel)
IP/ED Encounters (organization panel)
IP Discharge (my panel)
IP Discharge (organization panel)
Utilization Report
Jail Census (my panel)
Jail Census (organization panel)
Jail Encounters (my panel)
Jail Encounters (organization panel)
Consumer Reports

Start: 4/9/2020 End: 4/9/2021 Range A - C D - H I - M N - R S - Z All

Jail Encounters (organization)

Drag here to set row groups

| Jail | Consumer ID | CIN | Name | Gender | DoB | Visit Start | Release Date |
|---|---|---|---|---|---|---|---|
| Santa Rita Jail | XN34009343 | XN7189605 | Bendle, Jefferson | Male | 10/22/1992 | 4/4/2021 | — |
| Santa Rita Jail | XN34003190 | XN7052165 | Brogden, Marshall | Male | 7/16/1975 | 4/4/2021 | — |
| Santa Rita Jail | XN34001227 | XN7180385 | Cockrell, Zane | Unknown | 12/24/1980 | 4/4/2021 | — |
| Santa Rita Jail | XN34005515 | XN7367950 | Allenson, Harold | Female | 12/3/1981 | 4/2/2021 | — |
| Santa Rita Jail | XN34005272 | XN7043437 | Apruzzese, Gerald | Male | 11/23/1967 | 4/2/2021 | — |
| Santa Rita Jail | XN34006187 | XN7157015 | Aquas, Noah | Male | 12/18/1962 | 4/2/2021 | 4/3/2021 |
| Santa Rita Jail | XN34000513 | XN7126970 | Aris, Heath | Male | 7/26/1992 | 4/1/2021 | — |

# FILES & DOCUMENTS: This section includes consent forms, uploaded documents and continuity of care documents from hospitals.

Consumer — User: George, John — Enterprise: Alameda Health System

Home
Lists
Consumer
Upload Files
Messaging
Analytics

Search...

Consent | SCP

**Gelerter, Terrence Funkhouser**
Male (38y) **DoB:** 6/17/1983
**Medical Home:**
Alameda Health System - Highland Wellnes...
**Ethnicity:** Not Hispanic or Latino
**Race:** Black or African American

**Consumer ID:**XN11000237

**Contact**

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| **Other** | (766) 868-7376 |
| **Fax** | (760) 256-4555 |
| **Email:** | test@thrasys.com |

**Address:**
4662 Groeber St, CASTRO VALLEY, CA 94...

**Status Check**

Click the **Consent** button above to view or edit.
Care Connect Enrolled.

| **Information Sharing Authorization** | Sharing |
|---|---|
| Sharing HIV | No |
| Add'l Sharing of Mental Health | No |

**Medi-Cal Enrollment**

| | |
|---|---|
| **ID** | XN11000237 |
| **Status** | Active |
| **Month** | 09/01/21 |
| **County** | Alameda |
| **Renewal Date** | 06/30/22 |
| **Medicare Status** | No Coverage |

Rinebarger, Donna

Programs & Encounters | Contacts and Care Team | Housing Detail | Clinical | Meds / Labs / Vitals | Claims | Files & Documents

**Upload Files**

Uploaded: 24H 7D 14D 1M — Status:

Active

No Results

**Clinical Documents**

Date 1M 3M 6M 1Y — Signed — All

| Name | Signed | Type | Source |
|---|---|---|---|
| Vitals | 8/14/2021 | Observation | Alameda Health System CCDA (I |
| Vitals | 8/4/2021 | Observation | Alameda Health System CCDA (I |
| Vitals | 8/4/2021 | Observation | Alameda Health System CCDA (I |
| Vitals | 8/2/2021 | Observation | Alameda Health System CCDA (I |
| Vitals | 8/1/2021 | Observation | Alameda Health System CCDA (I |
| Information Sharing Authorization | 3/21/2021 | Consent | AC Care Connect (data) |
| Coordinated Entry | 10/28/2020 | Clinical Document | Housing |
| Coordinated Entry | 1/30/2019 | Clinical Document | Housing |

# UTILIZATION REPORT:

## Highest Service Utilizers over a date range by hospital and visit type.

# UTILIZATION REPORT:

## Consumers over a date range for emergency room and inpatient hospitalizations.

Analytics — User: George, John — Enterprise: Alameda Health System

Home
Lists
Consumer
Upload Files
Messaging
Analytics

**Operational**
- User Report (my usage)

**Encounters**
- Hospital Census (my panel)
- Hospital Census (organization panel)
- IP/ED Encounters (my panel)
- IP/ED Encounters (organization panel)
- IP Discharge (my panel)
- IP Discharge (organization panel)
- Utilization Report
- Jail Census (my panel)
- Jail Census (organization panel)
- Jail Encounters (my panel)
- Jail Encounters (organization panel)

**Consumer Reports**
- Health Homes Program
- Housing Alerts

**Consumer**

| Consumer | Gender | DoB |
|---|---|---|
| Blackmore, Mike | M | 2/10/1952 |

ER IP

Blackmore, Mike — July, October, 2020, April

| Start Date | Hospital | Visit Type | Department | End Date | LoS | Discharge Type |
|---|---|---|---|---|---|---|
| 8/17/2019 | AHS Alameda Hospital | ER | Emergency Room Patient | 8/17/2019 | 0 | HOM |
| 5/24/2019 | AHS Highland Hospital | ER | ER | 5/25/2019 | 0 | AHR |
| 5/29/2019 | AHS Highland Hospital | ER | ER | 5/29/2019 | 0 | AHR |
| 6/3/2019 | AHS Highland Hospital | ER | ER | 6/4/2019 | 0 | AHR |
| 7/26/2019 | AHS Highland Hospital | ER | ER | 7/26/2019 | 0 | AHR |
| 7/28/2019 | AHS Highland Hospital | ER | ER | 7/28/2019 | 0 | AHR |
| 7/28/2019 | AHS Highland Hospital | ER | ER | 7/28/2019 | 0 | AMN |
| 7/29/2019 | AHS Highland Hospital | ER | ER | 7/30/2019 | 0 | AMN |
| 7/30/2019 | AHS Highland Hospital | ER | ER | 7/31/2019 | 0 | AMN |
| 7/31/2019 | AHS Highland Hospital | ER | ER | 7/31/2019 | 0 | AHR |
| 7/31/2019 | AHS Highland Hospital | ER | ER | 7/31/2019 | 0 | AMN |
| 8/1/2019 | AHS Highland Hospital | ER | ER | 8/1/2019 | 0 | AMA |
| 8/2/2019 | AHS Highland Hospital | ER | ER | 8/2/2019 | 0 | AHR |
| 8/2/2019 | AHS Highland Hospital | ER | ER | 8/2/2019 | 0 | AMN |
| 8/3/2019 | AHS Highland Hospital | ER | ER | 8/4/2019 | 0 | AHR |
| 8/4/2019 | AHS Highland Hospital | ER | ER | 8/4/2019 | 0 | AHR |
| 8/4/2019 | AHS Highland Hospital | ER | ER | 8/5/2019 | 0 | AHR |
| 8/5/2019 | AHS Highland Hospital | ER | ER | 8/5/2019 | 0 | AMN |
| 8/6/2019 | AHS Highland Hospital | ER | ER | 8/6/2019 | 0 | AMN |

# ENCOUNTER REPORT:

For a consumer by inpatient or emergency department visit at a specific hospital over a date range.

Analytics | User: George, John | Enterprise: Alameda Health System

Home · Lists · Consumer · Upload Files · Messaging · Analytics

Operational
- User Report (my usage)

Encounters
- Hospital Census (my panel)
- Hospital Census (organization panel)
- IP/ED Encounters (my panel)
- IP/ED Encounters (organization panel)
- IP Discharge (my panel)
- IP Discharge (organization panel)
- Utilization Report
- Jail Census (my panel)
- Jail Census (organization panel)
- Jail Encounters (my panel)
- Jail Encounters (organization panel)

Consumer Reports
- Health Homes Program
- Housing Alerts

Hospital: [ ] *Start: 8/27/2021 *End: 9/27/2021 Range: A-C D-H I-M N-R S-Z All

IP/ED Encounters (organization panel)

Drag here to set row groups

| Hospital | Consumer ID | CIN | Name | Gender | DoB | Visit Start | Visit Type |
|---|---|---|---|---|---|---|---|
| St Rose Hospital | XN11085178 | XN2525445 | Ruda, Tiera | Female | 12/11/1940 | 9/27/2021 | Inpatient |
| Alameda Hospital (data) | CZ777777 | CZ777777 | McAdams, Caren | Female | 4/4/1986 | 9/13/2021 | -- |
| Alta Bates Summit - Alta Bates | CZ888888 | CZ888888 | Barton, Edward | Male | 7/12/1952 | 9/13/2021 | -- |
| John George Hospital (data) | CZ999999 | CZ999999 | Lenor, Donna | Female | 3/27/1970 | 9/13/2021 | -- |
| St Rose Hospital | XN11072135 | XN2306798 | Cuba, Toney | Male | 12/16/1944 | 9/13/2021 | Inpatient |
| St Rose Hospital | XN11196678 | XN2355274 | Schoen, Cyrus | Male | 10/8/1945 | 9/13/2021 | Inpatient |
| Sutter ADT | XN11016304 | XN2043257 | Glaubke, Janyce | Female | 11/21/1996 | 9/10/2021 | Emergency - EHEMERDA |
| Zuckerberg San Francisco General Hospital | XN11197651 | XN2625856 | Rumford, Anderson | Male | 10/18/1995 | 9/9/2021 | -- |
| Zuckerberg San Francisco General Hospital | XN11197651 | XN2633262 | Rumford, Anderson | Male | 10/18/1995 | 9/9/2021 | -- |
| Sutter ADT | XN11010086 | XN2616398 | Flahive, Norbert | Male | 10/11/1965 | 9/9/2021 | Emergency - EHAAERDA |
| Sutter ADT | XN11010086 | XN2022906 | Flahive, Norbert | Male | 10/11/1965 | 9/9/2021 | Emergency - EHAAERDA |
| Sutter - CPMC Van Ness | XN11031875 | XN2518487 | Hoeppner, Zachary | Male | 2/4/1965 | 9/9/2021 | -- |
| Richmond Medical Center | XN11022923 | XN2003479 | Jarchow, Gertrude | Female | 2/10/1983 | 9/9/2021 | -- |
| San Leandro Hospital (data) | XN11101245 | XN2189863 | Butkowski, Madeline | Female | 11/17/1986 | 9/9/2021 | Emergency - SLH ED |
| Fremont Medical Center | XN11234340 | XN2038470 | Binstock, Lucius | Male | 12/30/1965 | 9/9/2021 | -- |
| Washington Hospital Healthcare | XN11065864 | XN2375375 | Ginoza, Otto | Male | 6/20/2001 | 9/9/2021 | -- |
| Highland Hospital (data) | XN11020368 | XN2045053 | Holsey, Roy | Male | 3/7/1988 | 9/9/2021 | Emergency - HGH ED |
| John George Hospital (data) | XN11005715 | XN2023247 | Abdur, Mai | Female | 8/16/1984 | 9/9/2021 | Emergency - JGP PSYCH ER SERVICE |
| Sutter ADT | XN11218414 | XN2045563 | Maute, Charlesetta | Female | 3/14/1984 | 9/9/2021 | Emergency - EHMPERDA |
| Sutter ADT | XN11218414 | XN2068109 | Maute, Charlesetta | Female | 3/14/1984 | 9/9/2021 | Emergency - EHMPERDA |
| St Rose Hospital | XN11086251 | XN2603083 | Frenner, Isiah | Male | 4/7/1969 | 9/9/2021 | Emergency - ED |
| Sutter - Memorial Medical Center Modesto | XN11138067 | XN2512392 | Bayman, April | Female | 11/2/1957 | 9/9/2021 | -- |
| Highland Hospital (data) | XN11032183 | XN2064020 | Creer, Tomika | Female | 11/17/1993 | 9/9/2021 | INPATIENT |

# Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Friday, September 30, 2022 1:43 PM
**To:** Works-Wright, Jamie
**Subject:** FW: Great News!

Internal

Please see the message below from Ned Opton

Thank you for your time.


**Jamie Works-Wright**
*Consumer Liaison & Mental Health Commission Secretary*
*City of Berkeley*
*2640 MLK Jr. Way*
*Berkeley, CA 94704*
*Jworks-wright@cityofberkeley.info*
*Office: 510-981-7721 ext. 7721*
*Cell #: 510-423-8365*

**From:** eopton1 <eopton1@gmail.com>
**Sent:** Friday, September 30, 2022 12:53 PM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>; Edward Opton <eopton1@gmai.com>
**Subject:** Fwd: Great News!


**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.


9.30.22

I'd appreciate it if you would forward the message below to members of the Mental Health Commission and to others who may be interested.

Edward Opton

-----------------------------------

To: Members, Berkeley Mental Health Commission
From: Edward Opton

September 30, 2022

An e-mail this morning from Executive Director Gigi Crowder of NAMI, Contra Costa County, reports that Governor Newsom has signed AB988, the Miles Hall Lifeline and Suicide Prevention Act, into law. The law will require California counties to establish a "hotline" ***separate from police*** for calls concerning mental health emergencies.

Governor Newsom delayed signing this legislation until almost the last minute, which would have been midnight tonight. I wondered why he hesitated to approve this common-sense legislation, so I telephoned Ms. Crowder to ask about the bill's opponents. Who objected?

She said that opposition came from (1) telephone companies and (2) directors of departments of behavioral health. Our conversation was brief, but, as best I understand it, the county behavioral health directors or their statewide organization are believed to have been concerned because the legislation had not originated from themselves. They may have feared that it might infringe on their control of activities related to mental illness.

I hope we can anticipate that the City of Berkeley will act promptly to urge implementation of AB988 in Alameda County as promptly as is feasible.

---------- Forwarded message ---------
From: gigi <Unknown>
Date: Friday, September 30, 2022 at 6:45:11 AM UTC-7
Subject: Great News!
To: renewed-fasmi-d...@googlegroups.com <Unknown>

Good morning,

Governor Newsom signed AB988 into law late yesterday evening. Californian now have the Miles Hall Lifeline and Suicide Prevention Act! Praying that all counties will adhere to guidelines and advance this non police response for those experiencing a mental health emergency.

Blessings,

Gigi R. Crowder, L.E.
Executive Director
NAMI Contra Costa
2151 Salvio Suite V.
Concord, CA. 94520
510-990-2670

## Works-Wright, Jamie

**From:** Specialized Training Services <info@specializedtraining.com>
**Sent:** Wednesday, September 28, 2022 10:16 AM
**To:** Berkeley/Albany Mental Health Commission
**Subject:** New resources for assessing threats: Mid-Childhood through Young Adult

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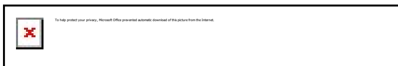
## Middle Childhood through Young Adult threat experts to present November webinars. Attend virtually!

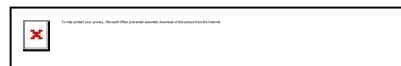
### New campus threat assessment tools: Assessing Student Threats; Van Dreal Early Assessment Risk List, V3; Augimeri (below) Workplace Assessment of Violence Risk; White and Meloy (below)



### Youth Violence Prevention Webinar

- Youth violence prevention, best practices for assessment, management and risk reduction
- Risk factors for reactive aggression, bullying behavior/targeted violence
- The Salem-Keizer Cascade Model for reducing youth violence
- Preventative behavioral threat assessment with teens
- 20 essential assessment questions

### *John van Dreal, M.Ed., Ed.S.*



Noted former school psychologist, school district safety and risk management director, lead author of *Assessing Student Threats* and the newly released *Preventing Youth Violence* will present an 8-hour webinar. Learn

the renowned Salem-Keizer Cascade Model for reducing youth violence!

**Nov. 17-18, 2022**: Noon-4:00pm EST, 11:00-3:00 Central, 9:00 - 1:00 PST. 4 hours per day

For complete webinar details and to register

Don't want to click the link? Visit our website at specializedtraining dot com upcoming.

The headlines continue to be bad...
"12-year-old shoots 13-year-old at California school, police say"

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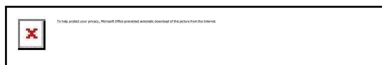
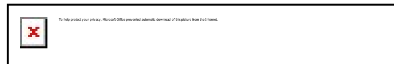


## Assessment & Management of Violence Risk with Pre-Teens: Using the *EARL-V3* (Early Assessment Risk List) Webinar

- EARL, V3: comprehensive, middle-years childhood assessment tool
- The EARL-V3, 21 risk factors
- Using risk assessment to inform risk management & treatment planning
- S.N.A.P. (Stop Now And Plan) and other successful interventions
- How to stop today's conduct disordered kids from becoming tomorrow's violent teens.

### *Leena Augimeri, PhD*



The award winning, lead author of the EARL-V3 (Early Assessment Risk List), now available in new Version 3 and co-creator of S.N.A.P. (Stop Now And Plan), will present an 8-hour webinar. Learn how today's conduct disordered kids can avoid becoming tomorrow's violent teens.

**Nov. 9-10, 2022**: 12:30-4:30 EST,
11:30-3:30 Central, 9:30-1:30 PST.
4 hours per day

For complete webinar details and to register

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# *Additional upcoming programs*

**Assessing Threats & Violence Risk on Campus, in the Workplace/Community with the Assessing Threats & Violence Risk on Campus, in the Workplace/Community with the WAVR-21**
**Stephen White, PhD**
**Location: Washington, DC**
**Attend either in-person or virtually**
Nov. 1, 2022: 8:45-4:45EST, 7 hours of CE

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**Advanced Threat Assessment and Threat Management: Front Line Defense for Evolving Threats**
**Reid Meloy, PhD, ABPP**
**Location: Washington, DC**
**Attend either in-person or virtually**
Nov. 2-3, 2022: 8:45-4:45EST, 14 hours of CE

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**Essentials of the Personality Assessment Inventory**
**Leslie Morey, PhD**
**December 1-2, 2022: virtual**
10 hours of CE, Noon-5pm: EST, 11-4pm: Central Time, 9-2pm: PST

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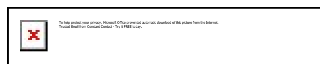

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Wednesday, September 28, 2022 9:16 AM
**To:** Works-Wright, Jamie
**Subject:** FW: Attached Alameda County Mental Health Advisory Board - Annual Report 2021-2022
**Attachments:** MHAB Annual Report FY2021-2022.pdf

As promised last Thursday, our presenter, Brian Bloom, has passed along the Alameda County Mental Health Advisory Board's Annual Report for FY 2021-22. This Mental Health Advsory Board delivered it to the Board of Supervisors yesterday.

Would you please be so kind and send it to our Mental Health Commissioners?

Brian noted that there are some specific recommendations to the Board of Supervisors, including a call to augment the scope of diversionary programs that he and L.D. mentioned last Thursday evening at the Berkeley Mental Health Commission presentation.

Best wishes,
Margaret

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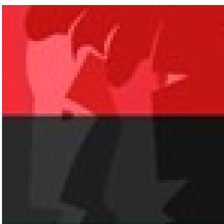

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Alameda County
Mental Health Advisory Board

*Contact the Mental Health Advisory Board at:*

ACBH.MHBCommunications@acgov.org

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*Chair*
(District 5)

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*Vice Chair*
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(District 2)

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*Co-chair, Adult Committee*
(District 3)

**Loren Farrar**
(District 3)

**Ashlee Jemmott**
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**Brian Bloom**
*Co-chair,*
*Criminal Justice Committee*
(District 4)

**Thu A. Bui**
(District 5)

**Juliet Leftwich**
*Co-chair,*
*Criminal Justice Committee*
(District 5)

September 19, 2022

Alameda County Board of Supervisors
1221 Oak Street, #536
Oakland, CA 94612

**Re: Mental Health Advisory Board Annual Report FY 2021-22**

Dear Alameda County Board of Supervisors:

The Alameda County Mental Health Advisory Board (MHAB) is pleased to provide this Annual Report for FY 2021-2022. As discussed below, the MHAB has worked diligently over the last year to carry out its statutory duties. In accordance with its primary role as an oversight and advisory body, the MHAB sets forth ten recommendations to the Board of Supervisors in this report. These recommendations are the culmination of numerous regular and special MHAB board and committee meetings and are informed by the extensive input of experts and community members. The MHAB urges the Board of Supervisors to seriously consider and publicly discuss these recommendations.

## MHAB Statutory Authority and Expertise

The MHAB's authority is established by California Welfare and Institutions Code Section 5604 *et seq*. In accordance with Welfare and Institutions Code Section 5604.2, the Board is statutorily required, among other things, to:

- 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 provided, including but not limited to, schools, emergency departments, and psychiatric facilities.
- Advise the Board of Supervisors and the Alameda County Behavioral Health Care Services Director as to any aspect of the local mental health program.
- Review any county agreements entered into pursuant to Welfare and Institutions Code Section 5650 and make recommendations regarding concerns identified within those agreements.
- 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.

- Perform such additional duties as may be assigned to the Board by the Board of Supervisors.[1]

The MHAB is composed of a diverse group of individuals with differing backgrounds and expertise who bring unique perspectives to the complex issues associated with the provision of behavioral health services in Alameda County.[2] As we have in prior years, the MHAB is again providing a variety of recommendations to the Board of Supervisors for their thoughtful consideration and implementation.[3]

The MHAB appreciates the invitation to present the preliminary findings of its Ad Hoc Data Committee, discussed below, at the joint hearing of the Board of Supervisors' Health Committee and Public Protection Committee on October 24, 2022. The MHAB hopes that the upcoming hearing, together with the recommendations contained in this report, will help create the opportunity for increased engagement between the Board of Supervisors and the MHAB moving forward.

**Overview of MHAB Activities in FY 2021-2022**

Much of the MHAB's work over the last year focused on ways to help implement the Board of Supervisors' directive to reduce the number of seriously mentally ill (SMI) individuals at Santa Rita Jail. The MHAB commends the Board of Supervisors for its public commitment to shift priorities from incarceration to evidence-based behavioral health treatment, as embodied in its "Care First, Jail Last" resolution. The MHAB is represented on the Care First, Jail Last Task Force and looks forward to its monitoring role once the Task Force's work is completed.[4]

In addition to the regular monthly meetings the MHAB held last year, it convened two special meetings, an annual strategy meeting/retreat, and monthly meetings of its Executive Committee, Criminal Justice Committee and Adult Committee.[5] The MHAB also formed two new ad hoc committees: the Ad Hoc Data Committee, to gather and analyze data about the SMI population at Santa Rita Jail, and the Ad Hoc Legislation Committee, to create a process for the MHAB to consider recommending that the Board of Supervisors take positions on

[1] State law also authorizes the MHAB to review and make recommendations on applicants for the appointment of the Alameda County Behavioral Health Care Services Director, review and comment on the county's performance outcome data, and assess the impact of the realignment of services from the state to the county on services delivered to clients and on the local community.

[2] Short bios of each member of the MHAB, as well as their committee assignments, can be found at: https://www.acbhcs.org/mental-health-advisory-board/

[3] As noted by the Alameda County Civil Grand Jury in their most recent annual report:

> "The MHAB has written thoughtful letters to the BOS over the last several years about relevant issues, such as the Santa Rita Jail issues and the need for more transparent data, but the BOS has not responded to those letters nor invited members to present at a BOS meeting. Thoughtful communications deserve a response." (See Alameda County Grand Jury Final Report (2021-2022) ("Grand Jury Report") at p. 25). The report also notes that "[t]he Mental Health Advisory Board, which has strong, knowledgeable, and experienced members and generates excellent ideas, is not used effectively by the Board of Supervisors." (See Grand Jury Report at p. 27.)

[4] In addition to the Care Fist, Jail Last Task Force, the MHAB was also represented on the county's Justice Involved Mental Health Task Force (JIMH), which concluded its work in early 2021. The MHAB is also currently represented on Alameda County's MHSA Stakeholder Committee, the MHSA Community Program Planning Process Committee, and ACBH's Budget Stakeholder Advisory Committee.

[5] Each month, the MHAB full board meets on the third Monday 3:00-5:00; the Executive Committee meets on the second Thursday 3:30-5:00; the Adult Committee meets on the fourth Tuesday 4:00-5:30, and the Criminal Justice Committee meets on the third Wednesday 4:30-6:00. All of these meetings are open to the public and public comment and participation are encouraged. Past agendas, minutes, and presentations at these meetings can be found at: https://www.acbhcs.org/mental-health-advisory-board/

behavioral health-related state legislation.[6]

The COVID pandemic has underscored how existing inequities are further exacerbated during times of crisis. Accordingly, the MHAB has discussed exploring ways to consider behavioral health issues with an equity lens, emphasizing how factors such as cultural, language and disability barriers further impact access to quality mental health services. The MHAB also discussed concerns regarding the unprecedented mental health provider shortage in the midst of significant growing demand for mental health services, both in terms of people needing such services and the depth of services needed for untreated illnesses, caused in large part by the pandemic and increasing violence. Lastly, the specific recommendations set forth below are aimed at improving behavioral health care outcomes for county residents, to satisfy unmet needs, and to fill gaps in the continuum of care. Current ACBH-funded programming that is effectively providing behavioral health care treatment services should not in any way be diminished or compromised in order to implement the additional services recommended herein.

Summaries of the work of the MHAB's Criminal Justice, Adult and Ad Hoc Data Committees are provided below.

## MHAB Committee Work

### Criminal Justice Committee

Last year's meetings of the Criminal Justice Committee meetings were well attended and included robust participation by a variety of groups, including mental health care providers from the County as well as from Community Based Organizations (CBOs); family members of those suffering from serious mental illness; and members of various law enforcement agencies. Discussion topics included, among other things, litigation against Alameda County alleging appalling conditions for mentally ill people incarcerated at Santa Rita Jail, increased opportunities for diverting defendants out of the criminal justice system and into the medically appropriate level of community-based mental health treatment, and the need for better discharge planning when defendants leave Santa Rita Jail and/or John George Psychiatric Hospital and re-enter the community.

The Committee appreciated the variety of expert speakers who helped inform these discussions, including, but not limited to:

- Kara Jannsen, lead counsel for plaintiffs in the *Babu v. Ahern et al* litigation, who discussed the Consent Decree and subsequent expert monitoring reports filed in the case;
- Dr. Noha Aboelata, CEO of Roots Community Health Center, who spoke about the Safe Landing Project, a program that offers services to newly released inmates via a trailer parked outside of the jail;
- Juan Taizan and Yvonne Jones, Director and Associate Director, respectively, of ACBH Forensic, Diversion and Re-Entry Services, who discussed forensic and non-forensic Full-Service Partnerships in Alameda County.
- Department of Justice Attorney Jessica Polansky, who spoke about the April 22, 2021 Report of the U.S. Department of Justice Civil Rights Division, "Investigation of Alameda County, John George Psychiatric Hospital and Santa Rita Jail," which describes serious gaps in the County's mental health care system and details the unsafe conditions at Santa Rita Jail.
- Francesca Tannenbaum, director of Patients Rights Advocates in Alameda County, and her colleagues, who discussed the treatment of mentally ill Santa Rita inmates who are "5150'd" to John George, the impact "Murphy" conservatees have on county resources, and the potential for LPS conservatorships to be a "diversion route" out of jail and into long-term, community-based mental health treatment.

The Criminal Justice Committee also dedicated one of its meetings to a discussion of important mental health-related state legislation, leading to the creation of the MHAB's new Ad Hoc Legislation Committee, and another meeting to formulating some of the recommendations set forth in this report.

[6] The MHAB Children's Committee is currently on hiatus.

**Adult Committee**

The MHAB Adult Committee focuses on adult and/or older adult systems of care. The Committee's monthly meetings over the last year included discussions of a variety of topics, including:

- State legislation to establish "Care Courts;"
- Pathways to Wellness Clinic's history and current services;
- Deaf Community counseling services;
- California Advancing & Innovating Medi-Cal (CalAIM);

The Adult Committee was grateful for the informative presentations it received by Kate Jones, ACBH's Adult and Older Adult System of Care Director, and by leaders of NAMI (National Alliance of Mental Illness) Alameda County. The different presentations have highlighted a key theme around equity, and how disability and cultural and linguistic factors impact access to and receipt of quality mental health services. The Committee is exploring how to incorporate an equity framework in its ongoing discussions, analysis and recommendations, to ensure equitable mental health services for vulnerable populations, including but not limited to communities with disabilities, limited English proficient individuals, and communities of color.

**Ad Hoc Data Committee**

Alameda County's efforts to reduce the population of seriously mentally ill individuals at Santa Rita Jail will not be successful unless it understands the unmet treatment needs of those individuals, particularly the group of "high utilizers" who cycle in and out of jail, John George Psychiatric Hospital and homelessness. The MHAB Ad Hoc Data Committee was formed to gather and analyze information about this group, with the ultimate goal of using the information to: (1) evaluate the efficacy of existing programs intended to reduce recidivism; and (2) create a dashboard allowing public access to the data.

ACBH and other Alameda County agencies collect a tremendous amount of data. Although there are gaps in the data, and information has historically been siloed within different agencies, what is most notably missing is robust data analysis. Tough questions are not being asked, and meaningful connections are not being made between the data that exists. The data is also not made public and transparent so that the community can participate in the process of systemic improvement.

At the committee's request, ACBH provided de-identified individualized data on the high utilizer population as defined by the Committee.[7] The Committee's work is ongoing, but some initial observations are clear: the data reflects key gaps in access to services for African Americans and individuals with a dual diagnosis of substance abuse disorder and mental illness (so-called co-occurring disorders). This de-identified data also suggests barriers to treatment access for those incarcerated at Santa Rita Jail and in need of psychiatric crisis stabilization at John George Psychiatric Hospital.

Aggregate data allows us to see broad trends, but asking the right questions about de-identified individualized data could provide a key to seeing disparities in a tangible way and, as a result, allow for systemic changes that could lead to better outcomes. This kind of data analysis could be used, for example, to explore the efficacy of different FSPs, the relationship to housing status on outcomes, or be applied to any number of different queries. This data could allow us to assess not only where we are currently, but track potential improvements over time.

The MHAB found several areas in which ACBH could not provide data. It appears that currently ACBH and Santa Rita Jail do not effectively track housing status for high utilizers. ACBH also was not provided data from the Jail on the severity of charges for these individuals. The MHAB Ad Hoc Committee found these gaps

[7] The Committee greatly appreciates the invaluable ongoing assistance it has received from Chet Meinzer of Alameda County Data Services, who assisted the Committee in providing requested data and refining the Committee's data requests.

significant in evaluating solutions. Accordingly, housing status should be collected at intake and discharge from the jail and from John George.

The Ad Hoc Committee's work to date has informed several of the recommendations set forth below.

## MHAB Recommendations

The MHAB urges the Board of Supervisors to do the following:

1. **Conduct a comprehensive needs assessment and evaluation of existing programs serving the seriously mentally ill in Alameda County.**

An overarching concern of the MHAB - one it has expressed repeatedly over the last year and in years past - is the lack of data regarding county-wide service gaps in the full continuum of behavioral health care, as well as the efficacy of current programming for those suffering from serious mental illness. With a thorough knowledge of where the gaps in service are and which needs are currently not being met, the county will be able to more accurately assess both what resources are necessary to fund a full continuum of care, and how services can be provided in the most cost-effective manner.

This concern was echoed in the Grand Jury report which concluded that "there is not a recent broad-based, Alameda County mental health needs/gaps assessment that explores where in the county there are service needs, equity disparities [including but not limited to race/ethnicity, language and disability barriers, immigration status], successful interventions, and that reviews current best practices and gaps in service availability, both inside and outside MHSA. One witness described funding choices by ACBH as shooting in the dark."[8]

An assessment of unmet needs must be conducted through an equity lens so that the county can eliminate the unjust disparities in mental health services for African Americans and other marginalized communities in the high utilizer category. Specifically, the county should evaluate the extent to which these individuals were receiving appropriate, clinically indicated services prior to incarceration, and if so, what was lacking in the treatment that contributed to the individual becoming justice-involved. Similarly, the county must assess, and improve where necessary, the quality of discharge planning and re-entry services both from jail and from John George.

The county should also provide data regarding the economic cost of high utilizers in the behavioral health system. The cost of frequent incarceration in Santa Rita Jail and multiple, recurring stays at John George Hospital amongst the high-utilizers should be quantified and compared to the cost of upstream investments in services and infrastructure to fill the identified gaps in the full continuum of behavioral health care. The incarceration of so many mentally ill individuals is not only morally objectionable but also is arguably not cost-effective.

The MHAB is aware that the Board of Supervisor's "Reimagining Adult Justice Initiative (RAJI)" is currently in the process of acquiring and analyzing some, but not all, of the data referred to herein. By way of a public-facing "dashboard," and other such transparent means, the county should promptly make available to the public the work of the RAJI, as well as the study of unmet needs and cost-effectiveness recommended above.

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[8] See Grand Jury Report at p. 21. The Grand Jury Report also noted that the problems it identified were with the system and not with the people working within it. The MHAB agrees completely. Our meetings and communications with a wide variety of mental health providers and ACBH personnel have consistently shown them to be dedicated, hard-working professionals who care deeply about the people they serve.

2**. Fully fund ACBH's Forensic Plan.**

The MHAB was encouraged when, at the budget hearings in June 2022, the County Administrator was directed to bring to the Board of Supervisors a proposal for fully funding ACBH's "Forensic Plan" to "reduce forensic involvement with behavioral health clients" As reported in the Grand Jury report, the county appears to have sufficient available funds from MHSA, CalAIM and other sources to fund Dr. Tribble's thoughtful and comprehensive request. As documented by the Grand Jury Report, as well as by various lawsuits and legal settlements, we suffer in Alameda County from a shortage of services to prevent, respond to, manage, and support recovery and stability for persons with serious mental illness and substance use disorders. The situation will not improve without focused attention from the Board of Supervisors and additional funding. ACBH's Forensic Plan now before the Board of Supervisors is a necessary first step, and will help the county serve the unmet needs of those who are suffering.

3. **Expand the capacity of court-based and other diversion programs.**

As the Board of Supervisors has acknowledged by unanimously passing the Care First, Jail Last resolution last year, jails are no place for people who suffer from serious mental illness and/or substance abuse disorders. Yet, because the county has not devoted necessary resources to fund a full continuum of behavioral health care for all county residents, the Santa Rita Jail has become one of the largest providers of mental health treatment in the county.[9]

Data received from ACBH reveals that people diagnosed with a serious and persistent mental illness make up over 20% of the incarcerated population and the county spends an increasing amount of its resources to improve jail-based mental health services. Notably, the burden of incarcerating mentally ill individuals disproportionally impacts the African-American population in the county. While comprising approximately 10% of the county's population, African-Americans constitute almost half of the incarcerated population that are receiving mental health services.

The MHAB recognizes that the county must provide top quality mental health care to those who are incarcerated in Santa Rita Jail. However, the MHAB recommends that rather than focus on jail-based mental health care, the county should significantly reduce the number of seriously mentally ill people who are incarcerated at the jail (thereby reducing the need to spend resources on jail-based behavioral health care). In addition to various "upstream" solutions described below, one means of accomplishing this goal is for criminal defendants who suffer from serious mental Illness and/or substance abuse disorders to be diverted out of jail and into medically appropriate treatment facilities that can effectively treat their underlying behavioral health needs. Accordingly, capacity in all of the county's various diversion programs, set forth below, should be expanded.

- As the Grand Jury noted in its 2021-22 Final Report, the Behavioral Health Court ("BHC") in Alameda County is underutilized. The BHC has reduced recidivism and improved mental health outcomes for those who have participated in the program.[10] However, the BHC only has capacity for approximately 100 participants at any one time due to resource limitations. With approximately 2,200

[9] In its 2021 Investigation and Report ("DOJ Report"), the U.S. Dept. of Justice (DOJ) noted that the MHAB has consistently reported to the Board of Supervisors that Alameda County places seriously mentally ill people at heightened risk of incarceration due to the lack of alternative appropriate treatment options: "the [MHAB] observed in 2015 that 'Police officers in the field responding to individuals with mental illness have few options other than bringing them to Santa Rita or John George.'" (See DOJ Report at p. 10, fn. 8). The DOJ Report further noted that since 2015, the MHAB has alerted the Board of Supervisors that "Santa Rita Jail has become a warehouse for people with mental illness. Since there is nowhere to place individuals with mental health disabilities, they languish in jail, often isolated in jail cells. We need to develop a system so that this population can be diverted out of the criminal justice system and into treatment." (See DOJ Report at p. 19, fns. 21 & 22.)

[10] See "Unrecognized and Underutilized Potential: The Behavioral Health Court of Alameda County" (Urban Strategies Council, 2021) at p. 18.

people in jail and over 20% of them diagnosed with a serious mental illness, the BHC is clearly not meeting the current demand. Capacity of BHC should be significantly expanded. To accomplish this, the county must increase funding for the community-based and appropriate medical treatment programs with which BHC partners.

- In addition to the BHC, the county supports eight separate "Collaborative" Courts (two drug courts, a Veterans' court, two re-entry courts, and three treatment courts in the family dependency department of the court system) which together are currently diverting from jail and treating approximately 170 participants. These collaborative courts, like the BHC, have proven successful in reducing recidivism, increasing positive health outcomes, and re-unifying families. To thrive and expand, however, these collaborative courts need stable, predictable, and sustained funding. The MHAB recommends that the county make a commitment to fully fund all of the Collaborative Courts.

- The C.A.R.E.S. Navigation Center redirects individuals engaging in low-level criminal offenses into support services, mental health and/or substance use treatment and away from incarceration and the criminal justice system. As of now, it is the only point-of-arrest diversion program in Alameda County allowing police officers to bring clients directly to the Center to connect to services and keep people with mental illness and/or substance use disorder out of jail and the criminal justice system. These Navigation Centers should be expanded and fully funded so that residents in all areas of the county have access to them.

- The I.S.T. Diversion Programs diverts in-custody felony defendants who have been found by the court to be Incompetent to Stand Trial ("IST") and who currently languish in jail for up to six months or longer waiting for a treatment bed to become available at the State Hospital. To help reduce the size of the waiting list for state hospital beds, Alameda County received significant funding from the Dept. of State Hospitals to divert these individuals into local treatment. However, as reported to the MHAB, very few of the in-custody defendants who are eligible for this program have actually been diverted. Accordingly, the MHAB recommends that the Board of Supervisors make it a priority to address this problem so that the state monies the county is receiving are used effectively to provide these defendants with the appropriate level of acute or sub-acute treatment in the community.

4. **Create Full-Service Partnerships ("FSPs"), Collaborative Courts, and other programs focused specifically on the needs of those who suffer from Co-Occurring Disorders.**

Frequently, an individual's substance abuse issues are too severe for BHC and conversely, their mental health needs are too pronounced for Drug Courts or other Collaborative Courts. In fact, over 50% of the high utilizers of county services are diagnosed with co-occurring disorders. The MHAB recommends that the county invest in the kinds of treatment programs which can effectively address the unique needs of this population of people who often fall between the cracks in the existing diversion and other treatment programs.

5. **Expand the services and capacity of the Safe Landing Project.**

The Safe Landing Project (SLP), located in a recreational vehicle parked on the grounds outside of Santa Rita Jail, began in June of 2020. Operated by Roots Community Health Center, SLP provides re-entry support services to newly released inmates. One impetus for the creation of the project was the tragic 2018 death of Jessica St. Louis, an inmate who was released at 1:30 a.m. without transportation or other services and found dead at the Dublin/Pleasanton BART station 4 hours later. SLP currently operates from 2:00-10:00 p.m. and seeks to connect individuals leaving Santa Rita with a variety of services, including transportation. Based on discussions with, and a presentation by, Roots CEO Dr. Noha Aboelata, the MHAB recommends that SLP be expanded to: 1) provide services 24/7; 2) operate out of a permanent structure; and 3) have a presence inside the jail so staff has an opportunity to engage with inmates prior to their release.

6. **Expand Effective Full-Service Partnerships ("FSPs").**

FSPs, which stay faithful to an Assertive Community Treatment model, support people with the highest mental health needs in the county. Almost all of the FSPs in the county are provided for, on a contract basis, by various CBOs. The county must ensure that all FSP clinical teams are available 24/7, that the clinician-to-client ratio allows for as much face-to-face contact as necessary for the clients' recovery and stabilization, and that there are effective means for keeping clients in treatment and compliant with their medications as necessary. Moreover, FSPs must be able to respond to crises, including coordination of services if a client is 5150'd or incarcerated in jail. FSPs can serve the crucial function of reducing arrest and incarceration, lengthy institutionalization, and emergency room use. However, the FSP capacity in Almeda County is far from sufficient. Currently, Alameda County has funded capacity for approximately 1,000 adults in FSPs at any given time. The MHAB believes the need is far greater, perhaps four times this amount. The MHAB urges the Board of Supervisors to assess the need and increase the capacity of FSPs as appropriate. This assessment should include a quality-of-care review of the various FSPs in the county as well as a review of whether the length of time a client is in FSP services is sufficient to maintain long-term mental health stability and reduce recidivism.

**7. Significantly increase the capacity of residential treatment beds countywide (including those at Villa Fairmont) to ensure that effective, humane treatment is available at all levels of need.**

Alameda County must invest in the expansion of treatment bed capacity to provide a robust continuum of care – from acute crisis facilities to treatment at sub-acute facilities, crisis residential facilities and licensed board and cares – each with the capacity to provide the clinically indicated type and length of treatment. Without the expansion of residential treatment capacity, Santa Rita Jail will remain the county's primary locked mental health treatment facility.

In the immediate term, the MHAB recommends that the county expand capacity at the Villa Fairmont Mental Health Rehabilitation Center (MHRC). Villa Fairmont provides intensive sub-acute mental health and psychiatric treatment services for those in the community who are in need of that level of mental health care. Villa Fairmont is operated by Telecare and is licensed for 97 beds.[11] However, Alameda County purchases only 70 of these beds, leaving the remaining 27 beds unavailable to county residents. The MHAB urges the Board to buy back these 27 beds so that the sub-acute treatment portion of the continuum of behavioral health care is sufficient to provide this level of care for those who need it. Specifically, the MHAB recommends that the county consider whether these additional beds could be used to divert those in jail mentioned above who are eligible for IST and other court-based diversion programs but, for lack of a clinically appropriate treatment facility, are languishing in jail.

8. **Provide better treatment options for incarcerated individuals who are "5150'd" from Santa Rita Jail to John George Psychiatric Hospital.**

According to data acquired by MHAB's Ad Hoc Data Committee, in the 2020 calendar year 131 unique individuals incarcerated at Santa Rita were suffering so severely from mental illness that they met 5150 criteria (gravely disabled, a threat to themselves, and/or a threat to others) and had to be transferred to John George for treatment and care.[12] Of these 131 individuals, 68 were admitted to a unit at John George hospital.

In contrast, during the same time period, 956 high utilizers were admitted from the community to John

[11] The county 's only other MHRC for the treatment of those diagnosed with serious mental illness is the Gladman MHRC. However, the 39 available beds at Gladman are used primarily for long term patients who are on so-called "Murphy" and regular LPS conservatorships.

[12] Data concerning average length-of-stay is still outstanding. For instance, the MHAB does not know the extent to which these individuals received necessary lasting treatment in an acute or sub-acute facility as opposed to being quickly returned to Santa Rita Jail.

George PES, with 65 high utilizers being admitted to John George PES more than 10 times during 2020. This data raises the question: are high utilizers treated differently if they are 5150'd from jail as opposed to if they are coming from the community? And if so, why? Since the jail is not a licensed 5150 treatment facility and has no ability to provide involuntary treatment, there is no clear rational for why John George would treat a referral from the jail would be treated any differently than a referral from the community.

As reported to the MHAB, while at John George, incarcerated people must remain in a locked room under armed guard, and therefore are not provided with the milieu therapy and other treatments that are available to all other patients at the hospital. Moreover, it appears that too many of these individuals are simply medicated and returned immediately to the jail without receiving the necessary treatment that would be provided to a non-incarcerated person suffering from serious mental illness and in need of acute treatment. The MHAB recommends that the county assess the quality of the care provided to incarcerated persons sent to John George, including continuity of care between John George and the jail, the types and the quality of services provided to incarcerated clients and subsequent outcomes including any subsequent suicide attempts or further 5150s.

9**. Support the repeal of the IMD (Institution for Mental Disease) Medicaid Exclusion.**

The IMD exclusion is the federal law that prohibits Medicaid reimbursement for treatment provided in a mental health treatment facility of more than 16 beds. Since the 1960s, this law has effectively denied patient care, disproportionately discriminating against poor and other marginalized communities. Medicaid reimbursement for inpatient care for our most ill citizens should be available no differently from inpatient care for heart disease, cancer, and other severe illnesses. The IMD exclusion, which discriminates against persons with mental illness, should end immediately. The MHAB urges the Board of Supervisors to support federal legislation, such as H 2611, which calls for the outright repeal of the IMD Exclusion. Moreover, we urge the Board of Supervisors to encourage its state partners to apply for the "IMD waiver" which would develop federal funding for the more acute levels of care needed by county residents who suffer from the most advanced stages of serious mental illness.

**10. Prioritize strategies to address the mental health workforce shortage.**

In the midst of the greatest demand for mental health services, our state is experiencing the greatest provider shortage. While there are efforts at the state and local levels to overhaul our mental health system, it would be hard to create transformative change if we do not address this crippling provider shortage. The workforce crisis was happening well before the pandemic, and has since worsened significantly. Training programs are not producing enough accredited providers, many providers are leaving jobs at county mental health departments and community-based organizations (CBOs) to go to higher-paying jobs or create their own private practice. Even if they remained, there are not enough providers to meet the significant increase in demand. Those providers who remained have increased workload, leading to burnout.

This urgent situation requires both long-term and short-term solutions. Salary increases for both county providers and those at CBOs are necessary for recruitment and retention. Additionally, there needs to be more investment in training programs at all stages of career development that would produce more therapists, especially culturally and linguistically competent trainees who can provide such care to vulnerable populations. Furthermore, we need to consider team-based models that move away from sole reliance on licensed therapists, but also includes case managers, peer providers, community health workers and others, who can help support in the comprehensive mental health care for the clients. While some CBOs have been using these team-based models, the payment structure does not always (sufficiently) reimburse for services provided by these lay mental health professionals. CalAIM is just beginning to recognize the work of community health workers, including providing some reimbursements for their services. We need to expand on this concept to help spread the work in caring for each client. Not only will this meet the increasing demand in services, but will also help to balance out the workload for existing mental health providers, and help to reduce their risks of burnout.

## Conclusion

The MHAB is proud of its work over the last year and appreciates the opportunity to be of service to the Board of Supervisors and to the community. As noted in the Grand Jury Report, the Board of Supervisors should better utilize the expertise and perspective of the MHAB. Most important, at this juncture, the MHAB urges the Board of Supervisor to fill the vacant MHAB positions, including the position of the Board of Supervisors' representative to the MHAB, so that the MHAB is in the best position to exercise its statutory obligations.[13] The MHAB looks forward to working more collaboratively with the Board of Supervisors in the future, and asks that the Board provide a response to the recommendations contained in this report.

Sincerely,

Lee Davis, MHAB Chair

L.D. Louis, MHAB Vice-Chair

[13] In addition to the vacant slot for the Board of Supervisor's representative (which is mandatory pursuant to Welfare and Institutions Code section 5604(a)(1), Supervisorial Districts 1,2, 4 and 5 all have one opening apiece on the MHAB.

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Monday, September 26, 2022 5:31 PM
**To:** Works-Wright, Jamie
**Subject:** Agenda Items for October

Hello Commissioners,

Please respond with any agenda items you would like to have on the agenda for the October 27th meeting. Please write it the way you would like it to show up.
The deadline for agenda items is Wednesday, October 5th. If you would like any materials to be placed in the packet please have those items to me by Friday, October 14th

Thank you

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

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## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Monday, September 26, 2022 10:59 AM
**To:** Works-Wright, Jamie
**Subject:** FW: Mental Health Commission

Please see message below from Margaret Fine


Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

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**From:** Margaret Fine <margaretcarolfine@gmail.com>
**Sent:** Monday, September 26, 2022 10:29 AM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Subject:** Mental Health Commission


**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.


Dear Jamie,

I hope you are well.

If you would kindly send this email to the Mental Health Commissioners, I would appreciate it. Thank you so much.

Dear Commissioners,

As I shared last Thursday, I am sorry for the mistake I made in delivering my communications on August 23, 2022 and my regret for engaging in intense questioning during that meeting.

I have discussed the facts with my mental health clinician, including behaviors that the then Commissioner has engaged in since joining the Mental Health Commission over three years and the impacts on mental health. At her advice, I have set boundaries and not to engage further in this matter.

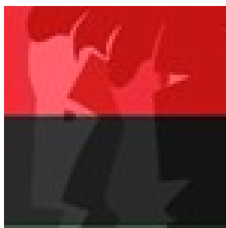
Best wishes,
Margaret

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Monday, September 26, 2022 9:39 AM
**To:** Works-Wright, Jamie
**Subject:** FW: Prichett's Response the MHC Mtg of Sept. 22

Internal


Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office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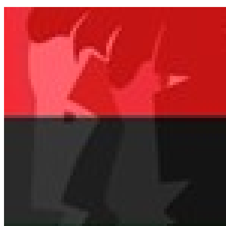
**From:** Works-Wright, Jamie
**Sent:** Monday, September 26, 2022 9:07 AM
**Subject:** FW: Prichett's Response the MHC Mtg of Sept. 22

Hello Commissioners,

Please see the email below from Andrea Prichett


Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

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**From:** Andrea Prichett <prichett@locrian.com>
**Sent:** Sunday, September 25, 2022 9:53 PM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Subject:** Prichett's Response the MHC Mtg of Sept. 22

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Dear Jamie,

Please forward this communication to the commissioners.

Thanks for your assistance. I appreciate it.

Andrea Prichett

************************************************************

Dear Commissioners,

I am writing to you today in the hope of correcting the record regarding some things that Chairperson Fine said at the September 22, 2022 MHC meeting. Although I did not attend the meeting, I was informed that I somehow became a topic of discussion during the meeting. I do believe that comments about me or discussion of my past actions as a commissioner were not agendized and I am concerned that the Brown Act was violated by this conduct.

Further, I am concerned by the Chair's accusation that I somehow sent her "threatening" emails after the MHC meeting in August. I have enclosed for you the substance of the emails I sent to the chair and the person who I consider to be a friend. I don't know what part of these messages she felt threatened by, but it underscores the need for a restorative process to take place before I can fully participate in Commission work again. My reputation has been impugned and I can not simply ignore what has happened.

Please do what you can to convince the Chair to participate in a Restorative Justice process where we can fairly air our concerns and resolve them in a way that allows us to truly move forward.

sincerely,

Andrea Prichett

********************************************************************************
TEXTS
On August 31, 2022 I texted Margaret Fine: " Hello Margaret. I wonder if you think we should try to talk about what happened at the MHC meeting the other night?"

EMAILS
#1 9/1/22

Dear Margaret,

It seems like we should have a conversation to follow up from the MHC meeting. I don't completely understand what happened that night and I am wondering how you view things.

If we are not able to discuss the issues and do some repair, I don't see how I will be able to continue as a commissioner. I don't want to argue with you. I just need to assess whether my contribution will be welcome if you are convinced that I have not been effective as a commissioner.

Please let me know if you are or are not willing to discuss. Perhaps we need a conflict mediation?

- Andrea

************************************************************
#2 9/1/22

Hi there,

Shall I infer that you are mad at me? Are you refusing to communicate with me outside of the MHC?

Margaret, lets work it out. It will be to no one's benefit for you and I to be in conflict.

I hope you will respond as a friend.

-Andrea

************************************************************
#3 9/1/22

Margaret,

I must confess that I find it hard to stay open to your advocacy when I feel so ignored. If you believe in "restorative justice" then I think you should practice it.

- andrea

On 9/1/22 5:41 PM, Margaret Fine wrote:
Re: CA Bridge Program and Substance Use Resources, including Highland Hospital ED & SUD Clinic and substance use navigators.

Dear SCU Steering Committee,

I want to share substance use resources about the CA Bridge Program. I believe Dave McPartland as Fire Captain and Colin Arnold as EMS lead may be connected to this program, but they will need to clarify. It would be good to know if Options Recovery has established a partnership with the CA Bridge Program and if so, about the nature of their ongoing work with them. It seems like an optimal partnership for them, as well as for the Division of Mental Health--including to be able to easy connect with their substance use navigators who are based at the hospital.

The CA Bridge program is overall designed to support hospitals and emergency departments as primary access points for the treatment of substance use disorders. There is a CA Bridge program located at Highland Hospital, including a Substance Use Clinic. One of the unique features is the use of substance use navigators who conduct outreach and offer immediate access to MAT treatment 24/7. There are also 24/7 SUD crisis lines for easy access by mental health and substance use providers.

In addition, I included screenshots and links from the CA Bridge Program at this hospital and their substance use navigator program based at the hospital and its orientation, training, and job description. This information may useful for generally considering harm reduction principles and services provided to people living with SUDs. I also added a screenshot about the SAMHSA harm reduction services and supports.

*****************************************************************

#4 9/5/22

Dear Jamie,

I hope you are doing well. Please direct this communication to the Chair of our commission.

Thanks,

Andrea

Dear Margaret,

It is difficult to receive communication from you via the Secretary of the MHC when there is currently no indication that these materials represent an effort on your part to engage in an exchange of some kind. Is it your intention that we will simply read these materials as a part of some educational program that you have in mind for MHC commissioners? My hope is that you are trying to start a dialogue and not simply deciding for us what you think we need to study up on. Please lend some context as to why you are sending these. Will there be an opportunity for the Commission to actually discuss the Care Courts legislation? Have we already missed our opportunity to make a recommendation about this legislation? I think so.

It seems that you are not open to communicating with me at this time. I infer that this has something to do with the last meeting of the commission. Since you are a strong advocate for restorative justice, my hope is that you would be willing to engage in a process of healing so that I might be able to continue working with the MHC and engage with you on these important topics. If you are not willing, I will not be able to continue on the commission. I hope that it is NOT your intention to drive me away, but if the chair of the commission has ill will towards me, there is little hope that I will be able to make a real contribution.

I have enjoyed our collaborations over the past couple years, but if you are no longer willing to communicate with me or to work out differences, then there is no point in my continuing on the MHC. If I need to explain my departure to the rest of the commission then I will do so and end my participation there.

sincerely,

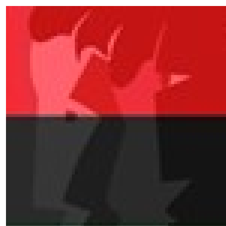
Andrea

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Friday, September 23, 2022 12:36 PM
**To:** Works-Wright, Jamie
**Subject:** FW: Care Court Power Point
**Attachments:** Care Court Powerpoint to BMHC (9-22-22).pptx

Please see the information attached from the presentation at the Mental Health Commission

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office



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**From:** Brian Bloom <bdbloom@aol.com>
**Sent:** Thursday, September 22, 2022 9:07 PM
**To:** Margaret Fine <margaretcarolfine@gmail.com>; Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Subject:** Care Court Power Point

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Attached is a power point for the Care Court presentation. I didn't use it tonight because I thought it would be easier to fill the 15 minutes with me talking rather than using the power point (the power point gets into the weeds more and covers much more than I talked about). But if it's helpful to folks, here it is.

I also have an answer to the question of whether the "Supporters" in the CARE court scheme are compensated in any way. I looked closely at the legislation and I believe the answer is, no they are not.

Thanks again for giving us the opportunity to speak with the commission. I trust it was fruitful.

I will soon send you, in the hopes you will distribute to the commissioners, the Mental Health Advisory Board's Annual Report FY 2021-22. It contains ten specific recommendations to the Board of Supervisors which I believe you will find of interest.

Looking forward to more collaboration in the future.

# Community Assistance, Recovery, and Empowerment (CARE)

# COURT PROGRAM

PRESENTATION TO THE BERKELEY MENTAL HEALTH COMMISSION

SEPTEMBER 22, 2022

BRIAN BLOOM (ALAMEDA COUNTY PUBLIC DEFENDER, RETIRED)

# Who is Eligible to be in a CARE Court?
## (Welf. & Inst. Code sec. 5972)

- 18 years of age or older; and
- "currently experiencing a severe mental illness, as defined in W&I 5600.3(b)(2)"; and
- **"has a diagnosis of schizophrenia spectrum and other psychotic disorders" as defined in the DSM**; and
- "the person in not clinically stabilized in on-going voluntary treatment"; and at least one of the following:
  - "the person is unlikely to survive safely in the community without supervision and the person's condition is deteriorating"; or
  - Without services would likely meet 5150 criteria.

# Where Do CARE Court Proceedings Occur?

- County where the participant resides; or
- County where the participant is found; or
- County where the participant is facing criminal or civil proceedings.

# Who Can File a Petition to Initiate CARE Court Proceedings? (Welf. & Inst. Code sec. 5974)

- Any adult who resides with the client.
- An adult spouse, parent, adult sibling, grandparent, or child of the client.
- The director of a hospital, or their designee, in which the client is hospitalized (including hospitalization pursuant to “5150” and “5250”).
- The director of a public or charitable organization, agency, or home, or their designee, currently or previously providing behavioral health services to the client or in whose institution the client resides.
- A licensed behavioral health professional, or their designee, who is or has been either supervising the treatment of, or treating the client.
- A first responder (peace officer, fire fighter, paramedic, EMT, mobile crisis response worker, homeless outreach worker) who has had repeated interactions with the client.
- The Public Guardian or conservator, or their designee.
- The Director of a county behavioral health agency, or their designee.
- The Director of a county adult protective services, or their designee.
- The Director of a Californian Indian health services program, or their designee; or the judge of a tribal court.
- AND, a COURT may refer an individual from AOT, Conservatorship proceedings, and Misdemeanor incompetency proceedings to the CARE Court program.

# What Must be Contained in the Petition? (Welf. & Inst. Code sec. 5975)

- Facts supporting the petitioner's belief that the client meets CARE court eligibility criteria; and EITHER of the following:
  - An affidavit of a licensed behavioral health professional, stating that based on an examination of the client within the last 60 days OR a review of records and collateral interviews (if the client did not wish to be examined), the client meets CARE court criteria; OR
  - The client has been detained twice for "intensive treatment" per W&I 5250, the most recent one within the previous 60 days.

# What Rights Does the Client Have?
## (Welf. & Inst. Code sec. 5976 and 5976.5)

- To receive notice of the proceedings.
- To receive a copy of the court ordered evaluation.
- To be represented by counsel at all stages of the proceedings.
- **To have a “Supporter” at ALL stages of the proceedings.**
- To be present at all the proceedings (in person or “remotely”).
- To present evidence, call witnesses, cross-examine witnesses.
- To appeal decisions
- Confidentiality (hearings are closed to the public; all writings are confidential)

# What Happens Once a Petition is Filed (Part I)? (Welf. & Inst. Code sec. 5977)

- Court sets hearing within 14 days so long as petition makes is a *prima facie* showing.
- Court appoints counsel to represent the client (legal services or public defender).
- Court orders Director of county behavioral health agency to report on efforts made to voluntarily engage the client in services and whether client has ability to voluntarily engage in services.
- Court orders Director to provide notice to client.
- Court may appoint a "Supporter."
- Court conducts hearing on the merits where it must be shown by clear and convincing evidence that client meets eligibility criteria.
- If client does meet criteria, court orders client, counsel, supporter and behavioral health agency to meet to see if parties will enter into a CARE agreement.
- Court sets case management conference within 14 days.

# What Happens Once a Petition is Filed (Part II)? (Welf. & Inst. Code sec. 5977.1)

- If there is a CARE agreement, continue the matter for progress report in 60 days.
- If there is not a CARE agreement, the court orders the county behavioral health agency to conduct a clinical evaluation of the client.
- If the court finds by clear and convincing evidence that based on the clinical evaluation and any other evidence, the client meets the criteria, then the county behavioral health agency, the client, counsel, and the supporter will all be ordered to jointly develop a CARE plan.
- Court approves the CARE plan.
- If it's shown by clear and convincing evidence that client lacks capacity, the Court may order medication as part of the CARE plan.  HOWEVR, medication cannot be forcibly administered and client cannot be penalized in any way if they don't comply with the order. (See sec. 5977.1(d)(3))
- Issuance of order approving CARE plan begins the one year timeline.

# What Happens Once a Petition is Filed (Part III)? (Welf. & Inst. Code sec. 5977.2 & .3)

- Regular "status conferences" set to monitor progress.
- "One year status conference" set in the 11th month to determine whether to graduate the client from the program with a "graduation plan" OR to continue the CARE plan for up to one more year.
- The "graduation plan" may, at the client's election, include a "Psychiatric Advance Directive ("PAD")."
  - A Psychiatric Advance Directive is a legal document that allows a person who suffers from a mental illness to protect their autonomy by documenting their preferences for treatment in advance of a mental health crisis.

# What Happens if the Client is Not Participating in the CARE Proceedings? (Welf. & Inst. Code sect. 5979)

- If the court determines by clear and convincing evidence that the client respondent is not participating in CARE proceedings or adhering to the CARE plan, the court may terminate the respondent's participation in the CARE program.
- **To ensure the client's safety, the court may utilize existing legal authority pursuant to Article 4 (commencing with Section 5200) of Chapter 2 of Part 1.**
- That the client failed to successfully complete their CARE plan, including reasons for that failure, shall be considered by the court in subsequent conservatorship proceedings and shall create a presumption that the client needs additional intervention beyond what was provided in the Care plan.
- Client's failure to comply with any order shall not result in a penalty, including but not limited to contempt or a failure to appear.

# What Happens if the County is Not Complying with Court Orders?

- If, at any time during the proceedings, the court finds by clear and convincing evidence that the county is not complying with court orders, **the court may fine the county** up to one thousand dollars ($1,000) per day for noncompliance.
- If a county is found to be persistently noncompliant (defined as five or more reports of non-compliance), the court may appoint a special master to secure court-ordered care for the client at the county's cost.

# Who is the Supporter and What is Their Role? (Welf. & Inst. Code sec. 5980 & 5981)

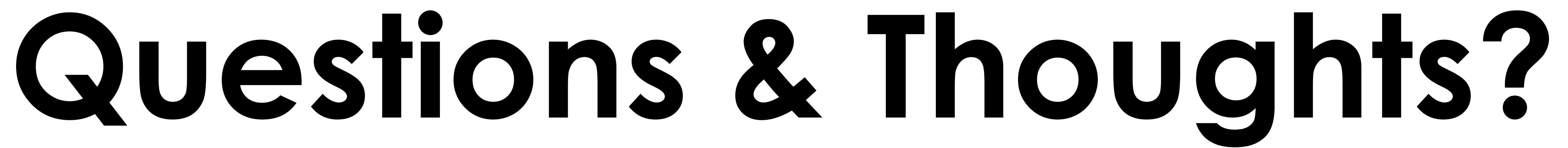
- Specified training will be required.
- Client can, but doesn't have to, choose who the Supporter is.
- Expressed goal is to promote autonomy and informed decision-making and prevent more restrictive protective mechanisms, such as conservatorship.
- Client may have Supporter present at ALL meetings, evaluations, hearings, court proceedings and communications related to CARE court.

# What does the CARE Plan Include?
## (Welf. & Inst. Code sec. 5982)

- Behavioral healthcare services funded through 1991 and 2011 realignment, Medi-Cal, health care plans and insurers, and MHSA.
- Medically necessary stabilization medications.
- Housing resources. Note that CARE court clients shall have **priority** for any bridge housing funded by the Behavioral Health Bridge Housing program. (See sec. 5982(b))
- If a CARE court client is NOT enrolled in a Full-Service Partnership, the court may request information for this and any barriers to enrollment.

# Comparison with Assisted Outpatient Treatment (AOT)

- Eligibility criteria is slightly different.
- Family members can directly petition the court.
- Counties cannot “opt out.”
- Court has power to fine counties who do not comply with CARE plan.
- Path to conservatorship for non-compliance is slightly different.
- The role of the “Supporter” is unique to the CARE court proposal.
- More rigorous yearly reporting and evaluation process.


Questions & Thoughts?

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Thursday, September 22, 2022 10:40 AM
**To:** Works-Wright, Jamie
**Cc:** Warhuus, Lisa; Buell, Jeffrey
**Subject:** FW: FW: Regrading Restorative Justice

**From:** Margaret Fine <margaretcarolfine@gmail.com>
**Sent:** Thursday, September 22, 2022 9:52 AM
**To:** Edward Opton <eopton1@gmail.com>
**Cc:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Subject:** Fwd: FW: Regrading Restorative Justice

Dear Jamie,

Would you please kindly send this email to the Commissioners?

Dear Commissioners,

Tonight we have a presentation planned on diversion in the criminal legal process in Alameda County from 7:15 pm - 8:15 pm. This presentation was scheduled in early August as we have outstanding speakers who will present and it takes time to arrange given their demanding schedules.

After this presentation, I intend to address the last meeting to Commissioners and community members, and it is my hope that persons will wait to hear what I have to say before making any conclusions. It is important to me to speak to Commissioners and community members at the Mental Health Commission meeting to reach everyone in this forum.

It is noteworthy that the presentation this evening is specifically designed to address key issues of the Santa Rita Jail Subcommittee, which Ms. Pritchett has lead for more than a year. This Subcommittee has an key objective to avoid Berkeley people from being placed at the county psychiatric hospital, John George Psychiatric Hospital, or the county jail, Santa Rita Jail, in Alameda County. This Subcommittee has focused on the topic of diversion, including focus on the operational workflow from call to response in the Berkeley community for people in crisis.

Tonight the presentation is designed to address diversion in the criminal legal process in Alameda County by veteran experts to further contribute to the body of knowledge that the Subcommittee, the Mental Health Commission, and the Community has to understand how we can avoid sending Berkeley people to psychiatric hospitals or incarceration. It is designed to fill a significant gap in knowledge that we do not have about diversion that impacts Berkeley people in Alameda County.

This presentation addresses the Subcommittee's key objective, including as it covers pre-charging diversion and diversion during the criminal legal process in Alameda County. It is also designed to bring both district attorney and public defender perspectives to the forefront in an equitable manner. I am sorry if Ms. Pritchett feels that the presentation is packing the agenda, but this knowledge is key to expanding our understanding of the routes people with mental illness and/or substance use disorder or issues may take in the criminal legal process and how to potentially divert them from psychiatric commitment or jail.

I would further encourage Commissioners and community members to look at the overarching picture and how I have supported this Subcommittee over many months, including with rare exception placing agenda items on the agenda and

reminding Commissioners to schedule Subcommittee meetings. On multiple occasions I have sent texts and Zoom links when Ms. Pritchett is not present at other related meetings. Moreover I have called right before meetings to confirm the Subcommittee agenda items and the time allotments.

Further I have contributed significant research on behavioral health interventions for diversion, Berkeley Police Department orders on 5150s, intoxication, and crisis intervention training and analysis, and key diagrams showing how to map the operational workflow from 911 call to response in the field to final destination, and more. While Ms. Pritchett has made demands about the last meeting, I would encourage acknowledging the overarching support I have provided over many months—and I am not a member of this Subcommittee.

Further on September 7, 2022 in response to Ms. Pritchett's email, I wrote in response to her email:

Right now I need time to process the overarching period we have been on the Mental Health Commission over the last three years. There is a gap in time between when your term expires and the meeting after re-appointment when you would return, which is Thursday, January 26, 2022. For me, it is not about solely one meeting but rather about the totality of meetings over these past three years and I want to respond bearing the overall picture in mind. It takes time. (Her term expired September 13, 2022).

Again as I stated above, I plan to address the last meeting after the scheduled presentation tonight and further I am reviewing the past three years as I want to take into account what has transpired during this time and not one meeting. It is important to ensure that we are even-handed and not engaging in any different set of principles applied to one person versus others across the board. Thus I need the time to thoughtfully review this time period and consider an overarching, comprehensive picture and the time exists as explained above.

Thank you for taking the time to read this email. I look forward to seeing you tonight.

Best wishes,
Margaret

Margaret C. Fine
Pronouns: she/her
Chair, Mental Health Commission
Berkeley, CA
Cell: 510-919-4309
LinkedIn: Margaret Fine

On Thu, Sep 22, 2022 at 8:40 AM Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info> wrote:

Internal

Please see the message below from Andrea Prichett

Jamie Works-Wright

Consumer Liaison

Jworks-wright@cityofberkeley.info

510-423-8365 cl

510-981-7721 office

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**From:** Andrea Prichett <prichett@locrian.com>
**Sent:** Thursday, September 22, 2022 8:01 AM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Subject:** Regrading Restorative Justice

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Good morning, Jamie. Can you please share this with the commissioners?

Thanks,

Andrea

*************************************************************************************************

Dear MHC commissioners,

I see that you have a very packed agenda for tonight and the topics are certainly of interest to me. While I would like to join you today as an attendee, I have decided to miss this meeting in order to give myself some space from a situation that is troubling to me and perhaps to you, too.

At our last meeting, Commissioner Opton and I were subjected to a kind of hostile questioning from Commission Chair Fine that was unexpected and somewhat traumatic. While I believe that it is appropriate to ask questions of individuals seeking to serve on the Commission, the lack of notice about the type of questions, the hostile tone of the questioning and the threatening implications ("Andrea, I have it in writing"- without disclosing what "writing" she had or was referring to) was inappropriate. I felt blindsided by the Chair's behavior and I do not feel comfortable returning to the Commission (even as an audience member) without some kind of restorative process taking place. My efforts to

communicate with her directly have been repeatedly rejected and, without her willingness to communicate, there is no way for me to participate effectively as a Commissioner.

Service on City Commissions requires a high level of collaboration and trust between Commissioners. **I propose that the Commission consider asking the Chair to participate in some form of Restorative Justice with me and Commissioner Opton** (if he chooses). Discussion of a possible MHC retreat is premature and unlikely to receive broad support without a more cordial and cooperative atmosphere being created/restored. The Chair has expressed her support for Restorative Justice as a city-wide practice and I would expect/hope that she will be supportive of such a process when she and others come into conflict.

I would like to serve for a second term on the Commission if the City Council approves my nomination. However, if the Chair is hostile to my nomination, changes will be needed. I would like to encourage all Commissioners to review the work plan of the MHC for this year and our mandate. While I appreciate the desire of the Chair to contribute to our awareness of current issues in mental health care, I believe that the members of the commission should be given more say in the creation of the agenda. There are many on-going issues that remain unresolved or responded to by this Commission. By packing the agenda with presentations (no matter how good and informative) we seem to have eliminated our collective ability to actually discuss issues and craft thoughtful responses that truly represent the will of the Commissioners. I hope that you will be able to discuss this issue at some point soon.

Thanks for your consideration of my concerns and please let me know if there is an opportunity to participate in a conflict resolution/restorative justice practice of some kind.

sincerely,

Andrea Prichett

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Thursday, September 22, 2022 8:40 AM
**To:** Works-Wright, Jamie
**Subject:** FW: Regrading Restorative Justice

Internal

Please see the message below from Andrea Prichett


Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

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Thanks for your consideration of my concerns and please let me know if there is an opportunity to participate in a conflict resolution/restorative justice practice of some kind.

sincerely,

Andrea Prichett

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Wednesday, September 21, 2022 4:02 PM
**To:** Works-Wright, Jamie
**Subject:** FW: FW: Responding to text from Margaret

**From:** Margaret Fine <margaretcarolfine@gmail.com>
**Sent:** Wednesday, September 21, 2022 3:56 PM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Subject:** Fwd: FW: Responding to text from Margaret

Hi Jamie,

Would you please forward this message to the Mental Health Commissioners with copy to me? I apologize for not sending the entire email. Thank you.

Dear Mary-Lee,

I hope you are well.

On multiple occasions I have sent emails to Mental Health Commissioners about considering diverse perspectives, particularly as this Commission has people with a range of viewpoints and the Berkeley City Council requests a range of perspectives for quality reports submitted to it. As a Commission, we are asked to make perspectives known for reports as well as our Commission position and the rationales.

Further the presentation Thursday is designed to bring speakers from both the district attorney and public defender perspectives to be equitable in considering these topics. I hope both Commissioners and community members appreciate hearing a full discussion, and more importantly feel they can share their opinions.

I expect that everyone on the Commission would be treat anyone who visits or presents equitably. I did not know you oppose CARE Courts as a consumer. I have not heard your story as a consumer. I appreciate your decision to belong to the Mental Health Commission in the consumer special interest category, but I do not know your story as a consumer except as to your application.

I have shared openly as a consumer as you know but do not want anyone to share that does not desire to do so—that is my advice. I shared last Saturday at the Youth Mental Summit about my lived experience as a young person and living with a mental health condition and my recovery, including accessing mental health services consistently over 35+ years to stay well. It would be lovely if you choose to share but only as it is comfortable for you.

I would add that there are diverse perspectives among consumers on many topics ranging from CARE courts to the role of law enforcement, 5150s, and the use of alternative non-police responder programs and voluntary crisis stabilization centers. There are also diverse perspectives among Commissioners and we must work together given different positions on key areas.

It is important that the Mental Health Commission is well-balanced in covering topics from policing to homelessness to much more, including their intersections. One of the foremost duties of the Mental Health Commission is holding

MHSA public hearings on $8-9 million dollars of funding for all programs of the public mental health system for the City of Berkeley. The MHSA is the Mental Health Services Act, the 1% tax on millionaire income in California. These duties require that Commissioners have broad knowledge of our public mental health and substance use system, including in Berkeley and Alameda County. As Chair, I work to ensure that we are well-equipped and also serving the community.

For example, our Commission is effective and thoughtful in gaining knowledge through community presentations about the intersection of mental health and substance use with multiple government systems, as well as focusing on people with serious mental illness and substance use disorders and issues—many of whom are homeless. Over several years we have had these presentations so everyone can accumulate extensive knowledge to be meaningfully participate across the board.

Overall the Mental Health Commission is tasked with recognizing that we have a range of responsibilities across the board.Thus the tradition of having presentations began with a former Chair boona cheema and it continues today as a way to gather knowledge and experience about who we serve and how we meet our statutory duties to review and evaluate the needs, services, facilities and special problems of our community.

The Mental Health Commission has had representatives from the Division of Mental Health and Alameda County Behavioral Health, and several community-based organizations present including LifeLong Street Medicine Team, Homeless Action Center, and East Bay Community Law Center, the Mental Health Association of Alameda County, the Alameda County Network of Mental Health Clients which includes the Berkeley Drop-In Center.

I look forward to seeing you on Thursday at our Mental Health Commission meeting.

Best wishes,
Margaret

Dr. Margaret Fine, JD, PhD
Pronouns: she/her
Chair, Mental Health Commission
Berkeley, CA
Cell: 510-919-4309
LinkedIn: Margaret Fine

On Wed, Sep 21, 2022 at 10:30 AM Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info> wrote:

> Please see the message from Mary Lee Smith
>
> Hi Margaret,
>
> I am responding to your text message which I received on 9/19/22 and which I cut and paste below. I believe in transparency and think this text should be public. I believe your text is about our upcoming meeting this Thursday in which our experts and possibly Commissioners will discuss the Care Courts. You know that as a mental health consumer

I oppose the Care Courts. I have done extensive research into them and into other options. I have attended forums on both sides. I have met with consumer groups. I feel confident in my position. On your advice, however, I have not raised this on the Commission because there are Commissioners, especially those with family members who have mental illness, who are in favor of Care Courts and, as you have indicated, I need to consider their feelings.
So I was surprised to get your text which seemed to single me out again (when I have remained silent so far and as far I am can tell treated everyone equitably) and encouraged an open mind when I have been working on this issue for a year or so I do have a well-researched position.
I do not believe my statutory duties require me to censor myself. I believe that someone who is in fact a mental health consumer on the Commission I should voice that perspective. Of course, I will do so respectfully and with an understanding that this is a complex issue. What bothers me is that I am not sure other Commissioners have been sanctioned to treat others equitably.
Perhaps I should say it in writing so it isn't somehow as offensive. The personal part of my position on Care Courts is that legislation such as this threatens my autonomy because it is so broad. One mental health crisis and I could be torn away from my children and husband and basically incarcerated for up to 2 years. This is punitive not restorative. And I see that for parents who have kid with mental illness it is a way to save their kids but for me and others it is a way to ruin my life. Perhaps you think it can't happen because everything looks so "normal" for me now. Let me tell you in a mental health crisis everything changes: you aren't a mother, a wife, a Commissioner, you are a threat. After been held at gunpoint during a crisis, I know anything can happen in a mental health crisis. That's my truth. There are other policy concerns too but that is really a big part of why I and so many consumers live in fear of legislation like this.
I think it would actually be a good thing if we had productive dialogue on the Commission between the different interests and perspectives. I don't think there is enough of this. Instead we worry about offending and we censor. I think if we can create a safe place with agreed upon norms for a discussion about Care Courts (and other controversial topics of which there are many) it could be very productive. It might have been good for our legislators to do it!!
I welcome discussion at our meeting on Thursday. You all know where I stand but as always I will remain respectful and curious and looking for bridge building opportunities.
In solidarity,
Mary-Lee
****
Text from Margaret Fine sent to Mary-Lee Smith 9/19/2022 at 5:42pm.
I hope you treat people equitably, are open to the full story, and looking at issues from all angles as BCC expects us to do. Ned and I attended a FASMI meeting to see what we could learn—he sent the link. Glenn is a member. There are diverse perspectives on the Commission and our statutory duties mean we must hold public hearing on all public mental health programs for the City of Berkeley—which is millions. I've studied it going on 6 years. A lot to know.

Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

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-----Original Message-----
From: Mary-Lee Smith <mkimbersmith@gmail.com>
Sent: Wednesday, September 21, 2022 9:14 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Responding to text from Margaret

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Hi Jamie,
Could you send this correspondence to Margaret and copy all the Commissioners.
Thank you.
Mary-Lee Smith
*******************


Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
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## Works-Wright, Jamie

**From:** Works-Wright, Jamie
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**To:** Works-Wright, Jamie
**Subject:** FW: Responding to text from Margaret

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Hi Jamie,
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Thank you.
Mary-Lee Smith
*******************

## Works-Wright, Jamie

**From:** Works-Wright, Jamie
**Sent:** Wednesday, September 21, 2022 8:32 AM
**To:** Works-Wright, Jamie
**Subject:** FW: Invitation: October 21st Statewide Meeting/Training (Zoom & Sacramento) CALBHB/C

Please see the information below.


Jamie Works-Wright
Consumer Liaison
Jworks-wright@cityofberkeley.info
510-423-8365 cl
510-981-7721 office

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**From:** CAL BHBC <cal@calbhbc.com>
**Sent:** Tuesday, September 20, 2022 7:29 PM
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
**Subject:** Invitation: October 21st Statewide Meeting/Training (Zoom & Sacramento) CALBHB/C

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Please share with local members and support staff.

View as PDF

California Association of Local Behavioral Health Boards and Commissions

**CALBHB/C Quarterly Meeting/Training Invitation**
By Zoom and In-Person (Sacramento*)
October 21st, 2022, 1 pm - 4 pm

**Please Register at:** www.calbhbc.org/registration (There is no fee to register)

**Presentations & Updates** (1 pm** - 2:10 pm)

CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C)

CA Behavioral Health "Planning Council" Update

Mental Health Services Oversight & Accountability Commission Update

Peer Provider Certification Progress & Implementation in CA

**Training** (2:15 pm - 3:25 pm)

- Behavioral Health Continuum: Foundational Elements & Sustainable Funding
- How to Be An Effective Board/Commission

**Issue-Based Discussion** (3:25 pm - 4:00 pm)

Local board/commission members are encouraged to share local successes and challenges related to mental/behavioral health.

---

All members of local mental/behavioral health boards and commissions are welcome to attend meetings and trainings. Additionally, the staff liaisons who support the local boards/commissions are welcome and encouraged to attend!

There is no fee to register for meetings/trainings.

Expenses: CALBHB/C will pay travel-related expenses for one member*** per county in the Central Region (but more are welcome!) *** CALBHB/C will pay travel-related expenses for two members in counties that have a CALBHB/C Governing Board member.

* Location information is provided through registration confirmations to attendees.

** Lunch available at 12 pm - A deli lunch buffet will be provided for registered in-person attendees.

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**The CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) supports the work of CA's 59 local mental/behavioral health boards and commissions.**

www.calbhbc.org email: info@calbhbc.com facebook/CALBHBC twitter/CALBHBC