



Health, Housing & Community Services  
Mental Health Commission

To: Mental Health Commissioners  
From: Jamie Works-Wright, Commission Secretary  
Date: February 17, 2021

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Health, Housing & Community  
Service Department  
Mental Health Commission

## Berkeley/ Albany Mental Health Commission

Regular Meeting  
Thursday, February 25, 2021

Time: 7:00 p.m. - 9:00 p.m.

Zoom meeting <https://zoom.us/j/96361748103>

**Public Advisory:** Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the Mental Health Commission will be conducted exclusively through teleconference and Zoom Videoconference. Please be advised that pursuant to the Executive Order and the Shelter-in Place Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

**To access the meeting remotely:** Join from a PC, Mac, and iPad, iPhone or Android device: Please use the URL: <https://zoom.us/j/96361748103>. 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 963 6174 8103. 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

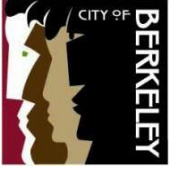
7:00pm

### 1. Roll Call

### 2. Preliminary Matters

- a. Action Item: February 25, 2021 Agenda Approval
- b. Public Comment
- c. Action Item: Approval of the January 28, 2020 minutes

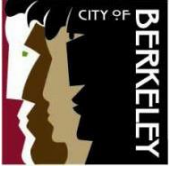
A Vibrant and Healthy Berkeley for All  
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(510) 486-8014 FAX • [bamhc@cityofberkeley.info](mailto:bamhc@cityofberkeley.info)



Health, Housing & Community  
Service Department  
Mental Health Commission

3. **Special Care Unit update – Lisa Warhuus**
4. **Recusal from consideration, discussion or voting on an issue before the MHC regarding immigration nonprofit, EBSC, for M. Fine (Commissioner Manual, pp. 25)**
5. **Recommendations for Jail Diversion Strategies and Community Services**
6. **Emergency Mental Health Response in January 2 Incident involving Vincent Bryant**
7. **Discussion and Possible Action on Subcommittee Reports**
  - a. Create Mental Health Equity and Inclusion Subcommittee
  - b. Work Plan Subcommittee report
8. **Data Collection Issues and Concerns: Commissioner Opton letter**
9. **Mental Health Manager Updates- Steve Grolnic-McClurg**
  - a. Mental Health Manager Report
  - b. Caseload Statistics from Mental Health Division
10. **Federal Funding for Mental Health First Responders**
11. **Prioritize Agenda Items for March Meeting**
12. **Adjournment**

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Health, Housing & Community  
Service Department  
Mental Health Commission

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

**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 1521 University Ave, Berkeley, CA 94703*



Department of Health,  
Housing & Community Services  
Mental Health Commission

## Berkeley/Albany Mental Health Commission Draft Minutes

7:00pm  
Zoom Webinar

Regular Meeting  
January 28, 2021

**Members of the Public Present:** Barb Atwell, Javonna Blanton, Zachary Bowin, David Brannigan, Wendy Alfsen, Andrea Zeppa, Peter Hong, Jeff Davis, Andrew Phelps, boona cheema

**Staff Present:** Fawn Downs, Steve Grolnic-McClurg, Jamie Works-Wright, Lisa Warhuus

### 1) Call to Order at 7:06pm

Commissioners Present: Margaret Fine, Paul Kealoha-Blake, Maria Moore, Edward Opton (7:21), Andrea Prichett **Absent:** Ann Hawkins

### 2) Preliminary Matters

#### a) Approval of the January 28, 2021 Agenda

**M/S/C (Fine, Prichett) Move to approve the January 28, 2021 Agenda–  
PASSED**

**Ayes:** Fine, Kealoha-Blake, Moore, Prichett **Noes:** None; **Abstentions:** None;  
**Absent:** Hawkins, Opton

#### b) Public Comment – No Public Comments

#### c) Approval of the October 22, 2020 Minutes

**M/S/C (Kealoha-Blake, Prichett) Motion to accept the October 22, 2020 minutes  
PASSED**

**Ayes:** Fine, Kealoha-Blake, Moore, Prichett **Noes:** None; **Abstentions:** None;  
**Absent:** Hawkins, Opton,

#### d) Approval of the December 3, 2020 Minutes

**M/S/C (Fine, Prichett) Motion to adopt the December 3, 2020 minutes  
PASSED**

**Ayes:** Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None; **Abstentions:** None;  
**Absent:** Hawkins

### 3) Prioritize Dispatch for Re-Imagining Public Safety Presentation by Fire Chief David Brannigan

**No Motion Made**

- 4) **Mental Health Vacancies- Review MHC membership grid**  
**No Motion Made**
  
- 5) **Interview and vote on the nomination of Javonna Blanton on the Mental Health Commission**  
**M/S/C (Opton, Fine) Move that we approve her.**  
**PASSED**  
**Ayes:** Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None; **Abstentions:** None;  
**Absent:** Hawkins
  
- 6) **Interview and vote on the nomination of boona cheema on the Mental Health Commission**  
**M/S/C (Fine, Kealoha-Blake) Move to approve the nomination of boona cheema to the Mental Health Commission**  
**PASSED**  
**Ayes:** Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None; **Abstentions:** None;  
**Absent:** Hawkins
  
- 7) **Re-nominate Paul Kealoha-Blake as a commissioner on Mental Health Commission**  
**M/S/C (Opton, Fine) Move to re-nominate Paul Kealoha-Blake.**  
**PASSED**  
**Ayes:** Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None; **Abstentions:** None;  
**Absent:** Hawkins
  
- 8) **Discussion of the election for the offices of Chair and Vice Chair**  
**M/S/C (Fine, Kealoha-Blake) Make to motion to hold the election for chair and vice chair at our monthly March meeting 2021**  
**PASSED**  
**Ayes:** Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None; **Abstentions:** None;  
**Absent:** Hawkins
  
- 9) **Special Care Unit update – Lisa Warhuus**  
**No Motion made**
  
- 10) **Mental Health Commission to appoint one of its members to the Re-Imagining Public Safety**  
**M/S/C (Opton, Prichett) Edward Opton will nominate himself**  
**PASSED**  
**Ayes:** Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None; **Abstentions:** None;  
**Absent:** Hawkins
  
- 11) **Elect representative to the Reimaging Public Safety Task Force from the Mental Health Commission (City Council announced in 12/20)**  
**Motion is same as #10**
  
- 12) **Mental Health Manager Updates- Steve Grolnic-McClurg**

a) Caseload Statistics from Mental Health Division

**13) Federal Funding for Mental Health First Responders-  
Carry item over to February meeting**

**14) Discussion and Possible Action on Subcommittee Reports**

a) Work Plan report

i) Discussion of priority areas presentation by boona Cheema

No motion made

**15) Prioritize Agenda Items for February Meeting**  
Reviewing data within the Mental Health division  
Continue discussion for work plan

**16) Adjournment – 9:02pm**

**M/S/C (Kealoha-Blake, Opton) Motion to adjourn the meeting –  
PASSED**

**Ayes:** Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None; **Abstentions:** None;  
**Absent:** Hawkins

**Minutes submitted by:** \_\_\_\_\_

Jamie Works-Wright, Commission Secretary



## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Thursday, February 4, 2021 8:55 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Recommendations for Jail Diversion Strategies Final Report

Hello Commissioners, please see the information below from Commissioner Opton

In an e-mail a few minutes ago, I forgot to include access information for the "Recommendations for Jail Diversion Strategies and Community Services" report. Here it is:

PDF A1\_JIMH Recommendations for Jail Diversion Strategies Final Report Oct. 2020.pdf  
 [The misspellings of "Recommendations" and "Diversion" are in the e-mail that was sent to me. It may or may not be necessary to include the misspelling to search for and retrieve the e-mail.]

[drive.google.com/file/d/1eFesDBGNK37GIYi9jLP7aTT217vgwtMq/view](https://drive.google.com/file/d/1eFesDBGNK37GIYi9jLP7aTT217vgwtMq/view)

Ned

Jamie Works-Wright

Consumer Liaison

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**From:** Edward Opton [mailto:[eopton1@gmail.com](mailto:eopton1@gmail.com)]  
**Sent:** Wednesday, February 3, 2021 11:54 AM  
**To:** Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
**Subject:** Recommendations for Jail Diversion Strategies Final Report

**WARNING:** This email originated outside of City of Berkeley.

**DO NOT CLICK ON** links or attachments unless you trust the sender and know the content is safe.

2.3.21

Alameda County has published an important report on strategies for "diverting" people with mental problems to mental health services instead of jail and prison. This is a racial equity issue as well as a mental health issue. The report finds that the present practices in Alameda County (including Berkeley) "divert" people of one ethnic group to jail disproportionately to other ethnic groups. I'm sure we all know which one. Berkeley's Mental Health Commission (MHC) should read this report and should decide whether and how to put it on their agenda for discussion with Berkeley's Mental Health Division.

Can your office help to make the report available to the MHC? The report is available on-line, but it's too long to read on-screen, and, at 54 printed pages, it's too long for the MHC members to print on their home printers. Also, some of us probably don't have printers at our homes.

If it might help to talk about this, I'm at 510-524-6858.

Edward Opton

# Police release name of Berkeley officer who shot man in early January

The officer, Madison Albrandt, was hired by the city of Berkeley in November 2019, attended the police academy and was sworn in on May 19, 2020.

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By Emilie Raguso Jan. 28, 2021, 2:09 p.m.



The shooting took place in the Tang Center courtyard on Bancroft Way. Photo: Pete Rosos  
The Berkeley Police Department has released the name of the officer who shot and wounded a homeless parolee in early January after he is alleged to have threatened officers and a store clerk with a 13-foot metal chain.

The officer, Madison Albrandt, was hired by the city of Berkeley in November 2019, attended the police academy and was sworn in on May 19, 2020.

The department identified the officer publicly for the first time Wednesday in response to a Berkeleyside Public Records Act request filed just after the Jan. 2 shooting, which the man survived.

The department also told Berkeleyside it plans to release video recordings from the shooting by mid-February.

Police had previously identified the homeless man the officer shot as 51-year-old Vincent Bryant. On Jan. 6, the Alameda County district attorney's office charged Bryant with robbery, assault on a peace officer and resisting arrest, as well as parole violation. All of the charges are listed as felonies and include special allegations that two of the felonies should be considered serious or violent, and that Bryant used a deadly weapon — a metal chain — during the robbery.

The Jan. 2 incident was the first time a Berkeley police officer shot and wounded a suspect since 2012. Last year, a Berkeley police officer fired her gun at a driver fleeing a robbery scene but she did not hit him. Berkeleyside will have an update on that case soon.

The Jan. 2 incident started, according to court papers, when Bryant walked into the downtown Berkeley Walgreens at 2190 Shattuck Ave. shortly before 8:30 p.m. He selected a number of food items valued at \$14 and placed them at the register, according to court papers. Police said Bryant left \$1 on the counter then walked toward the store exit.



The front entrance of Walgreens at 2190 Shattuck Ave., Jan. 28, 2021. Photo: Pete Rosos  
“An employee confronted Bryant and told him he needed to pay for the items. Bryant pulled out a long metal chain from his bag and threatened to break all the windows,” police wrote. “Out of fear, the employee exited the store and called for police.”

BPD said officers saw Bryant walking on Bancroft Way. They tried to detain him, BPD said previously, but he walked into the Tang Center courtyard at 2222 Bancroft Way, about four blocks from Walgreens.

“A negotiator-trained officer attempted to de-escalate the suspect, but he continued to speak and act in an erratic manner,” according to the initial BPD statement.

Police said in court papers that Bryant ultimately pulled out a 13-foot-long metal chain when officers confronted him, then “whipped it on the ground,” telling police: “My weapon of choice is a fucking gun, but God wants me to use this on your ass.” He then “raised the chain in the air to signify his intent to use the chain as a weapon,” police wrote.



The Tang Center, 2222 Bancroft Way. Image: Google Street View

BPD said officers shot Bryant with less-lethal munitions — such as foam projectiles — when he advanced on them. When that didn’t stop him, according to BPD, Albrandt fired at Bryant, striking him in the jaw.

According to court papers, Bryant has felony convictions for home burglary, in 2019 and 1997, and grand theft auto in 2018. He is alleged to have one strike.

Bryant’s first court date is not currently listed in the court records available online and he does not appear to be in custody in Alameda County jails. At the time of last report, he remained in the hospital. Berkeleyside has asked BPD for a status update.

Berkeleyside will continue to follow the story and is seeking all police records related to the shooting.

**DRAFT WORK PLAN 2021 - 2022 for  
MHC Work Plan Subcommittee 1/21/2021**

<b>GOAL 1: Participate in evaluation of Mobile Crisis services and developing appropriate crisis response services, including for Specialized Care Unit (SCU)</b>				
STRATEGY	SUBCOMMITTEE	ACTION STEPS	CURRENT STATUS & PROGRESS	OUTCOME
<b>GOAL 2: Review and evaluate mental health equity, disparities and inclusion of diverse and marginalized people at the Division of Mental Health, particularly due to COVID crisis</b>				
STRATEGY	SUBCOMMITTEE	ACTION STEPS	CURRENT STATUS & PROGRESS	OUTCOME
<b>GOAL 3: Request the City Council to lead a city-wide public education campaign to address the mental health, substance use and homelessness crisis including that is accessible in a COVID environment or future disasters.</b>				
STRATEGY	SUBCOMMITTEE	ACTION STEPS	CURRENT STATUS & PROGRESS	OUTCOME

**GOAL 4: Review and evaluate the integration of harm reduction principles and substance use services into all programs for the Division of Mental Health, including to address the substance use crisis due to COVID. Advise City Council.**

STRATEGY	SUBCOMMITTEE	ACTION STEPS	CURRENT STATUS & PROGRESS	OUTCOME

**GOAL 5: Review, evaluate and advise the City Council about the public mental health system and the integration of Whole Person Care, including to avoid further crisis with coordination of services, data sharing among providers and employing peer specialists.**

STRATEGY	SUBCOMMITTEE	ACTION STEPS	CURRENT STATUS & PROGRESS	OUTCOME

**GOAL 6: Examine ways in which current police practices impact community mental health, particularly as a result of structural racism and the COVID crisis**

STRATEGY	SUBCOMMITTEE	ACTION STEPS	CURRENT STATUS & PROGRESS	OUTCOME

**GOAL 7: Request updated information including: Mental Health Manager reports; caseload statistics; budget, revenue, expenditure data; best practices including for cultural responsiveness, especially given adapting to the COVID crisis**

STRATEGY	SUBCOMMITTEE	ACTION STEPS	CURRENT STATUS & PROGRESS	OUTCOME

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**EDWARD M. OPTON, JR.**

1428 CORNELL AVENUE  
BERKELEY, CA 94702

By Hand Delivery

January 24, 2021

Manager Steven Grolnic-McClurg  
Dept. of Health, Housing & Community Services  
Mental Health Division  
City of Berkeley  
2180 Milvia St., Second Floor  
Berkeley, California 94704

Re: Mental Health Manager Reports - Caseloads, Costs & Other Data

Dear Mr. Grolnic-McClurg:

As a member of the Berkeley-Albany Mental Health Commission (“MHC”), I’m writing to request clarifications and improvements in the format of the monthly document series produced by your Division. The series is titled “Berkeley Mental Health Caseload Statistics for [month] [year].”

I considered placing this request on the MHC’s agenda for its consideration, comments, and for transmission to you, but I hope this less formal letter will initiate a less formal and more productive process. I will of course make your response available to the MHC.

I am sure the MHC’s aim is the same as your individual hope, and mine: to assemble useful, accurate, management and performance data on the core services that comprise the Mental Health Division (“MHD”). The data are summarized in the column headings of the reports that the MHD has provided to the MHC during my service on the MHC, 2020-2021, and in prior years, as part of the above-mentioned “Berkeley Mental Health Caseload Statistics.” The components included are:

Column 1: “[description or title of services],” including capsule titles or descriptions of particular services

Column 2: “Intended Ratio of staff to clients”

Column 3: “Clinical Staff Positions Filled”

Column 4: “# [number] of clients open this month”

Column 5: “Average Monthly System Cost Previous 12 Months”

Column 6: “Fiscal Year \_\_\_\_\_ Demographics as of [month] [year]”

Column 7: “Fiscal Year \_\_\_\_\_ Demographics as of [month][year]”

For illustrative purposes I’ll summarize some of what appear to me to be problems with the first of the nine sections of the monthly report for December 2020.<sup>1</sup>

## **I. Data Problems**

(A) The first data box, Column 2, “Intended Ratio of staff to clients,” describes the staff-client ratio as “1 to 10,” i.e., one [clinical staff member] to ten [clients]. But does this mean one full time equivalent (“FTE”) clinician for ten clients? Or does it include staff support, i.e., some fraction of a clinical FTE plus a fraction of an FTE of clerical support and a fraction of an FTE of managerial support? The cost impacts of these differences may be substantial.

(B) The second data box, “Clinical Staff Positions Filled,” lists 7 clinicians. Were they all full-time employees? Did each of them work solely on the “Full Service Partnership,” or did some work on other services as well?

(C) The third data box, “# of clients open this month” provides the numerator for important data, staff-patient ratios, but a vital term, “open,” is undefined. Does a patient who leaves the program on the 15th of the month, the halfway point, count as one patient “open” for that entire month? Or as one-half a patient for that month because the patient was in the program for one-half of the month? Or is that patient not counted for the month at all because the count was taken at the end of the month, two weeks after the patient had left?

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<sup>1</sup> This is Page 32 of the of the MH Commission Packet for January 28, 2021.

(D) The fourth data box, “Average Monthly System Cost Previous 12 Months,” lists a dollar figure: \$5,092. This may be the cost of clinical services for the average client per month of client status, counting salaries only, but it more likely is the average total monthly cost for the entire client roster of Adult Older Service Partnership and TAY (transition age youth). The monthly costs would be higher, however, if some or all of the following were included:

- (i) Costs of employee benefits, especially medical benefits, employer’s share of investments in programs to fund projected pension benefits, employer’s share of payroll taxes, unemployment insurance, employer-provided malpractice insurance, if any, and an allocation of the MHD’s occupancy expenses: rent, utilities, cleaning, security services, and the like.
- (ii) Costs of supervision, management, and clerical support, allocated among the clinicians.
- (iii) Costs of in-service training, if provided.
- (iv) Transportation costs if clinicians provide services outside the office.<sup>2</sup>

The above-listed issues are bookkeeping/cost accounting items, but they may be far from trivial. Law firms typically spend about 50 percent of their receipts on such items. The unallocated costs for clinicians may be similar. If the unallocated costs for the Full Service Partnership clinicians were only 25% of the “Average Monthly System Cost,” the true total cost would rise to \$6,365 per month. That amount is only about \$90 per client per month, according to the data in the table. Ninety dollars per month for severely ill patients raises an important question: should Berkeley allocate *more* funding to this exceptionally needy and deeply distressed segment of our city’s residents.

E. The fifth data box, “Fiscal Year 2021 Demographics as of Jan 2012,” provides data on basic demographics. Unfortunately, it is internally inconsistent:

- (i) “72 Clients
- (ii) API: 2

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<sup>2</sup> Another important cost item, apparently not included in the tabulated data, is the cost of psychotropic drugs. Costs may run well beyond \$1,000 per month per patient. The true costs are difficult to estimate because the sales organizations that distribute the drugs have succeeded in concealing the true costs within a maze of concealed rebates and unpublicized discounts.

- (iii) Black or African-American: 19
- (iv) Hispanic or Latino: 5
- (v) Other/Unknown:30
- (vi) White:18
- (vii) Male: 47
- (viii) Female: 5”

The total number of clients, 72 (line i), should be the sum of lines (ii)-(vi), but the total of those lines is 74. The total for genders, lines (vii) and (viii), should be the same as the line (i) total, 72, but it is 52. Various explanations are plausible: “client declines to state,” “patient’s individual records are incomplete for gender, ethnicity, or both,” “source record is missing or illegible,” and so forth. But the fact that the data is internally inconsistent ordinarily would be noted by the compiler, editor, or manager. The presence of obvious conflicts in basic demographic data that are merely transcribed from routine records raises questions about the reliability of other more important but less-easily-compiled data that must be generated by calculation or estimation.

This letter has commented, so far, on only the topmost 5 of the 60 data boxes (5 columns, 12 rows) of the December 2020 report, pages 32-35 of the January 2021 MH Commission Packet. A number of the remaining 55 data boxes are problematic as well in ways both similar to and different from those discussed above. This letter will leave those 55 data boxes to another day, if ever, because it may be more useful to discuss two different facets of the monthly reports.

## **II. Missing Data Problems**

The monthly report, “Berkeley Mental Health Caseload Statistics for [month] [year]” that MHD provides to MHC appears to be designed to report three core statistics:

- \* number of clinical staff
- \* number of patients
- \* monthly expenditures

These items are key data, access to which is essential to the MHC’s mission. But are the reported numbers approximately complete and more or less accurate? On examination, problems are apparent.

For example, the first line of the Adult Services page (p. 32 of the January 2021 report, providing data for December 2020) shows:

- \* a number for clinical staff: 7 FTE (“full-time equivalents”) if the “Team Lead” is included and if the staff does in fact work full time in the program
- \* a number for patients: 71 patients
- \* an amount for “System Cost”: \$5,092.<sup>3</sup>

It appears to be impossible that both the first and the third of the above items are correct. If clinical staff each earn \$60,000 per year in base salary—a rock-bottom estimate—the monthly cost would be \$5,000 per clinician, so seven such clinicians would cost \$35,000 per month in base salary, nearly **seven times** the \$5,092 amount the MHD has reported to the Mental Health Commission.

Similar implausibilities mar the other sections of the report. It provides, on pages 32 and 33 of the monthly report to the MHC, nine lines of data on the MHD’s clinical services. Adding across the nine lines, one finds the following totals:

- \* 29 clinical staff
- \* 726 patients
- \* \$16,075<sup>4</sup> monthly system cost

Twenty-nine FTE clinical staff providing services to patients at an estimated monthly “System Cost” of \$16,075 implies a monthly System Cost of \$554 per clinician employee. [ $29 \times \$554 = \$16,066$ ]. A salary of \$554 per month would not even provide the legal minimum wage, still less would it be plausible for employment of credentialed, licensed mental health professionals.

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<sup>3</sup> The ambiguity of the term “System Cost” is problematic. Does it mean an estimated cost of the entire program? The cost of personnel alone? The cost of clinical personnel only? Does it include base salaries only, or does it also include the employers share of payroll taxes, medical benefits, employer’s contribution to pension funds, wages and salaries for non-clinical personnel and administrators, training, travel, office expenses, occupancy costs, and other expenditures?

<sup>4</sup> But note that no cost information at all is provided for one of the programs, High School Health Center and Berkeley Technological Academy.

One must consider the possibility that the “System Cost” listed in the fourth column heading from the left is not a monthly total cost for all the clients in a program, but is instead the monthly cost **per client**. But that, too, appears to be implausible. For example, the “Average Monthly System Cost Last 12 months” is listed on page 33 as \$5,113 for the Children’s Full Service Partnership. Can it be true that the MHD pays for psychiatric and psychological services to children at the rate of \$5,113 per child per month, \$61,356 per child per year? A high-society psychoanalyst who provides services to hedge fund billionaires might charge \$60,000 per year for intensive four-sessions-per-week therapy, but it would be surprising if a public agency funded psychiatry at that scale.

Reviewing the entire set of data listed at pages 32 and 33 of the December 2020 report, one finds a total “Average Monthly System Cost Last 12 months” (fifth column heading from the left) of \$16,075 per month, which is \$192,900 per year. I have heard rumors that the MHD’s total expenditures are about \$16,000,000 per year.<sup>5</sup> One hundred ninety-two thousand dollars is about 1.2 percent of \$16 million. Tabular information concerning 1.2% of MHD expenditures is too small a fraction to enable the MHC to do useful work in reviewing MHD’s operations as a whole.

I bring the above issues to your attention not because it is the MHC’s job to check the MHD’s arithmetic. Auditing bookkeeping and the presentation of financial data is the responsibility of the City Auditor and is outside the capabilities or ambitions of the MCH.

What **is** the MHC’s job is review of the MHD’s accomplishments. When services are performed well, by qualified staff, with reasonable workloads, appropriate oversight, adequate security, productive relationships with other agencies, attention to results, and adequate planning for the future, the MHC’s mission, as defined in its charter, is to advise the City, including the Mayor, City Council, and the MHD itself, that the work of the MHD is important, is successful, and should be applauded, supported, and enlarged. Conversely, if the data indicate substantial problems, the MHC should do what it can to identify them, to see if they are real or illusory, and the MHC should do all that it can to support the MHD’s efforts to overcome

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<sup>5</sup> I regret that I have no information on total expenditures per year beyond rumors. That gap in basic information is a problem in itself. I should have closed that gap, and I hope to do so in the future.

or ameliorate the problems. If the data that the MHD provides to the MHC is unreliable, the MHC cannot do its job.

### **III. Relevancy Problems**

An additional set of considerations may be even more important than the reliability of the monthly data reports. That additional set of considerations is the data's relevance to decision-making. The Mental Health Division, the MHD, must decide which programs it will expand, which to contract, which to maintain in their present form, and which to reform, i.e., to improve, or to eliminate. Bookkeepers and accountants can provide only the data that they speculate might be useful or that management specifically requests. Likewise, the Mental Health Commission (MHC) can be useful to the City only if it receives types of relevant information, accurately reported, that the Mental Health Division could use to better achieve its goals. *Without such data, it is difficult to conjure a useful function for the MHC.*

The author of this letter has reviewed more than a year's collection of the MHD's Berkeley Mental Health Caseload Statistics reports. He has not been successful in coming up with recommendations based on these data sets. Have you? For example:

Has the MHD reviewed the data and concluded that the MHD already is achieving the best possible uses of its available funding? If so, perhaps the Mental Health Commission is superfluous.

Or do the statistics suggest changes in the uses of the currently available funding to make the Division's efforts even more productive?

Does the data suggest that increases in MHD funding, within the current pattern of uses of those funds, would be truly valuable?

Or does data suggest that certain reductions in funding could be sustained without impairing the Division's current levels of achievement?

If the current monthly data sets identified above are not directing future efforts, does the MHD have other data sets? Are those data sets potentially more valuable for planning purposes? I observed tremendous improvements in data reporting, program planning, and program

evaluation when, several years ago, the State of California abolished its Department of Mental Hygiene and transferred the defunct agency's functions to other departments of the state government. Might a somewhat analogous potential for improvement exist within the City of Berkeley? I understand that consultants have been, or soon will be, retained to advise on such efforts. Can the MHC count on you to advocate for more productive use of the MHC's potential within that consulting process?

\* \* \*

I invite you to consider the role that you would like the MHC to take in Berkeley's mental health efforts. The MHC is an advisory group of volunteers. What sorts of advice, counsel, praise, criticism, cheerleading, finger-pointing, problem-identifying, problem-solving, literature-reviewing or other activities would be helpful to the Mental Health Division and to you?

What types of information can the MHD provide to the MHC to enable the MHC to provide the types of advice and counsel that would help the Mental Health Division and yourself?

It appears to me that the MHD's current monthly data reports to the MHC are not well fitted to the purposes I've listed above. To identify data—numerical, conversational, documentary, observational, anecdotal, or otherwise—that may help the MHC to advise the MHD and other Berkeley officials (for that is the MHC's mission, as outlined in its charter), I suggest we set aside some time for discussions among selected MHD and MHC personnel, perhaps as part of an MHC subcommittee meeting.

Would you like to discuss that possibility? I can be contacted at 510-524-6858, [eopton1@google.com](mailto:eopton1@google.com), or 1428 Cornell Avenue, Berkeley 94702.



If you would like to bring other members of the MHC into such a discussion, they can be reached through the Commission's secretary, Ms. Jamie Works-Wright.

Sincerely yours,

Edward M. Opton, Ph.D., JD  
Member, Berkeley/Albany Mental Health Commission

CC: J. Works-Wright



Health Housing and  
Community Services Department  
**Mental Health Division**

## MEMORANDUM

**To:** Mental Health Commission  
**From:** Steven Grolnic-McClurg, Mental Health Division Manager  
**Date:** February 16, 2021  
**Subject:** Mental Health Manager Report

### Mental Health Services Report

Please find attached the report on Mental Health Services for January, 2021. As a reminder, the report has a column labeled “Average Monthly System Cost Last 12 Months.” This column reflects the average cost for a client in this program to the Mental Health System in total – this includes costs charged to Alameda County by the City of Berkeley program, other programs in the Alameda County Behavioral Healthcare System, subacute residential placements, hospitalizations, and jail mental health services. While still not comprehensive of all costs, this data hopefully comes closer to reflecting the overall costs of services for clients in each program.

### FY2020 MHPA Revenue and Expenditure Report

Please find attached the FY2020 Revenue and Expenditure Report. This report reflects final expenditures by City of Berkeley for MHPA funded programs in FY2020 (July 2019-June 2020).

*A Vibrant and Healthy Berkeley for All*

**Berkeley Mental Health Caseload Statistics for  
January 2021**

<b>Adult Services</b>	<b>Intended Ratio of staff to clients</b>	<b>Clinical Staff Positions Filled</b>	<b># of clients open this month</b>	<b>Average Monthly System Cost Previous 12 Months</b>	<b>Fiscal Year 2021 Demographics as of Jan 2021</b>
<b>Adult, Older Adult and TAY Full Service Partnership (FSP) (Highest level outpatient clinical case management and treatment)</b>	1-10 for clinical staff.	6 Clinicians 1 Team Lead	70	\$5,084	72 Clients API: 0 Black or African-American: 19 Hispanic or Latino: 5 Other/Unknown: 31 White: 17 Male: 47 Female: 25
<b>Adult FSP Psychiatry</b>	1-100	.5 FTE	66		
<b>Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)</b>	1-20	9 Clinicians 1 Manager	168	\$2,164	176 Clients API: 4 Black or African-American: 52 Hispanic or Latino: 10 Other/Unknown: 71 White: 39 Male: 87 Female: 89
<b>CCT Psychiatry</b>	1-200	.75	136		
<b>Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)</b>	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1 Clinical Supervisor, 1 Licensed Clinician, 1 CHW Sp./ Non- Degreed Clinical	100	\$1,075	98 Clients API: 3 Black or African American: 26 Hispanic or Latino: 2 Other/Unknown: 32 White: 35 Male: 61 Female: 37
<b>FIT Psychiatry</b>	1-200	.25	90		

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 2020 Demographics as of January 2021
Children's Full Service Partnership	1-8	1.5 Clinical 1.0 Clinical Vacant	7	\$5,515	15 Clients API: 0 Black or African-American: 6 Hispanic or Latino: 1 Other/Unknown: 6 White: 2 Male: 11 Female: 4
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2.5 Clinical	49	\$1,902	77 Clients American Indian: 1 API: 1 Black or African-American: 26 Hispanic or Latino: 17 Other/Unknown: 11 White: 21 Male: 46 Female: 31
High School Health Center and Berkeley Technological Academy (Note: school not in session)	1-6 Clinician (majority of time spent on crisis counseling)	2.5	Treatment: 30 Groups: 0 offered, 0 conducted Crisis/Warmline: 23		N/A

<b>Crisis, ACCESS, and Homeless Services</b>	<b>Staff Ration</b>	<b>Clinical Staff Positions Filled</b>	<b>Total # of Clients/Incidents</b>
<b>Mobile Crisis</b>	N/A	2 Clinician filled at this time	<ul style="list-style-type: none"> <li>• 98 Incidents</li> <li>• 38 5150 Evals</li> <li>• 8 5150 Evals leading to involuntary transport</li> </ul>
<b>Transitional Outreach Team (TOT)</b>	N/A	1 Licensed Clinician, 1 Case Manager (both often reassigned due to staffing needs in other units)	59 Incidents
<b>Community Assessment Team (ACCESS)</b>	N/A	1 Team Lead, 1 Clinician, 1 Non-Degreed Clinical	101 Incidents

Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support.

\*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

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**From:** Works-Wright, Jamie  
**Sent:** Tuesday, February 16, 2021 1:38 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: On Suicide

Please see information below

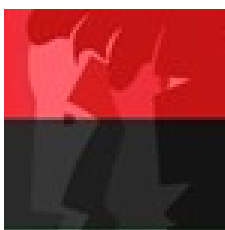
### Jamie Works-Wright

Consumer Liaison

[Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)

510-423-8365 cl

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**From:** boona cheema [mailto:[boonache@aol.com](mailto:boonache@aol.com)]  
**Sent:** Monday, February 15, 2021 10:29 AM  
**To:** Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
**Subject:** On Suicide

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To MHC from community member boona cheema

Subject: On Suicide

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**- On Suicide -**

**Narrated Slide Show, Ebook &  
Live Webinar February 25 7 pm ET**



INCLUDED IN THIS PACKAGE IS AN INVITATION TO A LIVE ONE-HOUR WEBINAR WITH DR. MOODY ON FEB 25TH AT 7-8 PM ET.

Suicide is a difficult and emotionally fraught subject in our society.

As a result, those whose lives are touched by it experience not only the grief that accompanies all loss, but often guilt, shame or uncertainty as to why it happened, whether they could have done more (even though there is almost surely nothing they could have done), and what suicide means for their loved one in the afterlife. For these reasons and more, people often want to know about near-death experiences and afterlife communication that come from suicide or touches on suicide.

In the hope of addressing some of these questions we are pleased to offer a presentation of Raymond Moody discussing suicide from his perspective as a psychiatrist and near-death experience researcher. He talks about what he has learned throughout his long career from those who have had attempted suicide and had near-death experiences.

You might be surprised by what he discovered.

***On Suicide.***

This 30-page transcript and accompanying 107-minute narration costs \$29 and offers insight and comfort for those left behind —and also for those who simply may want to better understand the complexities and mysteries of suicide. Included in this



package is an invitation to a live one-hour webinar with Dr. Moody on Feb 25th at 7-8 pm ET. [Find out more here.](#)

In the meantime, we send each of you lots of love and good wishes, hoping all of you are staying safe and well and finding sources of peace and faith in these challenging days.

Blessings,

Lisa Smartt, on behalf of Dr. Raymond Moody

[Click here to see an excerpt from On Suicide.](#)



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## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Tuesday, February 16, 2021 1:26 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Alameda County Mental Health Advisory Board - Criminal Justice Committee Meeting Materials (February 17th)  
**Attachments:** 2021 MHAB CJ Agenda 2-17-21v2.pdf; MHAB CJC Meeting Minutes 1-20-2020 UNAPPROVED\_Final.pdf; Alameda County Mental Health Advisory Board 1-19-2020 (1).pdf; SLP Jail Data Summary\_Nov 2020 v4 (1) (1).pdf

Please see email and attachments

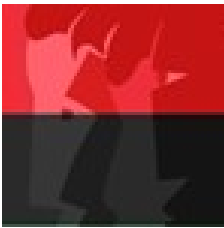
### Jamie Works-Wright

Consumer Liaison

[Jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office



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**From:** MHB Communications, ACBH [mailto:ACBH.MHBCommunications@acgov.org]

**Sent:** Friday, February 12, 2021 2:48 PM

**Cc:** Leftwich, Juliet <leftwichjuliet@gmail.com>; Bloom, Brian; Public Defender <Brian.Bloom@acgov.org>; Davis, Lee MHAB <Leedavis13@gmail.com>; Boer, Kristin L, ACBH <Kristin.Boer@acgov.org>; Jenkins, Asia, ACBH <Asia.Jenkins@acgov.org>; Gums, Angelica, ACBH <Angelica.Gums3@acgov.org>

**Subject:** Alameda County Mental Health Advisory Board - Criminal Justice Committee Meeting Materials (February 17th)

**WARNING:** This email originated outside of City of Berkeley.

**DO NOT CLICK ON** links or attachments unless you trust the sender and know the content is safe.

Dear Criminal Justice Committee Members and Meeting Attendees,

At our next meeting, on February 17 from 4:30 to 6:00, we will have a presentation by Katie Kramer of The Bridging Group. Ms. Kramer will discuss The Bridging Group's Data Report regarding The Safe Landing Project at Santa Rita Jail. The report, attached, provides preliminary data regarding the project's first month of operation, November 2020. Ms. Kramer will be available to answer questions about the data, and about the project generally, some of which were raised at our last Criminal Justice Committee meeting.

On February 17, we will also have an initial discussion regarding Alameda County Behavioral Health Care Services' response to Questions 1-6 of the MHAB's data request of November 6, 2020. That response, attached, provides

information about seriously mentally ill persons at Santa Rita Jail. We hope to have a presentation of the data and a more in-depth discussion at our March17 meeting.

Thank you all for your ongoing participation in, and significant contributions to, the Criminal Justice Committee meetings. We look forward to seeing you next week!

Best regards,  
Julie



Alameda County  
Mental Health Advisory Board

## Mental Health Advisory Board Agenda Criminal Justice Committee

**Wednesday, February 17, 2021** ♦ 4:30 PM – 6:00 PM  
2000 Embarcadero Cove, Oakland, CA, Suite 400, Alvarado Niles Room  
Teleconference: 1-866-899-4679, Access Code: 770-722-253  
GoToMeeting Link: <https://global.gotomeeting.com/join/770722253>

<b>Committee Members:</b>	Brian Bloom ( <i>Co-Chair, District 4</i> ); Juliet Leftwich ( <i>Co-Chair, District 5</i> )
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- 4:30 PM I. Call to Order & Roll Call / Introductions (Chair)**
- 4:40 PM II. Approval of Meeting Minutes**
- 4:45 PM III. Presentation by Katie Kramer of the Bridging Group re: Data Report of the Safe Landing Project at Santa Rita Jail - Covering Pilot Month 1 (Nov. 2020)**
- 5:30 PM IV. Preliminary Discussion of Santa Rita Jail Data Provided in Response to MHAB's Request on November 6, 2020**
- 5:55 PM V. Next Steps**
- 6:00 PM VI. Adjournment**

Contact the Mental Health Advisory Board at [ACBH.MHBCommunications@acgov.org](mailto:ACBH.MHBCommunications@acgov.org)



Alameda County  
Board of Supervisors

**Alameda County** <sup>ac</sup> <sup>bh</sup>  
**Behavioral Health Care Services**



<b>Committee Members:</b>	<input checked="" type="checkbox"/> <b>Brian Bloom</b> (Co-Chair, District 4); <input checked="" type="checkbox"/> <b>Juliet Leftwich</b> (Co-Chair, District 5)
<b>ACBH Staff:</b>	<input checked="" type="checkbox"/> <b>Angelica Gums</b> (Administrative Liaison); <input checked="" type="checkbox"/> <b>Asia Jenkins</b> (Administrative Liaison)

Meeting called to order @ 4:32 PM by Chair **Juliet Leftwich**

ITEM	DISCUSSION	DECISION/ACTION
<b>Roll Call</b>	Roll Call completed. Lee will be joining the Criminal Justice Committee.	
<b>Approval of Minutes</b>	November minutes approved.	
<b>Discussion of the Data Report Regarding the Safe Landing Project at Santa Rita Jail, Covering Pilot Month 1 (November 2020)</b>	<p>The Criminal Justice Committee received a PowerPoint presentation of the Safe Landing Project (SLP) from Alameda County Behavioral Health, which is a fairly new program (one or two years).</p> <p><b>General Overview:</b></p> <ul style="list-style-type: none"> <li>• It is a trailer located on the grounds of Santa Rita, maybe 100 yards from the door and is designed as a place where those leaving Santa Rita can get connected to services.</li> <li>• It is not 24/7 operated program. It is meant to be a “warm hand-off” to services.</li> <li>• Many people who leave Santa Rita leave because they have been sentenced to Probation. There is an obvious link between Probation and the Safe Landing Project</li> <li>• We were hoping that someone could speak on the Presentation next meeting.</li> <li>• The Data Report is from the month of November.</li> </ul>	

ITEM	DISCUSSION	DECISION/ACTION
<p><b>Discussion/Questions</b></p>	<ul style="list-style-type: none"> <li>• <b>Goal of the meeting:</b> To spend time discussing the data, generating questions, and asking what additional data is important, and what implications/inferences are important? This will prepare our discussion for when someone from the Safe Landing Project can join us in a month or two.</li> <li>• The SLP is contracted out to an organization called Roots Community Health Center, headed by Dr. Aboloeta.</li> <li>• It is funded by the County with the goal to get people connected to services, so they don't recidivate. Its intended that they receive their mental health needs from the community.</li> </ul> <p><b>Discussion on Presentation Slides:</b></p> <ol style="list-style-type: none"> <li>1. Summary of Safe Landing Project Data             <ol style="list-style-type: none"> <li>a) Define the terms. What does encounter, and engagement mean? Yvonne responded that an encounter means they contacted the person, engagement means the person is interested in services and it goes further than that.</li> <li>b) 54 engagements were made out of 748 releases. Are we satisfied with this number? How does it compare to other jurisdictions? If not, how can we create greater publicity?</li> <li>c) <b>Chair Bloom:</b> When people leave do they know that this service is available?</li> <li>d) <b>Captain Luckett</b> – There is an Apex sign at the base of the ramp, entrance to the jail, with arrows pointing to the trailer. Roots staff will also greet them, talk to them, offer them food, and introduce themselves. If they don't want services, they go about their day. They only contact the individuals that leave during their operational hours.</li> <li>e) <b>Yvonne:</b> They do have a big sign on their trailer that identifies who they are. A lot of people head straight out and want to leave as soon as possible and not engage. We're now starting to track how many have been released and refused services?</li> <li>f) <b>Chair Bloom:</b> When someone is released from Jail and will be on probation, the judge tells them within 2-3 days, they are given the name of their Probation officer. Is there any thought to have that engagement be at the Roots trailer, can the contact with their Probation Officer be made as early as that encounter/engagement?</li> <li>g) <b>Marcus:</b> It's not something that we've talked about. We have been involved in a few meetings with Roots and they are working on an MOU with them that will allow additional hours to serve the</li> </ol> </li> </ol>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>population, but no that has not been discussed. Maybe they can revisit it down the road. We also have one of our locations at East County Hall of Justice that is close by. It also depends on the type of release. If someone is released through the pre-trial program, they are given a summary of what to expect by the probation officer that is at the jail. There is one probation officer who works with the ITR staff at Santa Rita and we're looking at having another PO to do some pre-release/case planning before clients get released back into the community.</p> <p>h) <b>Chair Leftwich:</b> Can you explain probation's role in increasing their hours?</p> <p>i) <b>Marcus:</b> The realignment funds for CBOs get funneled through the Probation Department. The Contracts unit help to do a RFP for the funds that are associated with AB109 and be able to put contract in place.</p> <p>j) <b>Chair Leftwich:</b> Does the Board of Supervisors (BOS) need to approve the increase funding and are you the conduit?</p> <p>k) <b>Marcus:</b> There is a Community Corrections Partnership Executive Committee (CCPEC), chaired by the Chief Probation Officer, and working groups associated with this effort. The working groups are: program and services, fiscal and procurement, process and evaluation, data group, and community advisory board (CAB). The CAB provides advisement to the CCPEC, and they decide if it should be approved or not. If funding is approved, the BOS approves what programs will be funded and how much.</p> <p>l) <b>Chair Bloom:</b> In the past, folks are either released from jail and placed on probation, released by judge on OR, or they post bail. Now many are released by pre-trial services ran by probation, where they interview the person and determine if they are a risk. Folks with mental health are a target group that we want to be mindful of, then work out a disposition that considers their mental health challenges?</p> <p>m) <b>Chair Bloom:</b> What type of releases are we talking about? And are we finding more engagements with more groups than others?</p> <p>n) <b>Diane:</b> When a person has been in jail and has lost services, they don't have a phone, is there any help with getting a phone to contact their probation officer?</p> <p>o) <b>Chair Bloom:</b> If they are newly arrested and haven't been convicted of anything, not going to have a probation officer pending their charge.</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>p) <b>Marcus:</b> Once they go to Report and Sentencing Hearing with the Court, given paperwork to identify their Probation Officer.</p> <p>q) <b>Marcus:</b> There was an accelerated release due to COVID-19 where individuals were provided a phone and given gift cards for hotel, and surface tablets. Our effort was to eliminate barriers to contacting their families and probation officer.</p> <p>r) <b>Lee:</b> How many of the engagements are those who have a Serious Mental Illness (SMI)?</p> <p>s) <b>Chair Leftwich:</b> Is there any follow-up regarding recidivism?</p> <p>2. Average Number of people released from Santa Rita by Day of Week in November</p> <p>a) <b>Chair Bloom:</b> From the slide, Mondays and Fridays are the highest days. This only captures one month and don't know if these statistics or averages are normal.</p> <p>b) <b>Yvonne:</b> This is the preliminary data, so may not be the final report. We are also looking at the time that people are released from jail.</p> <p>c) <b>Chair Bloom:</b> Seems like the highest times they are released from jail is from 2- 10 pm (7 days a week).</p> <p>3. Average Number of People Released from SRJ by Hour of Day</p> <p>a) <b>Chair Bloom:</b> They're missing the 8 pm folks based on the chart.</p> <p>4. Total Number of People Engaged with SLP by Time of the Day</p> <p>a) <b>Chair Bloom:</b> Most people are getting released between 8 – 9 pm</p> <p>b) <b>Lee:</b> Might it also coincide with public transportation being less available?</p> <p>c) <b>Chair Bloom:</b> There is a bus that runs to the Bart training hourly from the jail</p> <p>d) <b>Lee:</b> How late does the bus run?</p> <p>e) <b>Captain Luckett:</b> At 9 pm, the bus stops running.</p> <p>f) <b>Chair Bloom:</b> Is there any money available for late releases pass 9 pm.</p> <p>g) <b>Yvonne:</b> They do provide uber rides. They also provide hot meals to individuals once they are released.</p> <p>5. Age of SLP Participants who Engaged in Program</p> <p>6. Gender of SLP Participants Who Engaged in Program</p> <p>7. Race/Ethnicity of SLP Participants who Engaged in Program</p> <p>8. Length of Recent Jail Stay Among SLP Participants Who Engaged in Program</p> <p>9. Probation/Parole Status of SLP Participants who engaged in Program.</p> <p>a) <b>Chair Bloom:</b> What efforts can we make to reach people in jail?</p>	



ITEM	DISCUSSION	DECISION/ACTION
	<p>a) 36% - People who still have charges pending; re-leased pre-trial                      b) 4% - Convicted of more serious offenses                      c) <b>Chair Bloom:</b> The SLP have no way of knowing who the client's probation officer or is there a system?                      d) <b>Marcus:</b> Currently, it is not possible. One thing that they can do with contracted providers is when they get referred by the PO, they can make a referral through the portal, which interfaces with the case management system. The way the providers know who the probation officer is. With SLP, the DPO is not making a referral. The person is self-enrolling into the program. Perhaps that is something they can do as part of the release process with the DPO and they can put that as a referral was made to SLP in the portal.</p> <p>e) <b>Captain Luckett-</b> Services can be provided at the Transition Center. Also, now trying to ramp up our discharge services as command at the Jail.</p> <p>f) <b>Chair Bloom:</b> This must be self-reported. There is some confusion in terms of the type of probation a person is on. There is no longer a bank case load, everyone has a probation officer.</p> <p>10. Need for Behavioral Health Services for SLP Participants Who Engaged in Program</p> <p>a) <b>Chair Leftwich:</b> There doesn't seem to be an evaluation. The person is offered and respond if they need services.</p> <p>b) <b>Yvonne:</b> This is based on their assessment and interaction with the client. They are given access to the County system to see if they are receiving mental health services or receiving services in the jail.</p> <p>c) <b>Alison Monroe:</b> A lot of folks because of their nature, don't perceive themselves as mentally ill so they don't self-report of feel they need services.</p> <p>d) <b>Chair Bloom:</b> Could a judge release you under the safe landing project and expect the person is coming and expect you to get hooked up with mental health services?</p> <p>e) <b>Yvonne:</b> They have coordinated with SLP for services and wait until they picked them up.</p> <p>11. Encounter Activities Provided to SLP Participants who Engaged in Program</p> <p>12. Benefits Enrollment Requested by Participants Who Engaged with SLP</p> <p>a) <b>Chair Bloom:</b> People who are SSI/SSDI lose benefits when they enter jail and will need to re-enroll. They are also tied to COVID relief. Maybe SLP can assist with that.</p> <p>b) <b>Chair Bloom:</b> What is HMIS?</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>c) <b>Sophia Lai (ACBH):</b> HMIS stands for Homeless Management Information System. It is a generic name for what all the Counties use to collect information around homeless service programs. It is a database. There is a coordinated entry assessment that everyone who is seeking homeless services needs to complete. Only way you can get housing is if you are on the list.</p> <p>13. Needs Identified by Participants Who Engaged in SLP  a) <b>Chair Leftwich:</b> What was done in terms of evaluating the need?</p> <p>14. Needs Identified by Participants Who Engaged with SLP Chart, cont.  b) <b>Chair Bloom:</b> Some give information at that time and other times they're linking them to services. What is the follow-up?  c) <b>Lee:</b> Any linkages to services?  d) <b>April:</b> Anyone who gets let out, they do order meds upon release? They have to know they are getting out. If they are let out later or earlier or unexpectedly, the pharmacy may not be able to fill their prescription.  e) <b>Captain Luckett:</b> We are really working on trying to fix these systems. The commander is committed on how we can do this better.  f) <b>Lee:</b> People leave without mediation, they have a hard time functioning without it, and then finding out how to get it is difficult on the client.  g) <b>Chair Leftwich:</b> Is there any legal prohibition based on confidentiality that will prevent the courts from having family contact information?  h) <b>Chair Bloom:</b> there is no prohibition on notifying a family member that a person is getting out of jail.  i) Joe Rose has requested copies of the slide. Have we received data from the Sherriff's Office? Julie affirmed and said that we hope to have someone present on the data at an upcoming meeting.</p> <p>15. Needs Identified by Participants Who Engaged with SLP Cont.  16. Referrals to Non-Roots Services</p> <p><b>Any last questions:</b></p> <p><b>Joe:</b> Yvonne works directly with people in the jail. Is there an opportunity for her and her staff to direct people to these services prior to their release?  <b>Captain Luckett:</b> AFBH does do that with some of their clients. Refer them to SLP and external services.</p>	<p><b>Brian to invite Dr. Aboleta to speak on the Safe Landing Project data discussed.</b></p> <p><b>Julie to contact the Sherriff's office to present on the data provided as part of the initial data request to ACBH.</b></p>

ITEM	DISCUSSION	DECISION/ACTION
	<p><b>Lee:</b> Interested in talking to people who work for Roots to hear some of the resources that they can't provide or don't have other resources to refer people to? What kind of things are they struggling to provide?</p> <p><b>Chair Bloom:</b> Would like Dr. Aboleta to come from her perspective what else we can be doing? What are the obstacles/success stories?</p> <p><b>New Meeting Time:</b> The Criminal Justice Committee now meets on the third Wednesday of every month from 4:30 – 6:00 pm.</p>	
<b>Adjournment</b>	Adjourned at 5:58 PM	

Minutes submitted by A. Gums



# Alameda County Mental Health Advisory Board

## Public Records Act Items 1 thru 6

**Mental Health Advisory Board Criminal Justice Committee Meeting  
January 25, 2021**

**Gabriel Orozco, Jenny Wong, Jose Cabrera, and  
Lorenza Hall, Data Services Team**

**Alameda County Behavioral Health  
Care Services**

2000 Embarcadero Cove, Suite 400, Oakland, CA 94606  
<http://www.acbhcs.org/>

# Identifying Clients Experiencing Serious Mental Illness (SMI)

**Serious mental illness (SMI)** is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

(Source: <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>)

**For this request, ACBH defined clients experiencing SMI as:**

- Housed in specific Santa Rita jail housing units within the previous 2 years.
- Served by a Level 3 provider within the previous 2 years.
- Served only in Crisis Stabilization or Hospital in the previous 2 years where admitted to Crisis less than twice or Hospital less than twice.
- Served in an episode with an SMI diagnosis in the previous two years.
- Currently open or had an open conservatorship episode in the previous 2 years.

## Item 1: The number of seriously mentally ill people who were incarcerated at Santa Rita Jail, including their race, age and gender identity, and whether they suffered from anosognosia (impaired ability to perceive one's mental illness)

44

- The race, age, and gender identity population, with specific data for those incarcerated at Santa Rita Jail will be displayed on the following slides.
- Please note that the data regarding whether or not the inmates suffered from anosognosia is **unavailable at this time.**

# The race of each seriously mentally ill person at Santa Rita Jail from 10/1/2018 thru 9/30/2020.

Ethnic Group	Number of Individuals with SMI	Percent of Individuals with SMI
Black or African American	2,575	49.09%
White	1,193	22.75%
Hispanic or Latino	498	9.49%
Asian	453	8.64%
Other	407	7.76%
Unknown	48	0.92%
Alaska Native or American Indian	38	0.72%
Pacific Islander	33	0.63%
<b>Total</b>	<b>5,245</b>	<b>100.00%</b>

# The age of each seriously mentally ill person at Santa Rita Jail from 10/1/2018 thru 9/30/2020.

Age at First Jail Detention	Number of Individuals with SMI	Percent of Individuals with SMI
18 to 25	1,039	19.82%
26 to 35	1,741	33.21%
36 to 45	1,237	23.59%
46 to 55	759	14.48%
56 to 65	395	7.53%
65 or older	72	1.37%
Under 18	*	*
<b>Total</b>	<b>5,243</b>	<b>100.00%</b>



# The sex of each seriously mentally ill person at Santa Rita Jail from 10/1/2018 thru 9/30/2020.

Sex	Number of Individuals with SMI	Percent of Individuals with SMI
Male	4187	79.84%
Female	1057	20.16%
Other/Unknown	*	*
<b>Total</b>	<b>5244</b>	<b>100.00%</b>

# The diagnosis of each seriously mentally ill person at Santa Rita Jail from 10/1/2018 thru 9/30/2020.

Primary Diagnosis Group	Number of Episodes for Individuals with SMI	Percent of Episodes for Individuals with SMI
Schizophrenia Spectrum and Other Psychotic Disorders	2,850	32.32%
Trauma- and Stressor-Related Disorders	2,086	23.66%
Depressive Disorders	1,405	15.94%
Bipolar and Related Disorders	851	9.65%
Unknown	612	6.94%
Schizophrenia Disorders	353	4.00%
Anxiety Disorders	340	3.86%
Disruptive, Impulse-Control, and Conduct Disorders	90	1.02%
Bipolar Disorders	79	0.90%
Attention-Deficit/Hyperactivity Disorders	38	0.43%
Adjustment Disorders	33	0.37%
Psychotic Disorders	30	0.34%
Personality Disorders	25	0.28%
Impulse Control Disorders	6	0.07%
Included Autism Spectrum Disorders	5	0.06%
Substance/Alcohol Induced Disorders	3	0.03%
Obsessive-Compulsive and Related Disorders	3	0.03%
Excluded Autism Spectrum Disorders	2	0.02%
Somatiform Disorders	1	0.01%
Eating Disorders	1	0.01%
Other Mental Disorders	1	0.01%
Attention-Deficit Disorders	1	0.01%
Motor Disorders	1	0.01%
Major and Mild Neurocognitive Disorders	1	0.01%
<b>Total</b>	<b>8,817</b>	<b>100.00%</b>

**NOTE: Diagnoses are determined at an episode opening and may be different for an individual from mental health episode to episode.**

## Item 2: The number of persons who received psychiatric medication at Santa Rita Jail from 10/1/2018 thru 9/30/2020.

Number of All Jail Clients Prescribed Medication	Number of SMI Jail Clients Prescribed Medication	Percent of all the Jail Clients Prescribed Medication who were SMI
3,724	2,242	60.20%

**Item 3: The mean and median length of stay for seriously mentally ill persons at Santa Rita Jail and number of persons with single and multiple stays from 10/1/2018 thru 9/30/2020.**

Mean Jail Length of Stay in Days	Median Jail Length of Stay in Days
30.97	5

<b>Jail Stay Frequency</b>	<b>Number of Persons with SMI</b>
1 stay	1853
2+ stays	3392

**Item 4: The housing and case management needs of seriously mentally ill persons who were released from Santa Rita Jail from 10/1/2018 thru 9/30/2020.**

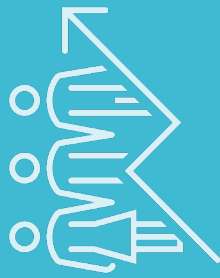
Number of Santa Rita Jail Detainees Released Who Were SMI	Number with History of or Currently Homeless at Release	Percent with History of or Currently Homeless at Release	Number with History of or Currently Case Managed	Percent with History of or Currently Case Managed
3,545	1,483	41.83%	949	26.77%

**Item 5: The number of incarcerated people at Santa Rita Jail who were 5150'd and transported to Psychiatric Emergency Services at John George Psychiatric Hospital (JGP) from 10/1/2018 thru 9/30/2020.**

**Item 6: The number of incarcerated people at Santa Rita Jail who were 5150'd and transported to Psychiatric Emergency Services at JGP and subsequently admitted to an inpatient unit at the Hospital from 10/1/2018 thru 9/30/2020.**

# of SRJ Inmates	# of SRJ Inmates Who Were 5150'd And Admitted to JG PES	% of SRJ Inmates Who Were 5150'd And Admitted to JG PES	# of JG PES Episodes	# of SRJ Inmates Who Were 5150'd And Admitted to JG PES Who Subsequently Were Admitted to JG Hospital	% of SRJ Inmates Who Were 5150'd And Admitted to JG PES Who Subsequently Were Admitted to JG Hospital
<b>36,262</b>	<b>756</b>	<b>2.08%</b>	<b>1,175</b>	<b>221</b>	<b>29.23%</b>

# Questions or Comments?



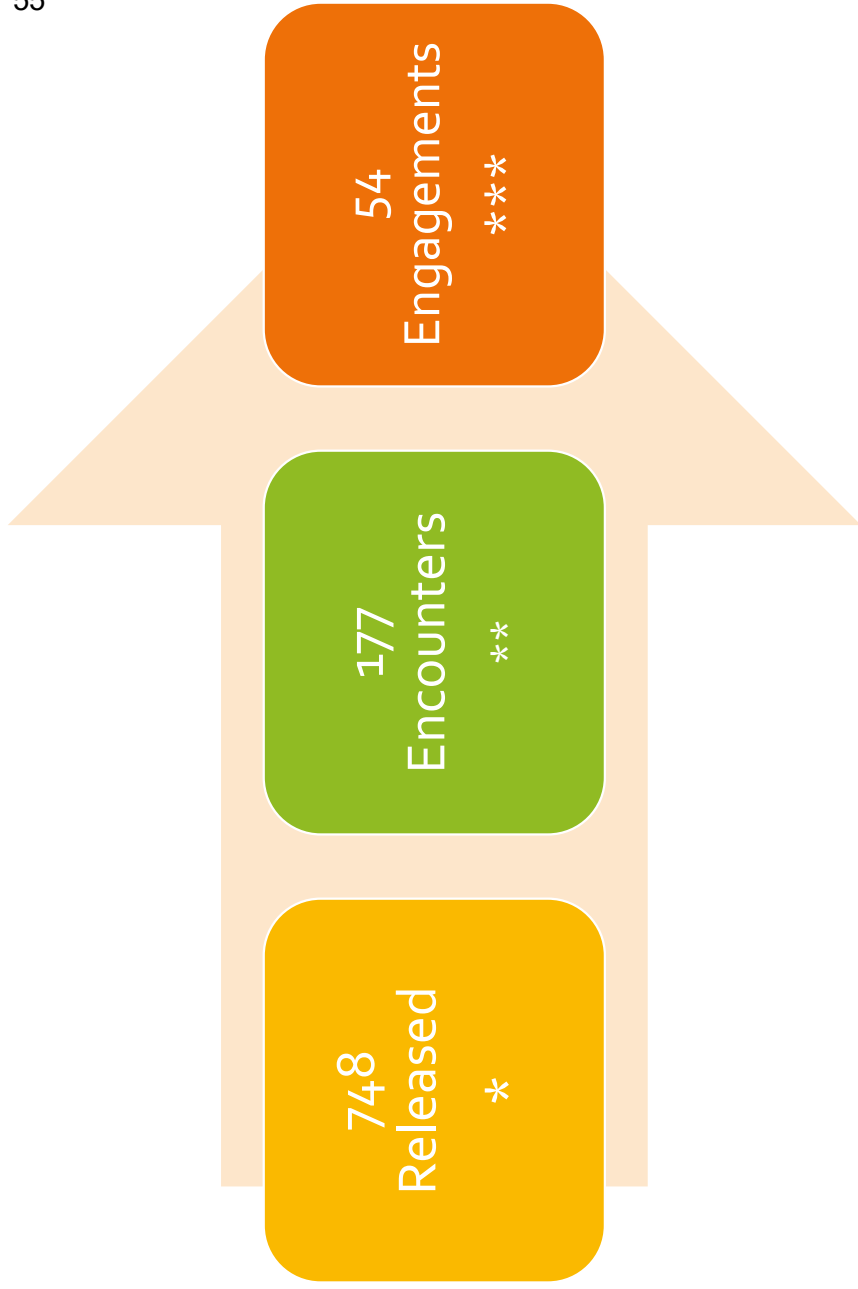
# Data Report

## Pilot Month 1 (Nov 2020)

Safe Landing Project  
*December 11, 2020*



# Summary of Safe Landing Project Data

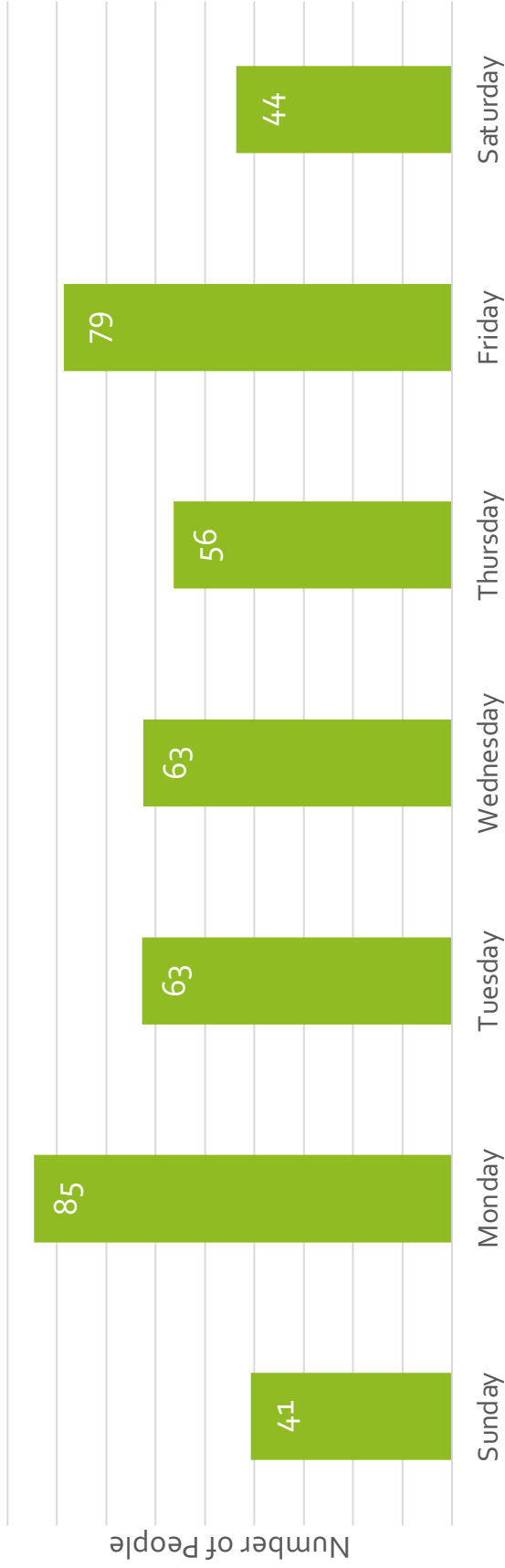


\* Data from ACSO for people released from SRJ between 2pm to 10pm for all days in November (except 11/26 & 11/27)

\*\* As reported in Roots system only (not in TBG evaluation system)

\*\*\* Combined data from Roots and TBG documenting systems

## Average Number of People Released from SRJ By Day of Week (November 2020)

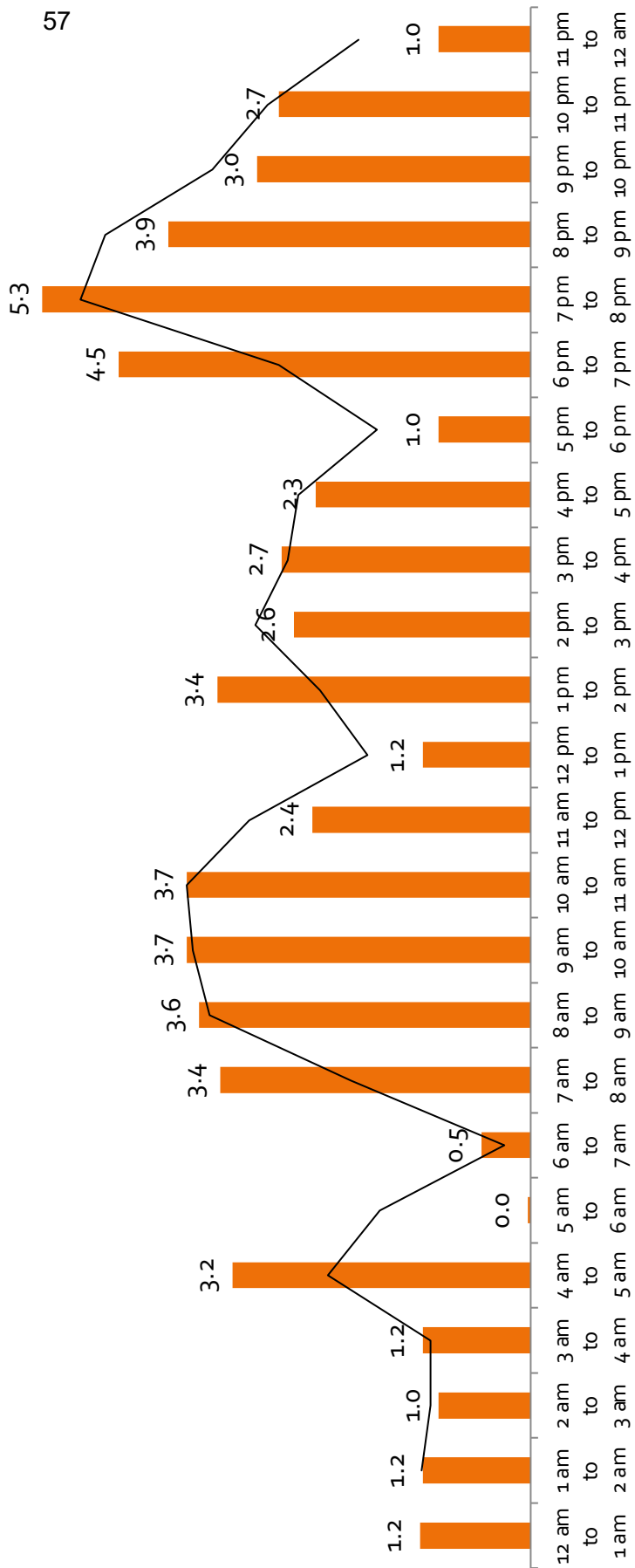


## Releases by Day<sup>+</sup>

Data from ACSO

<sup>+</sup>Excludes Thanksgiving Weekend (Thursday to Sunday)

# Average Number of People Released from SRJ By Hour of Day (November 2020)

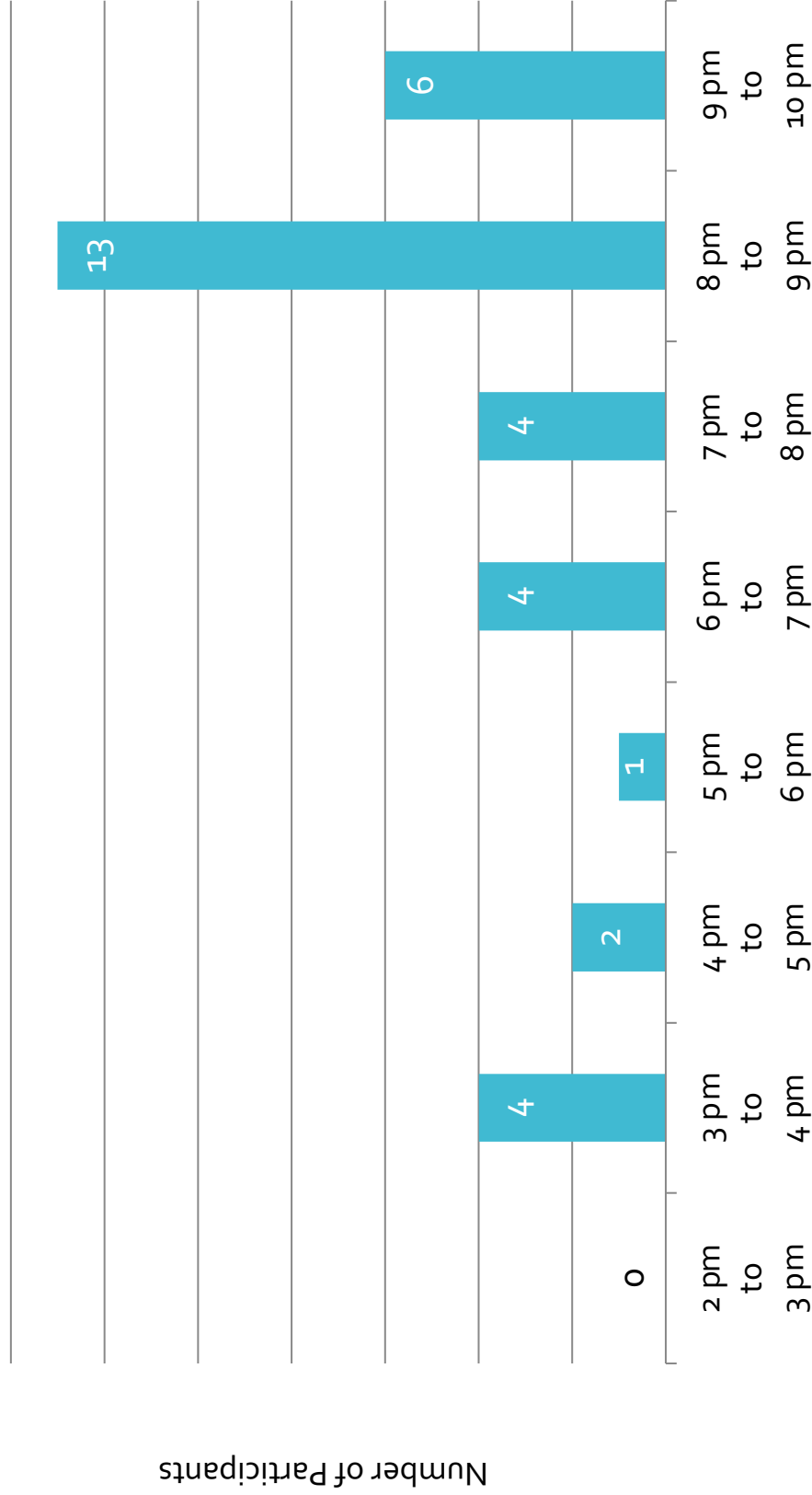


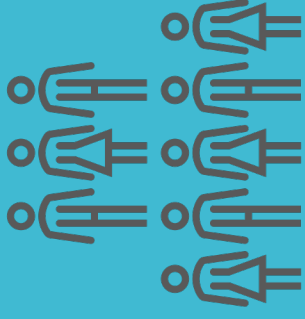
## Releases by Hour

Data from ACSO

\*This slide set contains preliminary pilot data. Please do not distribute.\*

## Total Number of People Engaged With SLP By Time of the Day (November 2020, N=34)





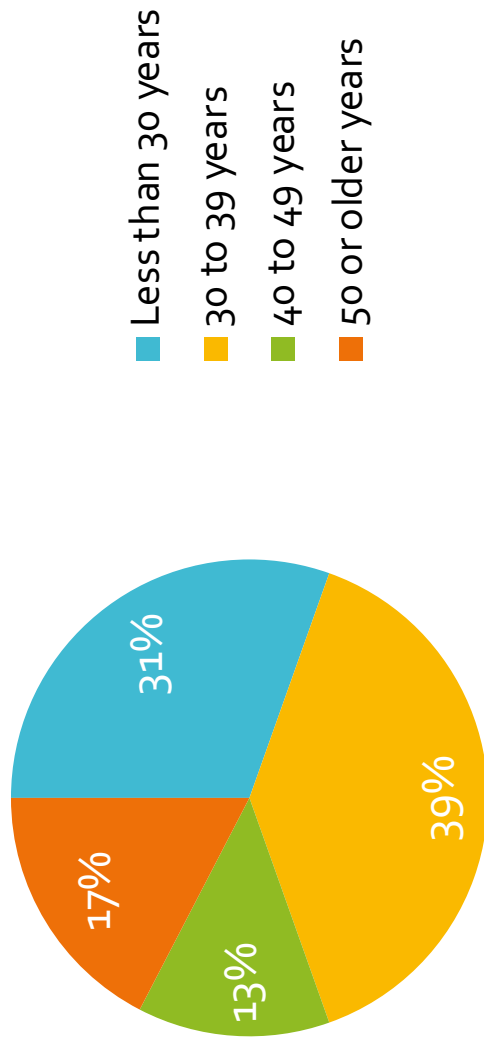
# Participant Demographics

People Who Engaged in Safe Landing Project

*November 2020*

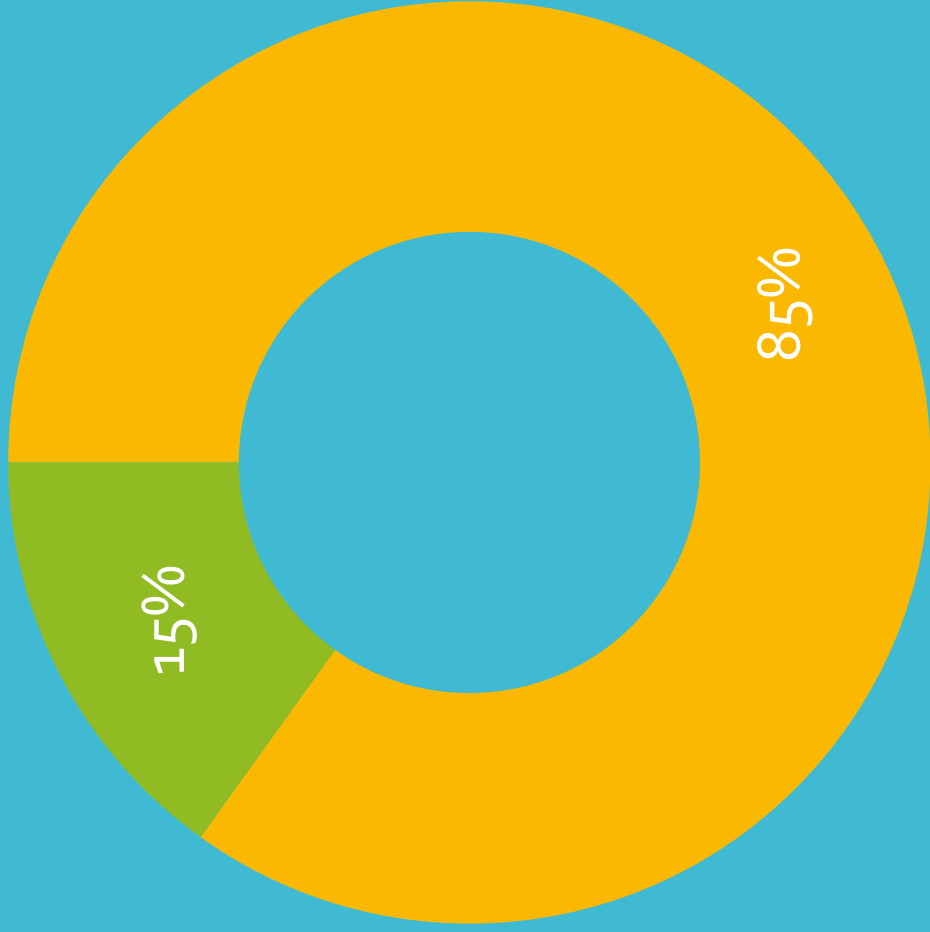
# Age of SLP Participants Who Engaged in Program

(November 2020, N=46)



# Gender of SLP Participants Who Engaged in Program

(November 2020, N=53)



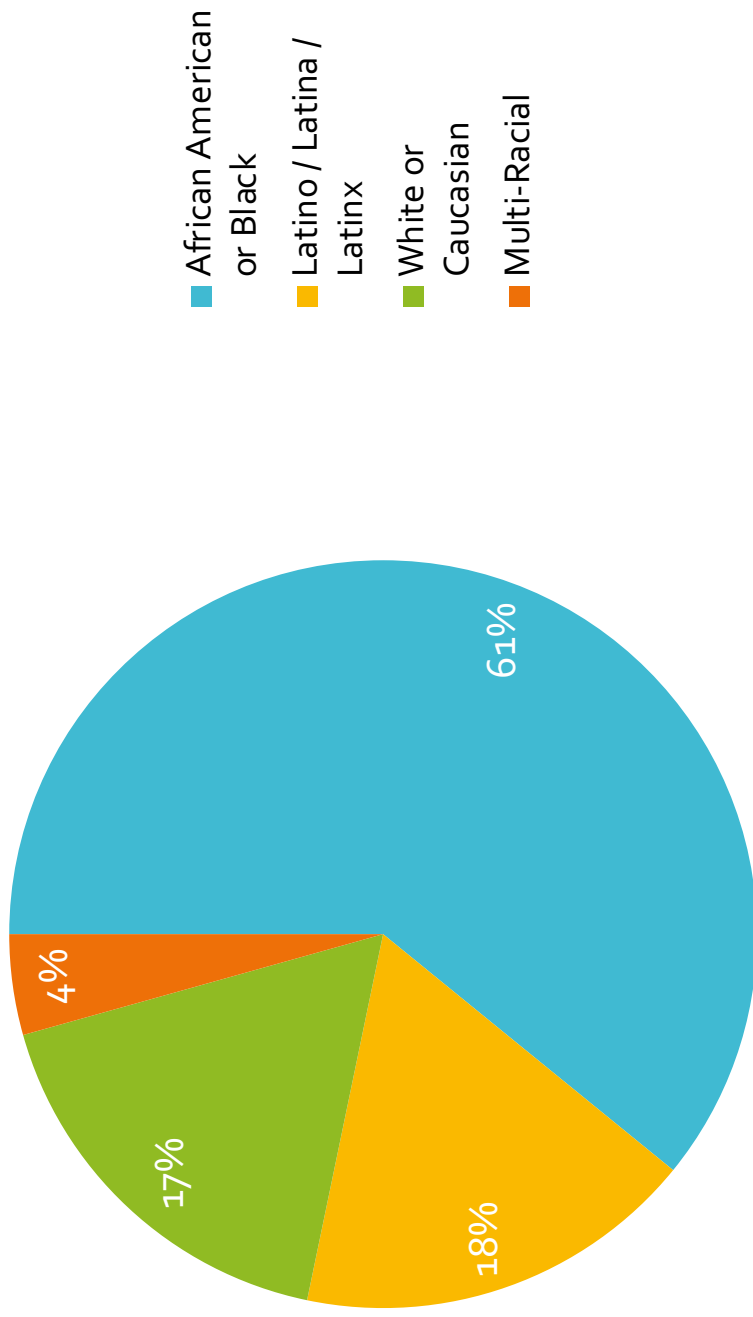
Male  
Female

\*This slide set contains preliminary pilot data. Please do not distribute.\*

# Race / Ethnicity of SLP Participants Who Engaged in

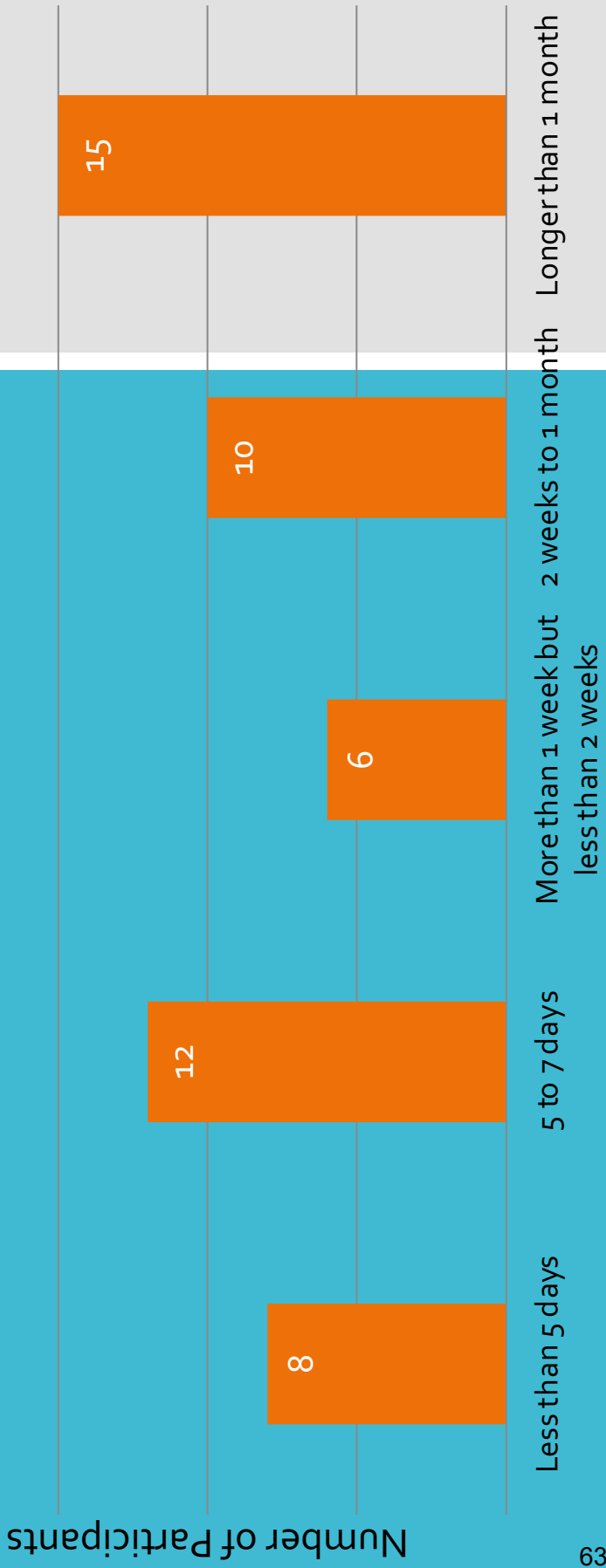
## Program

(November 2020, N=23)



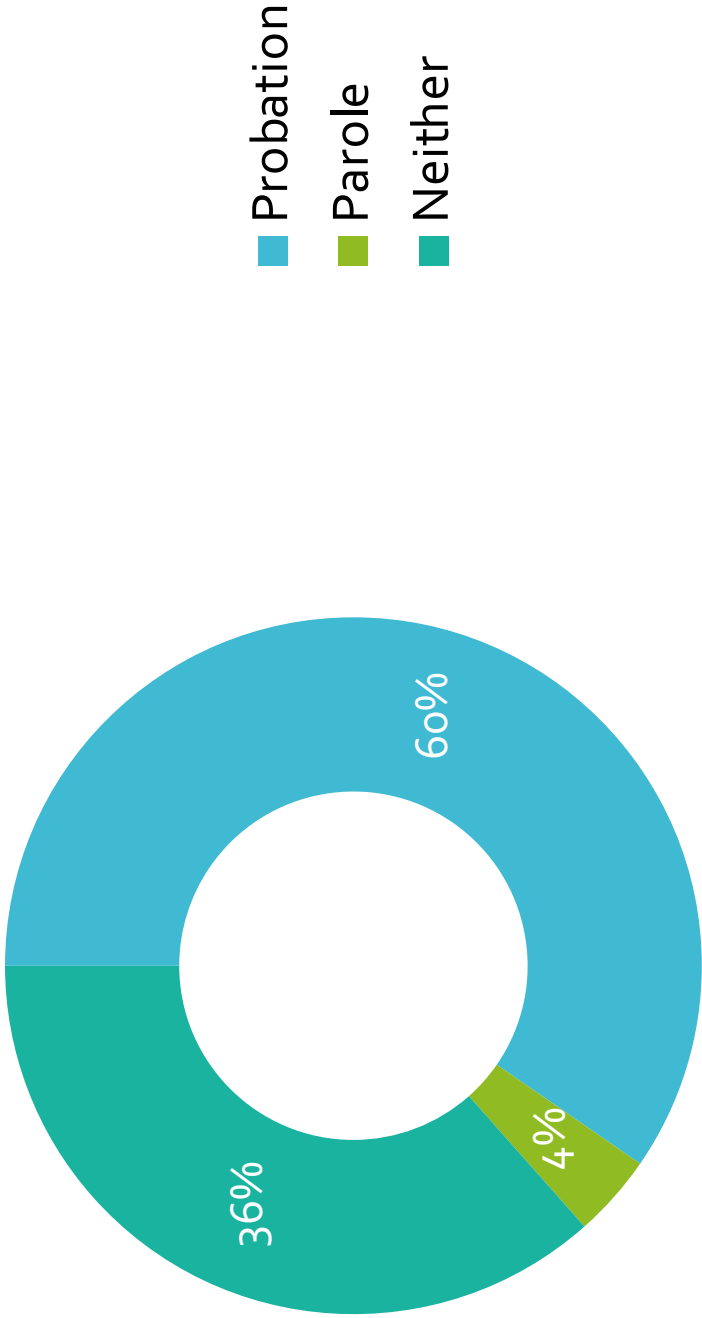


# Length of Recent Jail Stay Among SLP Participants Who Engaged in Program (November 2020, N=51)



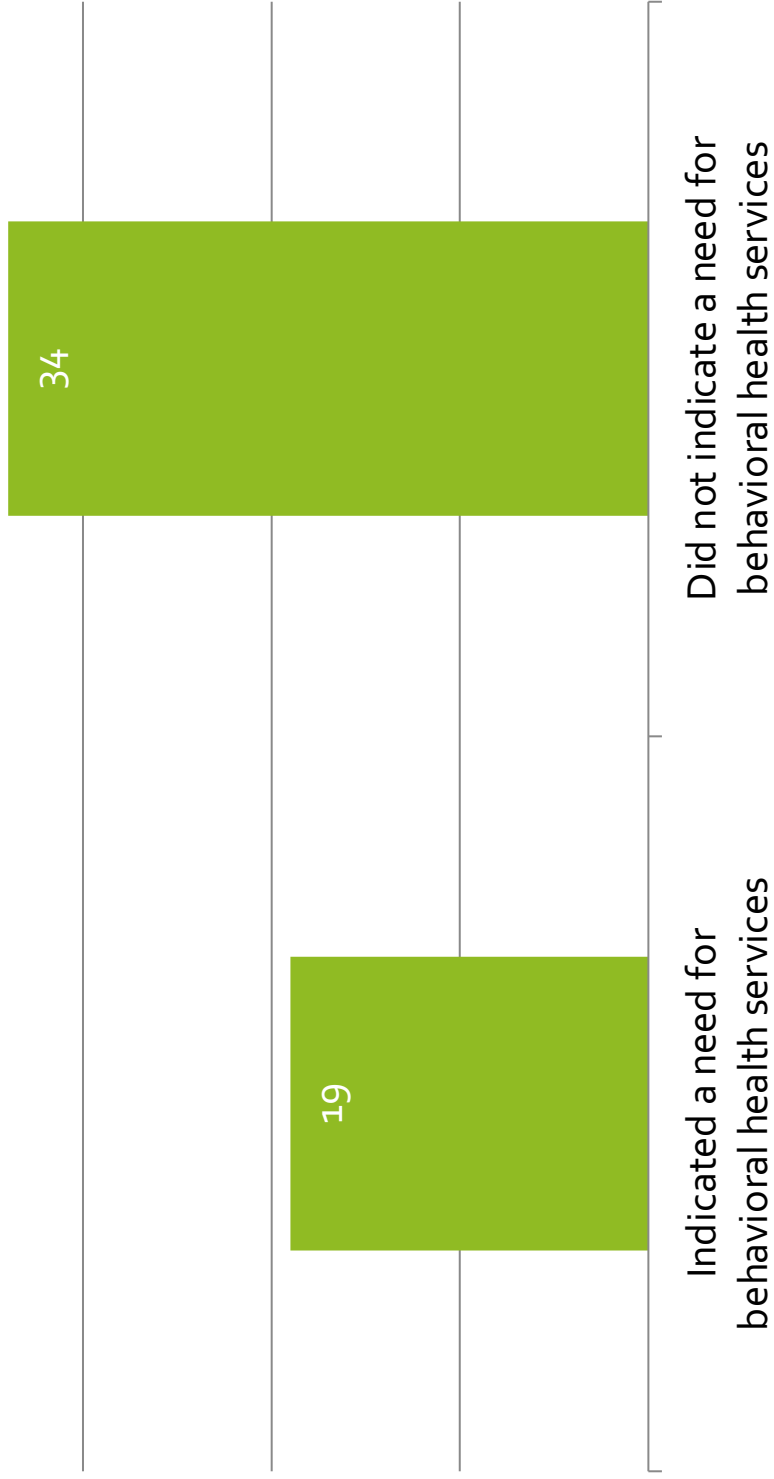
\*This slide set contains preliminary pilot data. Please do not distribute.\*

# Probation / Parole Status of SLP Participants Who Engaged in Program (November 2020, N=52)



# Need for Behavioral Health Services for SLP Participants Who Engaged in Program (November 2020, N=53)

Number of Participants





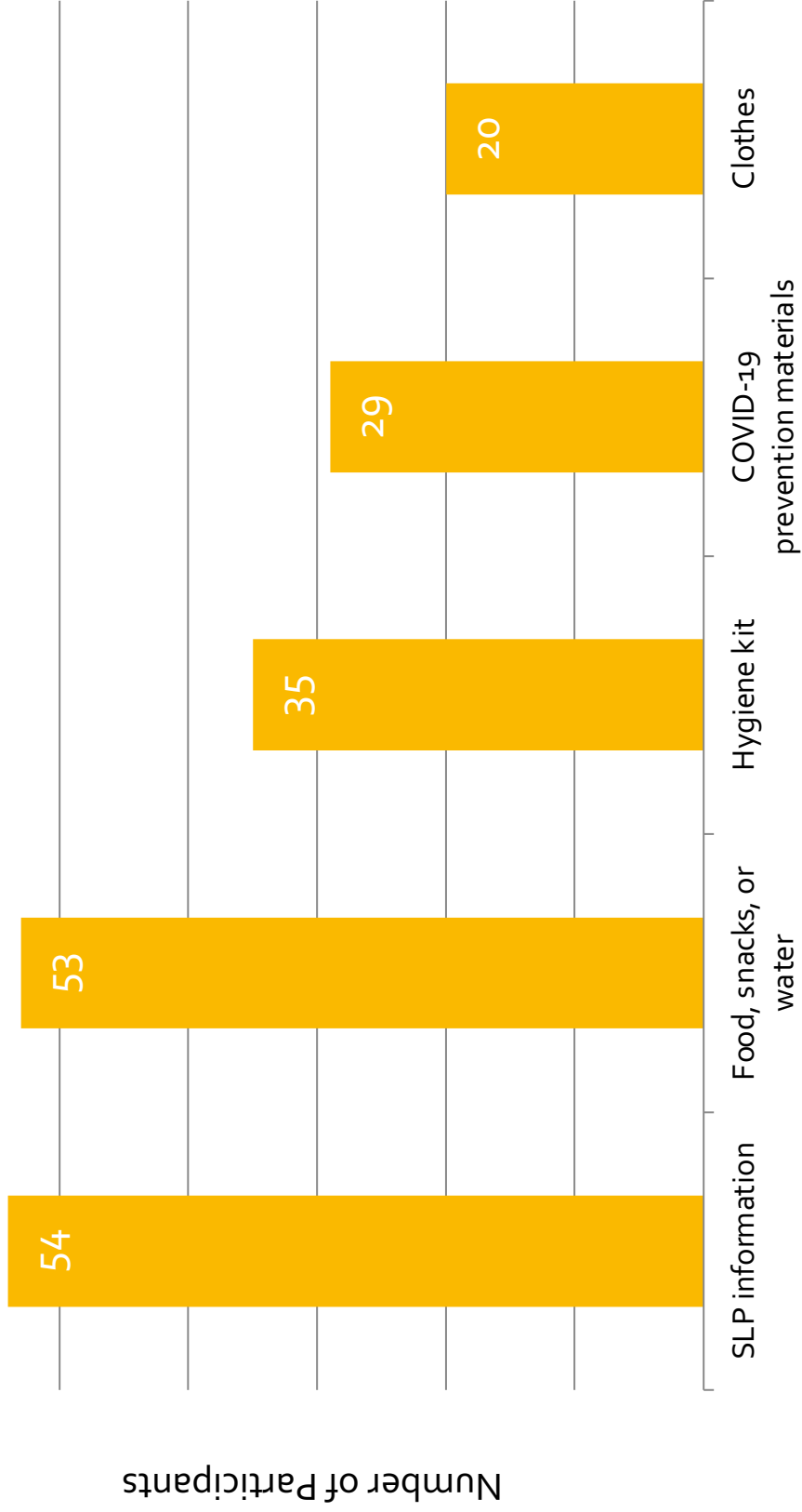
# Activities, Requested Benefits, and Identified Needs

For Participants Engaged in Safe Landing Project

*November 2020*

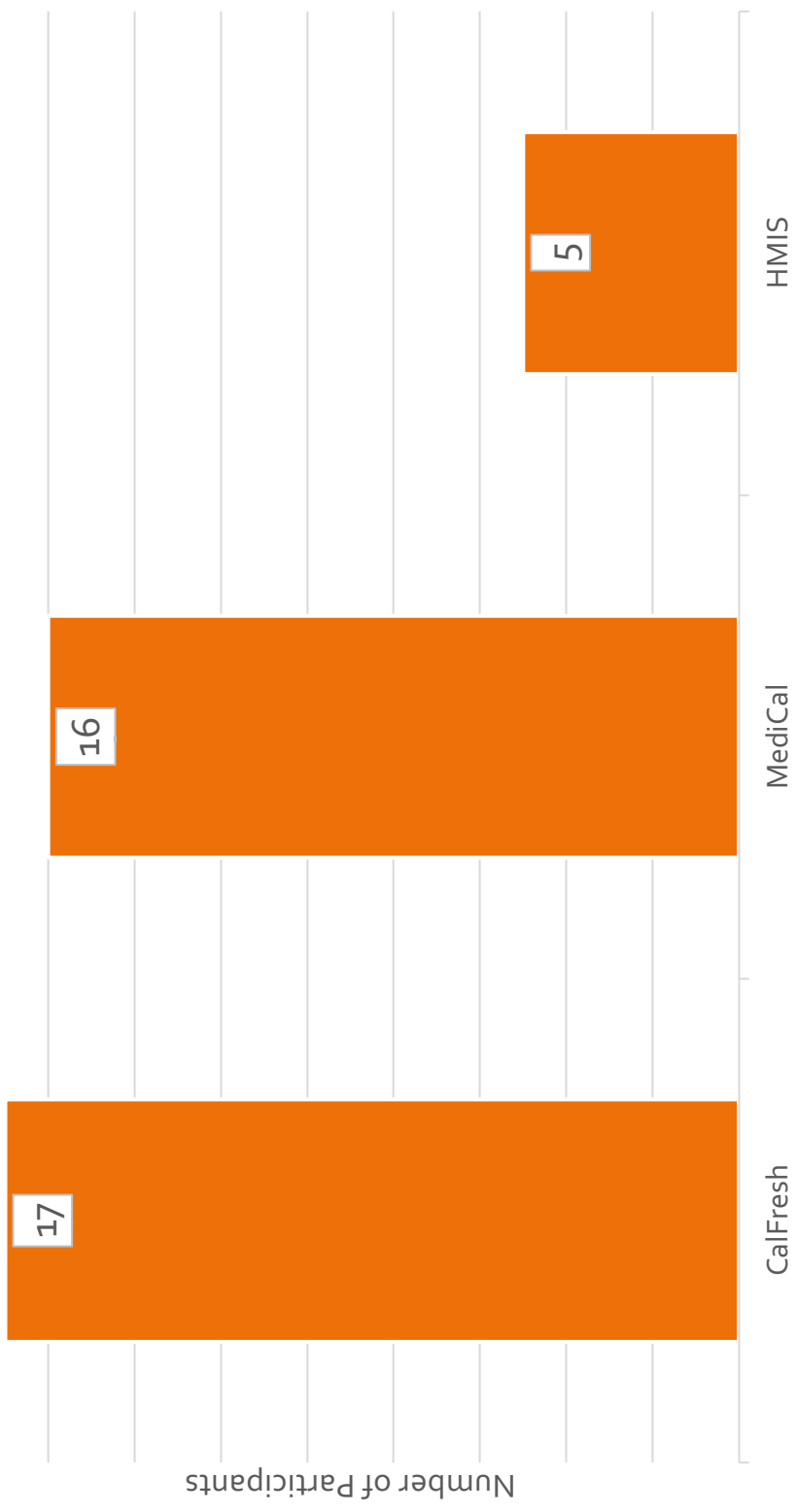
## Encounter Activities Provided to SLP Participants Who Engaged in Program (November 2020, N=54)

67

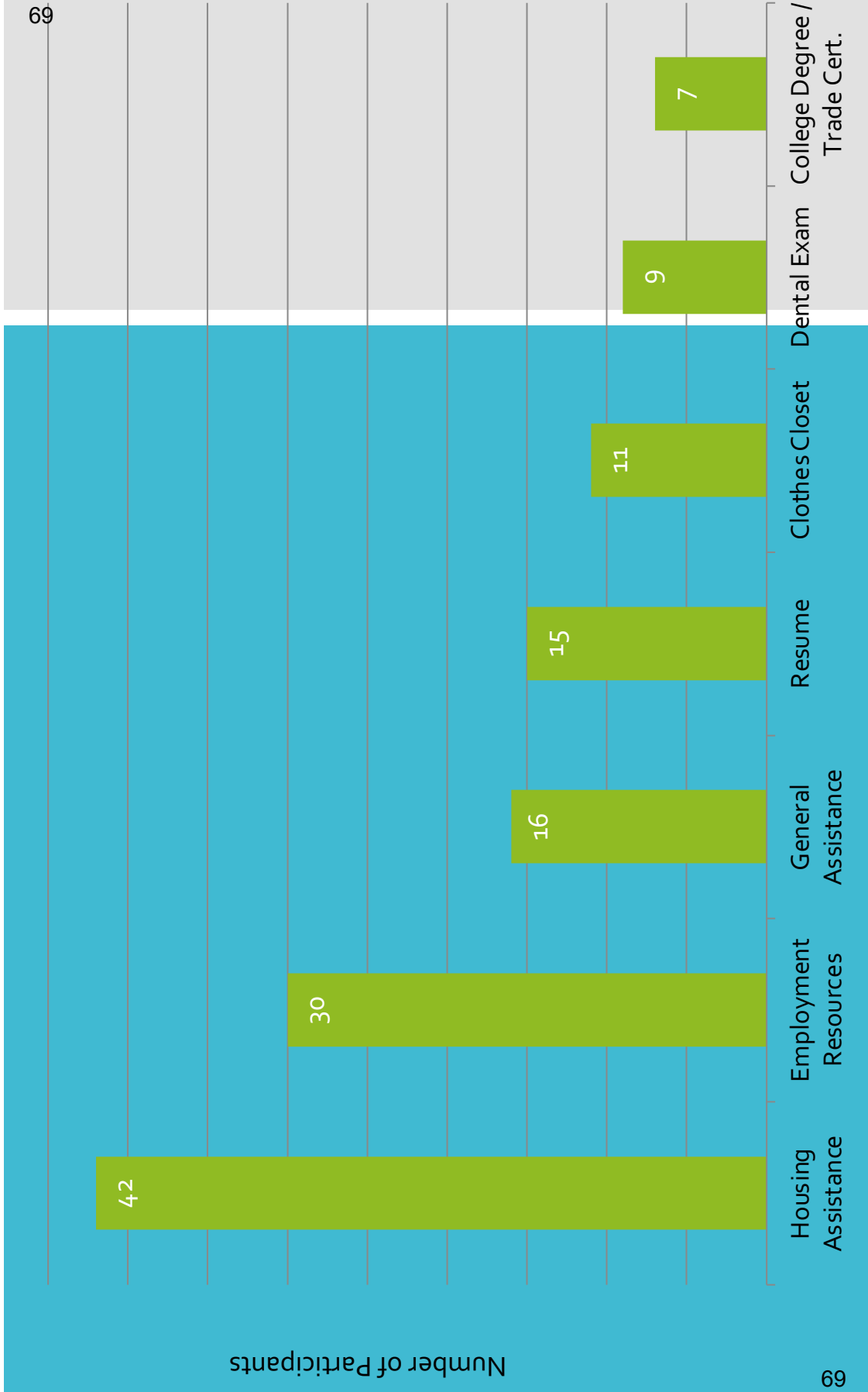


67

# Benefits Enrollment Requested By Participants Who Engaged with SLP (November 2020, N=53)

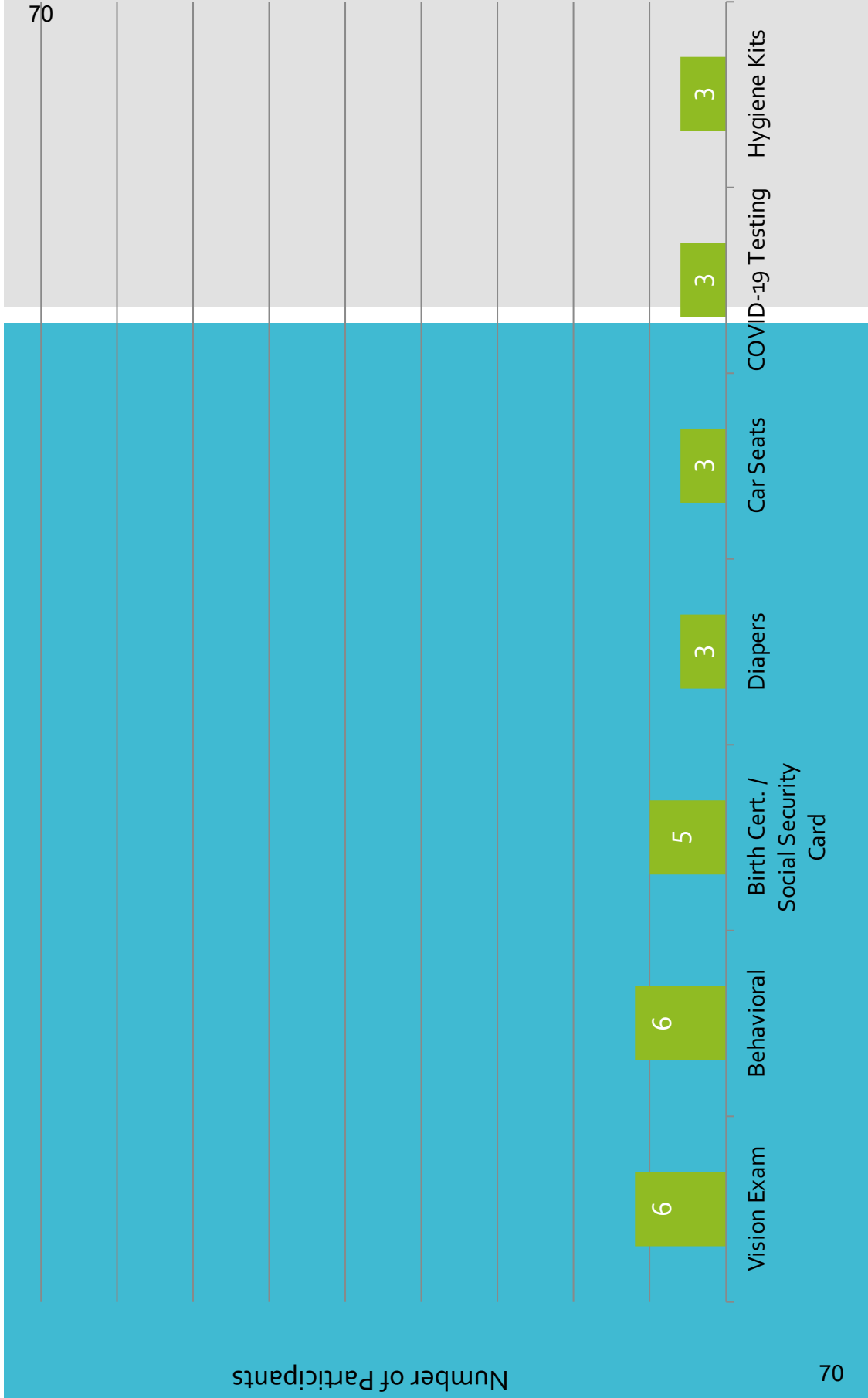


# Needs Identified by Participants Who Engaged with SLP (November 2020, N=53)



\*This slide set contains preliminary pilot data. Please do not distribute.\*

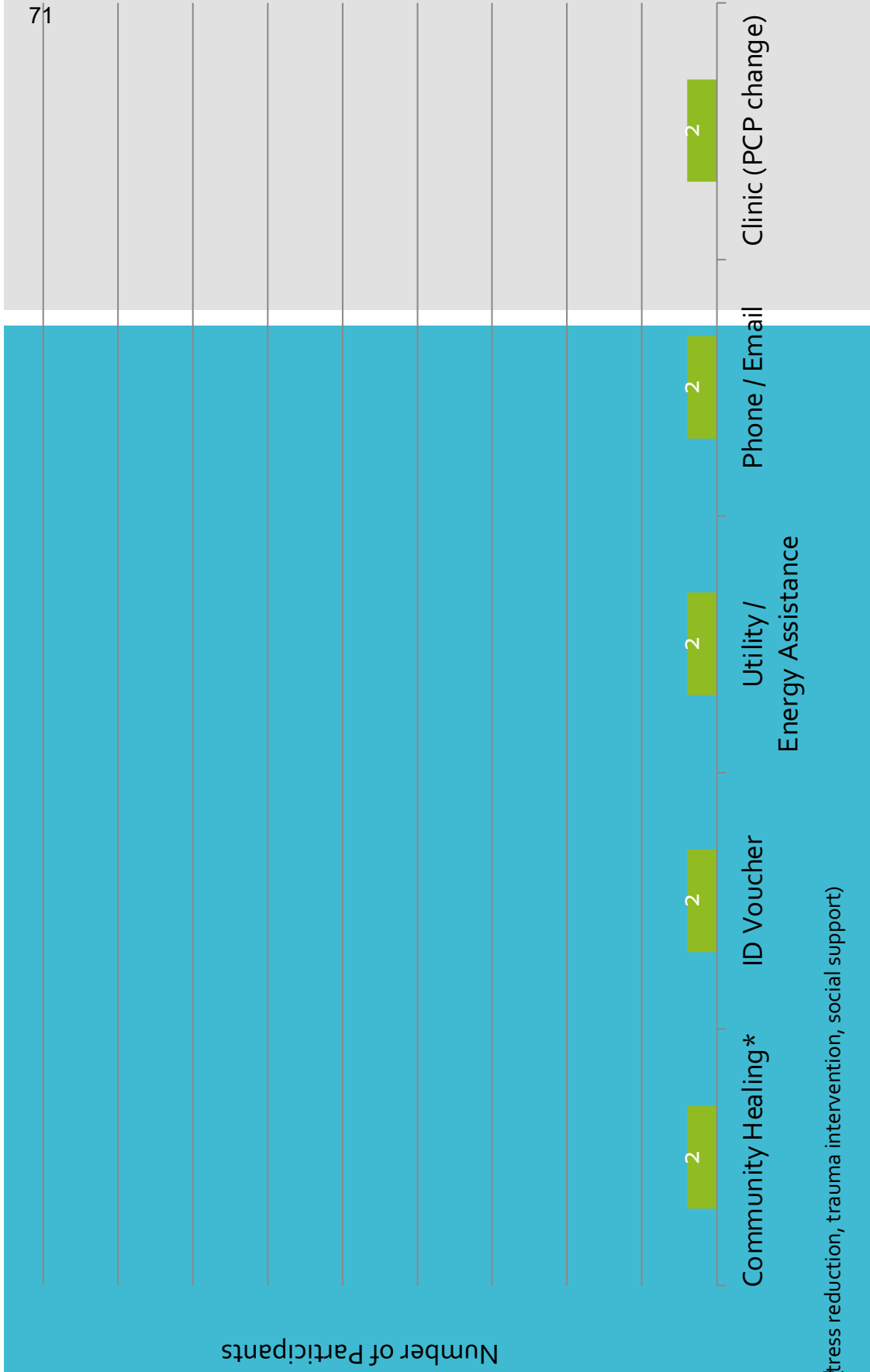
# Needs Identified by Participants Who Engaged with SLP, cont. (November 2020, N=53)



\*This slide set contains preliminary pilot data. Please do not distribute.\*



# Needs Identified by Participants Who Engaged with SLP Chart, cont. (November 2020, N=53)

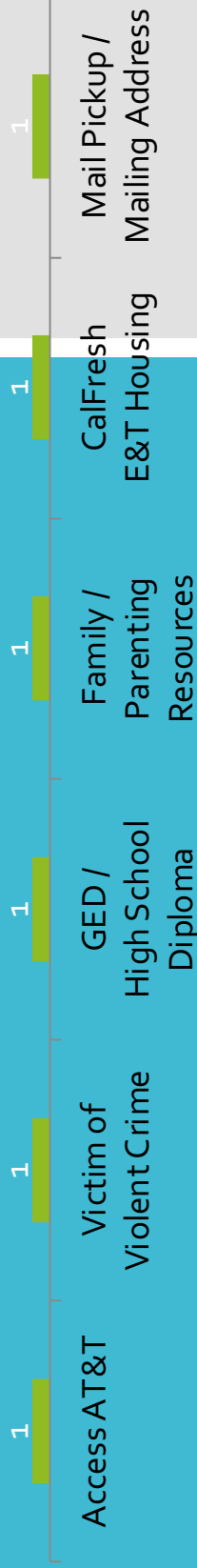


\*Stress reduction, trauma intervention, social support)

\*This slide set contains preliminary pilot data. Please do not distribute.\*

# Needs Identified by Participants Who Engaged with SLP Chart, cont. (November 2020, N=53)

Number of Participants



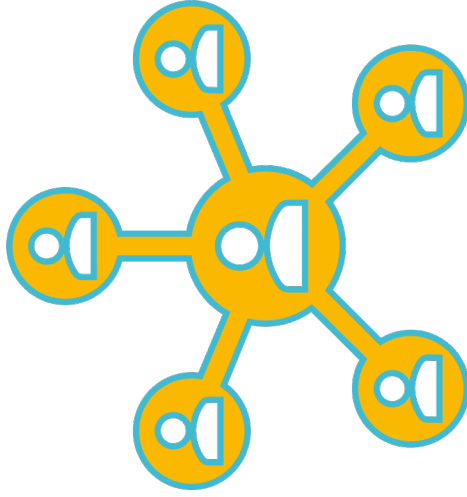
- No participants identified any the following: Food Market (Pantry), Immigration, Credit Report, Risk of Losing Job / Income.
- Three participants did not identify any needs.

\*This slide set contains preliminary pilot data. Please do not distribute.\*

## Referrals to Non-Roots Services

12 participants received referrals to non-Roots services to the following:

- East Oakland Community Projects (EOCP)
- Men of Valor
- St. Vincent de Paul
- 211
- Five Keys
- Out of town shelter



# Questions and Comments

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Tuesday, February 16, 2021 1:25 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Mental Health Advisory Board Meeting 2/16/21  
**Attachments:** 2021 02-16 MHAB Agenda - final.pdf; MHAB (MAIN) 2020 11-16 Minutes UNAPPROVED.pdf

Please see email for meeting today, sorry it is late it was sent to me on Friday, which was a holiday for the City of Berkeley

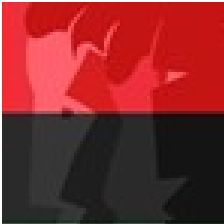
### Jamie Works-Wright

Consumer Liaison

[Jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office



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---

**From:** MHB Communications, ACBH [mailto:ACBH.MHBCommunications@acgov.org]

**Sent:** Friday, February 12, 2021 1:44 PM

**Subject:** Mental Health Advisory Board Meeting 2/16/21

**WARNING:** This email originated outside of City of Berkeley.

**DO NOT CLICK ON** links or attachments unless you trust the sender and know the content is safe.

Good afternoon,

Please see attached agenda/materials for the MHAB meeting on 02/16/21.

Mental Health Advisory Board Meeting

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Or dial directly: [985234885@67.217.95.2](tel:985234885@67.217.95.2) or 67.217.95.2##985234885

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**Asia Jenkins**

Alameda County Behavioral Health Care Services

2000 Embarcadero, Suite 400

Oakland, CA 94606-5300

Tel: (510) 567-8131

Email: [Asia.Jenkins@acgov.org](mailto:Asia.Jenkins@acgov.org)

QIC: 22711



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Alameda County  
Mental Health Advisory Board

## Mental Health Advisory Board Agenda

**Tuesday, February 16, 2021** ♦ 3:00 PM – 5:00 PM

2000 Embarcadero Cove, Oakland, CA

Gail Steele Room

(space is limited due to physical distancing requirements)

<https://global.gotomeeting.com/join/985234885>

Teleconference: 1-866-899-4679, Access Code: 985-234-885

<b>MHAB Members:</b>	<b>Lee Davis</b> (Chair, District 5) <b>L.D. Louis</b> (Vice Chair, District 4) <b>Marsha McInnis</b> (District 1) <b>Tamika Greenwood</b> (District 2)	<b>Linda Ramus</b> (District 2) <b>Warren Cushman</b> (District 3) <b>Loren Farrar</b> (District 3) <b>Ashlee Jemmott</b> (District 3)	<b>Brian Bloom</b> (District 4) <b>Jessie C. Slafter</b> (District 4) <b>Juliet Leftwich</b> (District 5) <b>Vanessa Cedeño</b> (BOS Rep., District 3)
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<b><u>Committees</u></b>  <b>Adult Committee</b> Marsha McInnis, Chair  <b>Children's Advisory Committee</b> L.D. Louis, Chair  <b>Criminal Justice Committee</b> Brian Bloom, Co-Chair Juliet Leftwich, Co-Chair  <b>Quality Improvement Committee</b> Jessie C. Slafter  <b>MHSA Stakeholders Committee</b> L.D. Louis  <b>Measure A Oversight Committee</b> Vacant
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<b>3:00 PM</b> Call to Order ..... Chair <b>Lee Davis</b> <b>3:00 PM</b> I. Roll Call  <b>3:02 PM</b> II. Approval of Minutes  <b>3:05 PM</b> III. Chair's Report A. Retreat Follow-up/Update B. Annual Banquet – Fall 2021  <b>3:15 PM</b> IV. Director's Report <b>3:25 PM</b> V. Committee Reports A. Criminal Justice Committee B. Children's Advisory Committee C. Adult Committee D. MHSA Stakeholders Committee E. Quality Improvement Committee  <b>3:35 PM</b> VI. Intensive Outpatient Program Letter of Support  <b>3:50 PM</b> VII. MHAB Bylaws  <b>4:35 PM</b> VIII. LEAD Summit  <b>4:45 PM</b> IX. Public Comment  <b>5:00 PM</b> X. Adjourn
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### **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.

Contact the Mental Health Advisory Board at [ACBH.MHBCcommunications@acgov.org](mailto:ACBH.MHBCcommunications@acgov.org)



Alameda County  
Board of Supervisors

**Alameda County** <sup>ac</sup> <sup>bh</sup>  
**Behavioral Health Care Services**



<b>MHAB Members:</b>	<input checked="" type="checkbox"/> Lee Davis (Chair, District 5); <input checked="" type="checkbox"/> L.D. Louis (Vice Chair, District 4); <input type="checkbox"/> Marcella Anthony (District 1); <input type="checkbox"/> Marsha McInnis (District 1); <input type="checkbox"/> Tamika Greenwood (District 2); <input checked="" type="checkbox"/> Linda Ramus (District 2); <input type="checkbox"/> Neil Penn (District 2); <input checked="" type="checkbox"/> Loren Farrar (District 3); <input checked="" type="checkbox"/> Ashlee Jemmott (District 3); <input checked="" type="checkbox"/> Brian Bloom (District 4); <input checked="" type="checkbox"/> Juliet Leftwich (District 5); <input checked="" type="checkbox"/> Jessie C. Slafter (District 5); <input checked="" type="checkbox"/> Vanessa Cedeño (BOS Representative, District 3)
<b>ACBH Staff:</b>	<input checked="" type="checkbox"/> Karyn Tribble (ACBH Director); <input checked="" type="checkbox"/> James Wagner (ACBH Deputy Director); <input checked="" type="checkbox"/> Imo Momoh (ACBH Deputy Director); <input checked="" type="checkbox"/> Kristin Boer (Administrative Liaison); <input checked="" type="checkbox"/> Angelica Gums; <input checked="" type="checkbox"/> Asia Jenkins; <input checked="" type="checkbox"/> Sarina Hill; <input checked="" type="checkbox"/> Nellie Bagaliso
<b>Unexcused Absences:</b>	<b>Marcella Anthony (District 1); Marsha McInnis (District 1); Neil Penn (District 2); Tamika Greenwood (District 3)</b>

Meeting called to order @ 3:05 PM by Vice Chair L.D. Louis.

ITEM	DISCUSSION	DECISION/ACTION
<b>Roll Call / Introductions</b>	Roll Call completed.	
<b>Emergency Action</b>	None.	
<b>Approval of Minutes</b>	October minutes approved.	
<b>Chair's Report</b>	<p><b>A. Ad Hoc Meeting – MHAB Regulatory Role</b>            In Dr. Tribble's presentation to the Board of Supervisors, she noted the MHAB would possibly have some role in collaboration with the JIMH Taskforce. There will be a planning meeting on November 19<sup>th</sup> at 5:15pm to discuss the MHAB regulatory role and collaboration with the JIMH Taskforce.</p> <p><b>B. Ad Hoc Meeting – Retreat Planning</b>            The MHAB will host the Annual Retreat in January 2021, and will need to do some planning for this event. The retreat will be virtual, and will need to do some research as to which meeting would work best. If members are interested in attending please send an e-mail to Lee.</p>	<p>A) Meeting invitation and details will be sent to member interested in attending. Lee, L.D., Juliet, Linda and Brian to attend meeting on November 19<sup>th</sup> at 5:15pm.</p>



ITEM	DISCUSSION	DECISION/ACTION
	<p><b>C. New MHAB Member Warren Cushman</b> Lee welcomed new MHAB member Warren Cushman to the Mental Health Advisory Board.</p>	
<p><b>Introduction by Warren Cushman</b> <b>Committee Reports</b></p>	<p><b>A. Criminal Justice Committee</b> Last month's meeting in October was dedicated to discussing the presentation that was presented by Dr. Tribble at the BOS Retreat on October 27<sup>th</sup>. Many attendees of the CJC had listened in and made comments at the BOS Retreat. Time was spent discussing more of what kind of data is needed and wanted to make informed decisions about decreasing the number of serious mentally ill clients at Santa Rita Jail and in the criminal justice system. Julie drafted a letter with the data request to ACBH, that has gone out. It was suggested that at November's meeting we invite an industrial engineer to talk about data collection and how data can inform decision of the kind we're trying to make, and she will attend this month's meeting. Also, there was data request submitted on November 6<sup>th</sup>, and asked that we receive it tomorrow, the day before the CJC meeting. All the data from the request will not be received by tomorrow, but will receive what's available and will have a presentation from Dr. Hall. He will be available to answer questions.</p> <p><b>B. Children's Advisory Committee</b> At last month's meeting time was spent on a deeper discussion from a presentation that was given by Jesse Slafter in July on dependent youth and their access to services through behavioral health. It was a really robust and interesting discussion, and hoping to do some follow-up work with the Children's System of Care on some of the gaps in services that were noted, and the limitations in terms of beds for young people who might be struggling with substance abuse. The next meeting which is this Friday, will be focused on Telehealth. The Committee has partnered Boldly Me and the Office of Family Empowerment. Tanya McCullum has invited a host of young people who have been trying to access services for the Oakland Unified School District. Also, Joe Rose of NAMI has been supporting the effort. The goal of the upcoming meeting is to hear from young people who have been trying to access services.</p> <p><b>C. Adult Committee</b></p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>In Member McInnis absence, Chair Davis reported that the Adult Committee is working with the Intensive Outpatient Program (IOP) at Fairmount Hospital. The IOP has some concerns with being closed and has requested that the Adult Committee take a look at some of the issues around that, and has requested a letter of support in keeping the program open. Marsha will be bringing a letter of support to the main body for approval at a future meeting.</p> <p><b>D. MHSA Stakeholders Committee</b>                      The last MHSA Stakeholders meeting on was on October 23<sup>rd</sup>. The next meeting will be November 21st, due to the Thanksgiving holiday. At last month's meeting there were two presentations, from ACBH Prevention and Early Intervention Services and The Office of Family Empowerment. The Prevention and Early Intervention presentation was that services are moving to a help first instead of fail first strategy, usually when clients are seen in the system they're pretty far down the track and they want to educate clients earlier on the continuum in hopes that they don't decompensate to the lowest level. They talked about three core strategies: outreach and prevention, timely access, and non-stigmatizing and non-discriminatory engagement with clients. The goal is to reduce seven negative outcomes from untreated mental illness. They also discussed the program categories: prevention and early intervention, outreach, access and linkage, timely access, stigma and discrimination reduction and suicide prevention. They also discussed tracking, reporting and evaluation requirements. There is a PowerPoint that can be shared for those that are interested.</p> <p>The Office of Family Empowerment presentation was very interesting, and they presented about access issues for underserved populations and families and their efforts to shift to be more equitable and inclusive, so that family members are informed allied leaders in services and how they are hoping to develop services. There is also a PowerPoint that can be shared. There was also an update that there is going to be presentation to the Board of Supervisors on the plan, not sure of the date for the presentation. LD will inform the group when the date is announced.</p> <p><b>E. Quality Improvement Committee</b>                      Last month's meeting on October 26<sup>th</sup> was dedicated to discussing the Performance Improvement Plan (PIP) on the Substance Use Continuum</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>of Care, specifically focusing on improving the percentage of people discharging from Cherry Hill who are connected outpatient treatment and the percentage of people that return to Cherry Hill within 30 days. The intervention that was being studied is the use of a recovery coach intervention, who connects clients with outpatient treatment. There was also a discussion on the impact of COVID on mental health services.</p> <p>At today's meeting, there was a discussion the Beneficiary Grievances and Appeals report from the last two years, looking at the number of grievances and appeals. In the past year, Alameda County has received 85 grievances and 5 appeals. Most of the grievances are quality of care, staff behavior concerns, medication concerns, treatment concerns, and cultural appropriateness. There was also a discussion on the Adult and Older Adult Outpatient level of care determination tool that will be improving access and ability to best match an adult and older adult to proper services. There was an update on Network Adequacy and Network Adequacy Standard certification requirements.</p>	
<p><b>Director's Report</b></p>	<p><b>A. COVID-19 Departmental Update</b>                      Information relative to Alameda County and Purple tier status should have been received. The ACBH Exec Team and others within agency are involved in many meetings and calls relative to COVID-19. The data is not going in a good direction, so although we had moved to the Orange tier, the Governor's statements today at noon has moved counties back to where the data bares it should be. So, Alameda County is moving back to purple. You may have seen a communication from Health Care Services Agency regarding the Health Officer Orders that will start at 12:01 am, November 18<sup>th</sup>.</p> <p><b>B. Alameda Health System</b>                      Some may be aware of the process for regulatory oversight and discussion regarding Alameda Health System. The Board of Trustees were directed to submit their letters of recommendations, and believe that has been accomplished. The Board of Supervisors, Supervisor Chan and Valle have been heading up the efforts with many different internal resources and agency leadership and consultation to determine what will be the outcome. We anticipate an update in March in terms as to potentially any different changes of oversight as it relates to Alameda Health System, and will share when the information is available.</p> <p><b>C. MHSA 3-Year Plan</b></p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>The MHSA 3-year plan was submitted and reviewed at the Board of Supervisors' Health Committee. In previous years, we have been many months late, so I would personally like to thank Imo and Tracy for getting the department on track. Our goal is eventually to be way out ahead and advance of the start even more then we have already done Because of budget issues and because it was an intentional decision of our department, we did not follow the marker in terms of what the finances are showing, there will be decreases next year. It is projected on July 1<sup>s</sup>, 2022, there will be significant drop of about several millions. Because of this, we opted to stay firm, and we received a lot of commentary about new ideas, the department should or should have not taken. But is was a conscientious decision not to cut programs this year, especially with COVID and we have been uplifting our services provider and wanted to keep our continuity of care, knowing that there will be some challenges. A lot of the feedback has been incorporated into the planning by virtue of Innovations and Forensic.</p> <p><b>D. Data Notebook – Sarina Hill</b>            Sarina Hill gave an update on the status of the Data Notebook. The deadline to submit the Data Notebook is November 30<sup>th</sup>. Each section has been reviewed and staff leads have been identified for the responsible sections. The request has gone out to all the leads with a deadline of last Friday, November 13<sup>th</sup>. Sarina reported that she has received back majority of the information needed to complete the Data Notebook. The only section outstanding is Homelessness, which consist of one question, information and response should be received by the end of the day today. The official in-house completion deadline is November 20<sup>th</sup>, for all information to be inputted in the Survey Monkey and submitted to the Board. Sarina will present the completed Notebook to the Board at a future meeting.</p>	<p>Sarina will present the completed Data Notebook to the Board at a future meeting.</p>
<p><b>MHAB            Recommendations for            Diversion – Update</b></p>	<p>Vice Chair Louis gave an update on the MHAB Recommendations for Diversion. There was an ad hoc committee that was formed some months ago comprised of Marcella Anthony, Brian Bloom, Juliet Leftwich, Lee Davis, and LD Louis. The committee met at least 1 -2 times per week, for an hour to two hours. The task included lots of research and outreach. The group compiled all of the minutes and comments that brought it all together and made the original draft of the letter, that was voted on with amendments from some of the MHAB members. Then came together and incorporated the comments from the board</p> <p>MHAB (MAIN) 2020 11-16 MINUTES UNAPPROVED V2</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>meeting and finalize the draft, which was shared with the Board. Lee created a petition and a video. We received over 550 signatures on the petition in support of the recommendation to the Board of Supervisors. The letter and petition were submitted to the Board of Supervisors. Various members also met with the Board of Supervisors.</p> <p>Also, some members of the Board had the opportunity to tour Glenn Dyer Jail as part of all of these recommendations.</p>	
<p><b>Plan to reduce Forensic Involvement with Behavioral Health Clients – Update</b></p>	<p>Dr. Tribble presented the plan to reduce Forensic Involvement with Behavioral Health Clients presentation that was presented to the Board of Supervisors. On May 12<sup>th</sup> the department was directed to create a plan to reduce the number of incarcerated individuals, countywide. There was a 3-tiered methodology: external stakeholders; extensive department-wide internal research planning and direct stakeholder engagement; and consultation. The consultant helped to highlight a lot of key areas. Dr. Tribble presented the emerging finds. The total FY budget is \$563 million. Dr. Tribble also presented the ACBH formal short, medium and long-term recommendations.</p> <p>Lee called attention to the slide regarding the MHAB being the regulatory oversight committee for the potential plan that has been put forward to the Board of Supervisors. That will be focus of the ad hoc committee, and will bring back to main board during the retreat to discuss</p>	
<p><b>Public Comment</b></p>	<p>Alison Monroe stated that she is so glad that Mental Health Advisory Board is perusing this, talking about beds, and getting data. We need to know what's happening with this very complicated system as people pass between jail, hospital, the streets and every other facility. If we have data we could look at that and make more sense at to what the system needs.</p> <p>John Lindsay-Poland would like to thank the Board and Dr. Tribble for the presentation, which Decarcerate Alameda County supports. The question for me for is what is the vision on of outcomes on which it is premised? The presentation includes these five principles that JIMH laid out, one of which is to have a concrete goal for the reduction in the number of people with serious mental illness in Santa Rita.</p>	
<p><b>Adjournment</b></p>	<p>Adjourned at 5:00 PM</p>	

83 Minutes submitted by A. Jenkins

**Works-Wright, Jamie**

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**From:** Edward Opton <eopton1@gmail.com>  
**Sent:** Friday, February 12, 2021 12:05 AM  
**To:** Works-Wright, Jamie  
**Subject:** Early psychosis intervention

**WARNING:** This email originated outside of City of Berkeley.  
**DO NOT CLICK ON** links or attachments unless you trust the sender and know the content is safe.

2.11.21

Dear Jamie Works-Wright,

Please forward the note below to the Mental Health Division.

Thanks,

Edward Opton

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To: City of Berkeley, Mental Health Division

The MHSOAC recently invited applications for funds to treat persons showing symptoms of psychosis at an early age, e.g., adolescence. (See link below.) If Berkeley has applied or is about to apply, I'd appreciate it if you would make Berkeley's application available to the Mental Health Commission at or before its next meeting.

Sincerely yours,

Edward Opton

The EPI RFA\_002 can be found here: <https://mhsoc.ca.gov/request-application-rfa-early-psychosis-intervention-plus-epi-plus-round-2>

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Thursday, February 4, 2021 8:55 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Recommendations for Jail Diversion Strategies Final Report

Hello Commissioners, please see the information below from Commissioner Opton

In an e-mail a few minutes ago, I forgot to include access information for the "Recommendations for Jail Diversion Strategies and Community Services" report. Here it is:

PDF A1\_JIMH Recommendations for Jail Diverssion Strategies Final Report Oct. 2020.pdf  
 [The misspellings of "Recommendations" and "Diversion" are in the e-mail that was sent to me. It may or may not be necessary to include the misspelling to search for and retrieve the e-mail.]

[drive.google.com/file/d/1eFesDBGNK37GIYi9jLP7aTT217vgwtMq/view](https://drive.google.com/file/d/1eFesDBGNK37GIYi9jLP7aTT217vgwtMq/view)

Ned

Jamie Works-Wright

Consumer Liaison

[Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office

Please be aware that e-mail communication can be intercepted in transmission or misdirected. The information contained in this message may be privileged and confidential. If you are NOT the intended recipient, please notify the sender immediately with a copy to [HIPAAPrivacy@cityofberkeley.info](mailto:HIPAAPrivacy@cityofberkeley.info) and destroy this message immediately.

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**From:** Edward Opton [mailto:[eopton1@gmail.com](mailto:eopton1@gmail.com)]  
**Sent:** Wednesday, February 3, 2021 11:54 AM  
**To:** Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
**Subject:** Recommendations for Jail Diversion Strategies Final Report

**WARNING:** This email originated outside of City of Berkeley.

**DO NOT CLICK ON** links or attachments unless you trust the sender and know the content is safe.

2.3.21

Alameda County has published an important report on strategies for "diverting" people with mental problems to mental health services instead of jail and prison. This is a racial equity issue as well as a mental health issue. The report finds that the present practices in Alameda County (including Berkeley) "divert" people of one ethnic group to jail disproportionately to other ethnic groups. I'm sure we all know which one. Berkeley's Mental Health Commission (MHC) should read this report and should decide whether and how to put it on their agenda for discussion with Berkeley's Mental Health Division.

Can your office help to make the report available to the MHC? The report is available on-line, but it's too long to read on-screen, and, at 54 printed pages, it's too long for the MHC members to print on their home printers. Also, some of us probably don't have printers at our homes.

If it might help to talk about this, I'm at 510-524-6858.

Edward Opton



**Works-Wright, Jamie**

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**From:** Works-Wright, Jamie  
**Sent:** Tuesday, February 2, 2021 10:00 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Memo re Commission Subcommittees  
**Attachments:** Memo re Commission Subcommittees 2-1-21.pdf

Please see the information attached regarding subcommittees.

---

**From:** Numainville, Mark L.  
**Sent:** Monday, February 01, 2021 2:28 PM

**Cc:** All City Clerk <dLCityClerk@cityofberkeley.info>; SET <SET@cityofberkeley.info>; Commission <Commission@cityofberkeley.info>  
**Subject:** Memo re Commission Subcommittees

Commission Secretaries,

Please see the attached memo regarding suspension of Brown Act requirements for commission subcommittees.

Please share with your commissioners.

Mark Numainville, City Clerk  
City of Berkeley  
2180 Milvia Street, 1st Floor  
Berkeley, CA 94704  
(510) 981-6909 direct  
[mnumainville@cityofberkeley.info](mailto:mnumainville@cityofberkeley.info)





City Clerk Department

February 1, 2021

To: Commission Secretaries

From: Mark Numainville, City Clerk

Subject: Temporary Suspension of Certain Provisions of the Commissioners' Manual for Subcommittees

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On January 19, 2021, Council adopted Resolution No. 69,681-N.S., authorizing temporary suspension of provisions of the Commissioners' Manual that require ad hoc subcommittees of City boards and commissions follow State open meeting procedures. Specifically, the creating and posting of agendas, providing for public attendance and comment during subcommittee meetings, and other associated scheduling and noticing requirements is temporarily suspended. This will allow subcommittees to meet and conduct business without support from city staff, thus allowing staff to continue emergency response efforts related to the COVID-19 pandemic.

In response to the emergency proclamation due to the COVID-19 pandemic, staff resources have been directed to the pandemic response. Staff, including commission secretaries, are not able to provide support to boards and commissions at pre-pandemic levels, while also supporting the efforts of the pandemic response and Emergency Operations Center.

At the November 30, 2020, Agenda & Rules Committee meeting, the Committee discussed options for enabling City boards and commissions to conduct work, given the limitations on staff resources. Under the State's open meeting law (also known as the Brown Act), ad hoc subcommittees are not legislative bodies, and are not required to post agendas or allow for public participation.

Agenda posting and public participation requirements for subcommittees are specific to Berkeley and are adopted by resolution in the Commissioners' Manual. The Agenda & Rules Committee requested that city staff introduce an agenda item to the City Council for consideration to temporarily suspend these local noticing and participation requirements for ad hoc subcommittees, and Council approved the recommendation.

The other provisions in the Commissioners' manual regarding ad hoc subcommittees remain unchanged. Key points still required for subcommittees include:

- Creation of ad hoc subcommittees and appointments must occur at meetings of the full commission
- Recommendations from the subcommittee must be adopted by the full commission before they are forwarded to Council
- A subcommittee cannot represent the commission before the Council unless it has received permission to do so.
- Composed of less than a quorum of the parent body.
- Composed of only members of the parent body (no members of other commissions or any other persons may be included).
- Have a finite purview established by the parent body.
- Have a set target date to report back to the parent body.
- Must terminate within one year, unless the parent body reviews and extends the timeline.
- Have no regular meeting schedule set by the parent body (all subcommittee meetings are "special meetings").
- Have no alternate commissioner assigned to attend meetings, even as an observer, if his or her presence would create a quorum of the parent body.

Staff resources to support City boards and commissions will continue to be evaluated on a regular basis by the City Manager. Provisions of the Commissioners' Manual that are temporarily suspended may be reinstated at any point by action of the full Council.

Attachments:

1. Council Agenda Report from January 19, 2021: Temporarily Suspending Certain Provisions of the Commissioners' Manual that Apply to Meetings of Subcommittees
2. Resolution No. 69,681-N.S.



Office of the City Manager

CONSENT CALENDAR

January 19, 2021

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Mark Numainville, City Clerk

Subject: Temporarily Suspending Certain Provisions of the Commissioners' Manual that Apply to Meetings of Subcommittees

RECOMMENDATION

Adopt a Resolution temporarily suspending the provisions of the Commissioners' Manual and Resolution No. 69,063-N.S. that ad hoc subcommittees of City boards and commissions follow State open meeting procedures, thereby enabling ad hoc subcommittees to meet and conduct work while allowing City staff to continue emergency response efforts related to the COVID-19 pandemic.

FISCAL IMPACTS OF RECOMMENDATION

There are no direct fiscal impacts associated with this recommendation. Temporarily suspending the application of State open meeting procedures to ad hoc subcommittees will decrease the amount of staff time required to coordinate and support the functions of City boards and commissions. This will enable staff that are currently assigned to the COVID-19 pandemic emergency response to continue their assignments and efforts with the City's Emergency Operations Center, and at the same time allow the work of ad hoc subcommittees to resume.

CURRENT SITUATION AND ITS EFFECTS

On March 10, 2020, the City Council ratified the proclamation of the Director of Emergency Services for a state of local emergency related to the COVID-19 pandemic. The emergency proclamation has been renewed several times by the Council, most recently on December 15, 2020, and remains in effect.

In response to the emergency proclamation, staff resources and the resources of City legislative bodies have been directed to the pandemic response. This includes staff assigned as commission secretaries, many of whom are engaged in work with the Emergency Operations Center or are fulfilling new duties related to the impacts of the pandemic. Staff are not able to provide support to boards and commissions at the pre-pandemic level, while also supporting the efforts of the pandemic response and Emergency Operations Center.

At the November 30, 2020 Agenda & Rules Committee meeting, the Committee discussed options for enabling City boards and commissions to conduct work, given the limitations on staff resources. One of the options considered is to temporarily suspend the requirement for ad hoc subcommittees of City boards and commissions to notice their meetings and require public participation. Ad hoc subcommittees are temporary single-purpose advisory committees composed of less than a quorum of the members of a commission or board. Under the State's open meeting law (also known as the Brown Act), ad hoc subcommittees are not legislative bodies, and are not required to post agendas or allow for public participation. These requirements are specific to Berkeley and are adopted by resolution in the Commissioners' Manual.

The Agenda & Rules Committee requested that staff prepare an item for the City Council's consideration to temporarily suspend these local noticing and participation requirements for ad hoc subcommittees. Temporary suspension of these requirements will allow ad hoc subcommittees to meet as needed, and without significant additional staff resources, in order to develop recommendations that will be presented to the full board or commission. Staff resources to support City boards and commissions will continue to be evaluated on a regular basis by the City Manager and the Health Officer in consultation with Department Heads and the City Council. Provisions of the Commissioners' Manual that are temporarily suspended may be reinstated at any point by action of the full Council.

#### BACKGROUND

The Commissioners' Manual is a compilation of state and local laws, and local policies and best practices that apply to City boards and commissions. The Commissioners' Manual is a valuable resource for commissioners, commission secretaries, City staff, and the public, and is provided to new commissioners, new commission secretaries, and is accessible to the public via the City website. The Manual was last updated on September 10, 2019 with Resolution No. 69,063-N.S.

#### ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects or opportunities associated with the subject of this report.

#### RATIONALE FOR RECOMMENDATION

At the November 30, 2020 Agenda & Rules Committee meeting, the Committee requested that staff present an item to the full City Council that would allow for the temporary suspension of the local requirement that ad hoc subcommittees of City boards and commissions adhere to State open meeting procedures.

#### ALTERNATIVE ACTIONS CONSIDERED

The City Council could leave the existing provisions in place. Under the existing provisions, if ad hoc subcommittee functions were to resume, staff resources would need to be reallocated in order to fulfill the open meeting requirements in the Commissioners' Manual.

CONTACT PERSON

Mark Numainville, City Clerk, 981-6900

Attachments:

1: Resolution

RESOLUTION NO. ##,###-N.S.

TEMPORARILY SUSPENDING CERTAIN PROVISIONS OF THE COMMISSIONERS' MANUAL AND RESOLUTION NO. 69,063-N.S. THAT APPLY TO MEETINGS OF SUBCOMMITTEES

WHEREAS, the Commissioners' Manual is a compilation of state and local laws, and local policies and best practices that apply City boards and commissions; and

WHEREAS, pursuant to the Commissioners' Manual, ad hoc subcommittees of City boards and commissions are required to follow State open meeting procedures, a requirement that is specific to Berkeley and adopted by resolution in the Commissioners' Manual; and

WHEREAS, ad hoc subcommittees are not legislative bodies under the Brown Act and are not required to post agendas or allow for public participation; and

WHEREAS, due to the emergency response to the COVID-19 pandemic, staff resources are not currently available to support the open meeting requirements of the Commissioners' Manual as they pertain to ad hoc subcommittees; and

WHEREAS, the City Council may take formal action to temporarily suspend the provisions of the Commissioners' Manual that pertain to open meeting procedures for ad hoc subcommittee, thereby allowing ad hoc subcommittees to meet without the need for significant additional staff resources.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Council hereby temporarily suspends the provisions of the Commissioners' Manual and Resolution No. 69,063-N.S. that require ad hoc subcommittees of City boards and commissions to follow State open meeting procedures, thereby enabling ad hoc subcommittees to meet and conduct work while allowing City staff to continue emergency response efforts to the COVID-19 pandemic.

## RESOLUTION NO. 69,681-N.S.

## TEMPORARILY SUSPENDING CERTAIN PROVISIONS OF THE COMMISSIONERS' MANUAL AND RESOLUTION NO. 69,063-N.S. THAT APPLY TO MEETINGS OF SUBCOMMITTEES

WHEREAS, the Commissioners' Manual is a compilation of state and local laws, and local policies and best practices that apply City boards and commissions; and

WHEREAS, pursuant to the Commissioners' Manual, ad hoc subcommittees of City boards and commissions are required to follow State open meeting procedures, a requirement that is specific to Berkeley and adopted by resolution in the Commissioners' Manual; and

WHEREAS, ad hoc subcommittees are not legislative bodies under the Brown Act and are not required to post agendas or allow for public participation; and

WHEREAS, due to the emergency response to the COVID-19 pandemic, staff resources are not currently available to support the open meeting requirements of the Commissioners' Manual as they pertain to ad hoc subcommittees; and

WHEREAS, the City Council may take formal action to temporarily suspend the provisions of the Commissioners' Manual that pertain to open meeting procedures for ad hoc subcommittee, thereby allowing ad hoc subcommittees to meet without the need for significant additional staff resources.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Council hereby temporarily suspends the provisions of the Commissioners' Manual and Resolution No. 69,063-N.S. that require ad hoc subcommittees of City boards and commissions to follow State open meeting procedures, thereby enabling ad hoc subcommittees to meet and conduct work while allowing City staff to continue emergency response efforts to the COVID-19 pandemic.




The foregoing Resolution was adopted by the Berkeley City Council on January 19, 2021 by the following vote:

Ayes: Bartlett, Droste, Hahn, Harrison, Kesarwani, Robinson, Taplin, Wengraf, and Arreguin.

Noes: None.

Absent: None.

  
\_\_\_\_\_  
Jesse Arreguin, Mayor

Attest:   
\_\_\_\_\_  
Mark Numainville, City Clerk

**Works-Wright, Jamie**

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**From:** Works-Wright, Jamie  
**Sent:** Friday, January 29, 2021 4:19 PM  
**To:** Works-Wright, Jamie  
**Subject:** Agenda items for MHC February 25, 2021

Hello Commissioners,

I would like to request any agenda items you would like to have on the Agenda for the February 25<sup>th</sup> meeting. Please email the items you would like to have on the agenda the exact way you would like it to read on the agenda by **Friday, February 5, 2021**. If you would like anything attached in the packet, I would need it by Monday, February 15, which is a holiday but, I will need it in my inbox so I can have the packets ready to mail by Thursday on February 18.

**Jamie Works-Wright**

Consumer Liaison

[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office

**Works-Wright, Jamie**

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**From:** Works-Wright, Jamie  
**Sent:** Friday, January 29, 2021 3:59 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Recent Berkeley police shooting--What I didn't say at the end of the January 28 Mental Health Commission meeting

Please see the email from Commissioner Opton

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**From:** Edward Opton [mailto:eohton1@gmail.com]  
**Sent:** Friday, January 29, 2021 12:02 AM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** Recent Berkeley police shooting--What I didn't say at the end of the January 28 Mental Health Commission meeting

**WARNING:** This email originated outside of City of Berkeley.  
**DO NOT CLICK ON** links or attachments unless you trust the sender and know the content is safe.

January 28, 2021  
 To: Jamie Works-Wright, Secretary  
 Berkeley/Albany Mental Health Commission

I'd appreciate it if you would forward this e-mail to the members of the Mental Health Commission and to others who attended its January 28 meeting.

-----

At the end of the January 28 MHC meeting, the MHC was discussing its proposed work plan for 2021. I said I'd like to add a comment but would send it as a follow-up e-mail--I did not want to push the meeting into overtime. Here is the comment.

While the Commission was discussing its plans for 2021, the recent police shooting of a mentally disturbed man in a Berkeley convenience store was mentioned. If I recall correctly, he was a Black man, and he is reported to have threatened people with a bicycle chain--or, as he is likely to have perceived it, he defended himself with the chain, and not just against the people in the store, but also against the armed police officer(s) who shot him.

I believe the MHC should work to prevent incidents of that sort. Our efforts should fit within at least one, perhaps several, of the MHC's goals for 2021.

Berkeley had social workers with mental health training on call at least as far back as 1982. I've been told that the program still exists. Does it? If not, why not? If it does still exist, the MHC should inquire:

What written Police Department policies instruct officers as to when they should call on mental-illness-trained social workers?

What unwritten policies, practices, and customs supplement the written policies?

What training had the officer(s) who shot the man with the chain received regarding incidents of that sort?

Do relevant training materials exist? Departmental materials? POST materials? Other?

What do the training materials say about mental illness? About people with apparent mental illness armed with non-lethal weapons?

Will the Police Department make the training materials available for the MHC's review?

Do videos of the incident exist? Does the Department have them? Will the Department make them available to the Mental Health Division and to the MHC?

Have Police Department representatives met with residents of the neighborhood and with neighborhood leaders to hear their views on the incident? If not, why not?

What steps has the Police Department taken to make future such incidents less inevitable?

Does the Police Department leadership object to taking steps to reduce the number of such incidents in the future?

Does the Department intend to take such steps? If it objects to making such efforts, what are the reasons for its objections?

Some might assert that police interactions with mentally ill people are irrelevant to the business of the MHC. Does the Chief of Police take that position?

In my opinion, the MHC should disagree with such an objection. Improving the lives of the mentally ill via analysis of problems and advice to the City is the MHC's business. It is the MHC's reason for existence. Communicating with municipal authorities, police included, is an important part of the Commission's mandate to do what it can to ameliorate the problems that face our city's mentally ill residents.

Edward Opton, Ph.D., JD  
Member, Berkeley/Albany Mental Health Commission

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Friday, January 29, 2021 3:13 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: COB Feb. 9 , 2021 NOTICE OF VIRTUAL PUBLIC HEARING and OPPORTUNITY TO COMMENT: Consolidated Plan and PY19 Annual Action Plan Amendments  
**Attachments:** Changes ESGCV Expenditures 012221 (002).pdf; PublicNotice\_ConPlanAmendment2\_PY19AAP2.pdf

Please see the information below and attached

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**From:** Babka, Rhianna  
**Sent:** Thursday, January 28, 2021 5:11 PM  
**To:** Babka, Rhianna <RBabka@cityofberkeley.info>  
**Subject:** COB Feb. 9 , 2021 NOTICE OF VIRTUAL PUBLIC HEARING and OPPORTUNITY TO COMMENT: Consolidated Plan and PY19 Annual Action Plan Amendments

Dear Key Stakeholders & Community Partners,

This email contains important information regarding opportunities for public comment on the City's expenditure of Housing and Urban Development (HUD) funds. **Please post and/or distribute the attached flyers regarding this virtual public hearing and opportunity to comment.**

**NOTICE OF PUBLIC HEARING  
 CITY OF BERKELEY**

**REQUEST FOR COMMENTS ON ITS  
 CONSOLIDATED PLAN (2020-2025) AMENDMENT #2 – CARES ACT &  
 PY19 (FY20) ANNUAL ACTION PLAN AMENDMENT #2**

The public is invited to review and comment on the City of Berkeley's **1) [Consolidated Plan Substantial Amendment #2](#)** for Housing and Community Development that covers the period July 1, 2020 through June 30, 2025 including the City of Berkeley's FY 2021 Annual Action Plan, which covers the period July 1, 2020 through June 30, 2021, and **2) the [PY19 Annual Action Plan Substantial Amendment #2](#)** covering funds from the period of July 1, 2019 through June 30, 2020. The comment period will conclude at the **February 9, 2021 Public Hearing** in front of City Council.

The Consolidated Plan amendment is to allow the City of Berkeley to receive and administer an additional \$891,121 in Community Development Block Grant coronavirus (CDBG-CV) funding from the US Department of Housing and Urban Development (HUD) made available through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

The PY19 Annual Action Plan amendment is to shift Community Development Block Grant (CDBG) funds from public facilities rehabilitation to housing rehabilitation.

The City of Berkeley will be hosting a **virtual public hearing during a regularly scheduled City Council meeting on Tuesday February 9<sup>th</sup>, 2021, at 6pm** to discuss this amendment. Agenda materials for this item and instructions on how to access this meeting can be found on the [City of Berkeley Council Agenda webpage](#).

**PROPOSED CHANGES TO ESG-CV EXPENDITURES**

In addition to the Amendments mentioned above, the City is proposing to adjust the Emergency Solutions Grant CARES Act (ESG-CV) expenditure plan, while staying within budget and eligible activities. Proposed changes include a slight decrease in funds for rapid rehousing, increase in funds for emergency shelter and street outreach, and an increase in funds for the HMIS activities. Please refer to the memo (attached and [on the webpage](#)) regarding the proposed ESG-CV for additional information.

Thank you,

Rhianna Babka  
City of Berkeley  
Housing and Community Services  
2180 Milvia Street, 2nd Floor  
Berkeley, CA 94704  
(510) 981-5410 (tel)  
(510) 981-5450 (fax)  
[rbabka@ci.berkeley.ca.us](mailto:rbabka@ci.berkeley.ca.us)

**Please note:** Many City of Berkeley physical offices have limited hours and operations due to COVID-19. Please refer to the [City's website](#) for the most up-to-date information on City services and COVID -19.

**Please note:** As a cost saving measure the City of Berkeley is closed the 2nd Friday of every month. Additional closures may occur. For the latest City Closures and Holidays please check the City of Berkeley Homepage at [www.ci.berkeley.ca.us](http://www.ci.berkeley.ca.us).



Office of the City Manager

January 22, 2021

From: *Dee* Dee Williams-Ridley, City ManagerSubject: **Proposed Changes to ESG-CV Expenditures**

The City of Berkeley has received \$6,648,603 in Emergency Solutions Grant coronavirus (ESG-CV) funding from the US Department of Housing and Urban Development (HUD) made available through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). The proposed spending for the ESG-CV funds was adopted by City Council after a [Public Hearing on September 15, 2020](#). In response to the ever-evolving coronavirus response, the City has identified a need to shift the ESG-CV expenditure plan, while staying within budget and providing eligible activities.

The CARES Act funds are available for “eligible activities” to prevent, prepare for, and respond to the coronavirus (COVID-19). Eligible ESG-CV activities include street outreach, emergency shelter, homelessness prevention, rapid re-housing, Homeless Management Information System (HMIS) and administration. Specific activities using ESG funding under the CARES Act do not require a public comment period under the [City’s Citizen Participation Plan](#) but shall, at minimum, be posted on the City of Berkeley’s website.

The City is proposing to decrease funds for rapid rehousing, increase funds for emergency shelter and street outreach, increase funds for the HMIS activities, and make no changes to the administration of ESG-CV funds. The following table details both the initial and revised expenditure plans:

<b>ELIGIBLE EXPENDITURES</b>	<b>INITIAL Expenditure Plan</b>	<b>REVISED Expenditure Plan</b>
Rapid Rehousing	\$ 2,597,578	\$ 2,591,095
Emergency Shelter and Street Outreach	\$ 3,386,165	\$ 3,380,648
Homeless Management Information System	\$ 0	\$12,000
Administration (7.5%)	\$ 664,860	\$ 664,860
<b>Total</b>	<b>\$ 6,648,603</b>	<b>\$ 6,648,603</b>

At the time of this notice, charges to the revised activities have not yet been incurred by the City, but eligible expenses may be retroactive and reimbursable to contracted agencies as of the beginning of the fiscal year (July 1, 2020) in alignment with the ESG-CV funding as part of the City's Annual Action Plan.

**All written comments must be sent to both [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) AND [CPD COVID-19WaiverSFO@hud.gov](mailto:CPD_COVID-19WaiverSFO@hud.gov) no later than February 9, at 5:00 p.m.**

For more information only email or call Rhianna Babka at the Health, Housing and Community Services Department (email [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info); phone: 510-981-5410).

cc: Lisa Warhuus, PhD, Director, Health, Housing & Community Services Dept.



**NOTICE OF PUBLIC HEARING  
CITY OF BERKELEY**

**REQUEST FOR COMMENTS ON ITS  
CONSOLIDATED PLAN (2020-2025) AMENDMENT #2 – CARES ACT &  
PY19 (FY20) ANNUAL ACTION PLAN AMENDMENT #2**

Starting on Friday January 8, 2021, the City has opened a 30-day comment period during which the public is invited to review and comment on the City of Berkeley's **1)** Consolidated Plan Substantial Amendment #2 for Housing and Community Development that covers the period July 1, 2020 through June 30, 2025 including the City of Berkeley's FY 2021 Annual Action Plan, which covers the period July 1, 2020 through June 30, 2021, and **2)** the PY19 Annual Action Plan Substantial Amendment #2 covering funds from the period of July 1, 2019 through June 30, 2020. The comment period will conclude at the February 9, 2021 Public Hearing in front of City Council.

The Consolidated Plan amendment is to allow the City of Berkeley to receive and administer an additional \$891,121 in Community Development Block Grant coronavirus (CDBG-CV) funding from the US Department of Housing and Urban Development (HUD) made available through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

The PY19 Annual Action Plan amendment is to shift Community Development Block Grant (CDBG) funds from public facilities rehabilitation to housing rehabilitation.

The City of Berkeley, and all jurisdictions receiving certain types of federal funds, are required to submit a Consolidated Plan, Annual Action Plans, and any amendments thereto to HUD. The Consolidated Plan outlines the City's needs and goals in the areas of Housing, Homelessness, Community Development, and Non-Homeless Special Needs, to act as a framework for the use of federal funds in these areas. The City of Berkeley's Annual Action Plan presents the City's plan for funding housing and community services.

The CARES Act funds are available for "eligible activities" meeting the national objective of the CDBG and ESG funding and to be used to prevent, prepare for, and respond to the coronavirus (COVID-19). Eligible CDBG-CV activities include, but are not limited to, public services and public facility improvements that support eligible low-income households in response to COVID-19.

The draft Consolidated Plan Substantial Amendment #2 and PY19 Annual Action Plan Amendment #2 are available for public review on the web at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=12160>.

**All written comments must be sent to both [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) AND [CPD\\_COVID-19WaiverSFO@hud.gov](mailto:CPD_COVID-19WaiverSFO@hud.gov) no later than February 9, 2021, at 5:00 p.m.**

For more information only, contact Rhianna Babka (email: [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info)) at the Health, Housing and Community Services Department 2180 Milvia Street, 2<sup>nd</sup> Floor, Berkeley, 94704.

The hearing will be held on February 9, 2021 at 6:00 pm via videoconference pursuant to Governor's Executive Order N-29-20.

A copy of the agenda material for this hearing will be available on the City Council agenda webpage at

[https://www.cityofberkeley.info/Clerk/City\\_Council/City\\_Council\\_Agenda\\_Index.aspx](https://www.cityofberkeley.info/Clerk/City_Council/City_Council_Agenda_Index.aspx) in advance of the meeting. **Once posted, the agenda for this meeting will include a link for public participation using Zoom video technology.**

**Published:** January 8, 2021 in the Berkeley Voice

### **Notice in Spanish:**

A partir del viernes, 8 de enero de 2021 y por 30 días la ciudadanía está invitada a revisar y dar comentarios a la 1) Enmienda Substancial # 2 del Plan Consolidado para Vivienda y Desarrollo Comunitario. Este Plan cubre el periodo de trabajo a partir del 1 de julio de 2020 hasta el 30 de junio de 2025 y también incluye el Plan de Acción Anual de la Ciudad de Berkeley que cubre el período a partir del 1 de julio de 2020 hasta el 30 de junio de 2021, y 2) el Plan de Acción Anual Enmienda Substancial #2 que cubre el periodo de trabajo del 1 de julio 2019 hasta el 30 de junio 2020. El periodo para presentar comentarios públicos concluirá el 9 de febrero de 2020 durante la Audiencia Pública ante el Concejo Municipal.

El Plan Consolidado permitirá a la Ciudad de Berkeley recibir y administrar fondos adicionales de la beca de desarrollo comunitario de coronavirus (CDBG-CV) del Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos en la cantidad de \$891,121, estos fondos están disponibles por medio del Acta de Ayuda, Mitigación y Seguridad Económica (CARES Act siglas en inglés).

La Enmienda del Plan de Acción Anual es para mover fondos de Vivienda y Desarrollo Comunitario de rehabilitación de instalaciones públicas a rehabilitación de viviendas.

La Ciudad de Berkeley y todas las jurisdicciones que reciben ciertos tipos de fondos federales tienen como requisito presentar un Plan Consolidado y Planes de Acción Anual y enmiendas del mismo al departamento de Vivienda y Desarrollo Urbano (HUD). El Plan Consolidado enumera las necesidades y metas en las áreas de vivienda, indigencia, desarrollo comunitario y necesidades especiales que sirve como referencia para el uso de fondos federales en estas áreas. El Plan de Acción Anual de la Ciudad de Berkeley presenta la propuesta para financiar servicios comunitarios y de vivienda.

El borrador del Plan Consolidado, enmienda No. 2, y el Plan de Acción Anual Enmienda #2 estarán disponibles en la página electrónica

<http://www.cityofberkeley.info/ContentDisplay.aspx?id=12160>.

**Todos los comentarios escritos deben ser enviados a los correos electrónicos de la representante de la Ciudad [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) Y a la oficina del CPD [COVID-19WaiverSFO@hud.gov](mailto:COVID-19WaiverSFO@hud.gov). Los comentarios serán recibidos hasta el 9 de febrero del 2021 a las 5:00 pm.**

Para más información sobre este plan y su enmienda favor contactar a Rhianna Babka, (correo electrónico: [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info)) en el Departamento de Salud, Vivienda y Servicios Comunitarios localizado en la dirección 2180 Calle Milvia, 2do piso, Berkeley, CA 94704.

La audiencia pública se llevará a cabo el 9 de febrero del 2021 a las 6:00 pm virtualmente conforme a la Orden Ejecutiva N-29-20 emitida por el Gobernador Newsom. Copia de la agenda y los materiales que serán discutidos durante la audiencia estarán disponibles en la página electrónica de la ciudad [https://www.cityofberkeley.info/Clerk/City\\_Council/City\\_Council\\_Agenda\\_Index.aspx..](https://www.cityofberkeley.info/Clerk/City_Council/City_Council_Agenda_Index.aspx..) una vez que la agenda sea publicada, incluirá un enlace para conectarse a la videoconferencia usando la tecnología Zoom.

伯克萊市  
公眾視訊聽證會通知  
及  
計劃評論徵求

關於市政府的年度行動之綜合計劃書 ( 2020-2025年 ) 第二輪修正案 – 《CARES法案》  
及2019日曆年 ( 2020財政年度 ) 年度行動計劃第二輪修正案

由星期五, 2021年1月8日開始, 在30天期間, 伯克萊市政府將邀請公眾人士對以下的第二輪修正案加以檢討及評論:

- 1) 伯克萊市政府的年度行動之綜合計劃書的第二輪修正案。本綜合計劃書之修正案蓋括五個財政年度 (由2020年7月1日至2025年6月30日)。此外, 本计划还包括 市政府2021財政年度 (由2020年7月1日至2021年6月30日) 制定的經費運用計劃。
- 2) 2019日曆年 ( 2020財政年度 ) 年度行動計劃第二輪修正案涵蓋2019年7月1日至2020年6月30日期間的資金。

評論期將於2021年2月9日在市議會前舉行的公開聽證會結束。

以上的第一個專案將允許伯克萊市接收和管理附加社區發展經費之新冠病毒項目（CDBG-CV）-約八十九萬一千美元（\$891,121.00）。以上資金來自美國聯邦政府住房和城市發展部門（HUD）冠狀病毒援助救濟和經濟安全法《CARES法案》。

以上的第二個專案將允許伯克萊市於2019日曆年年度行動計劃修正案是將社區發展區塊贈款（CDBG）資金從公共設施修復轉向住房重建。

伯克利市, 以及任何其他接受此類型聯邦資金的所有司法管轄區, 均需提交年度行動之綜合計劃書于HUD。本綜合計劃概述了伯克萊市在住房, 无家可归, 社区发展和非无家可归的特殊需求领域的需求和目标, 以作为在这些领域使用联邦资金的框架。与此同时伯克利市年度行动计划也介绍了该市为住房和社区服务提供资金的计划。

CARES法案資金可在”符合”CDBG和ESG全國性目標條件的前提下使用於預防, 準備和應對冠狀病毒（COVID-19）之災情。合格的CDBG-CV活動包括, 但不限於, 公共服務和公共設施改善, 以支持符合條件的低收入家庭應對COVID-19。

上述兩個項目的計劃草案可在互聯網上通過

<http://www.cityofberkeley.info/ContentDisplay.aspx?id=12160>進行公開審查。

所有書面意見請通過電子郵件同時郵寄於 [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) 和 [CPD\\_COVID-19WaiverSFO@hud.gov](mailto:CPD_COVID-19WaiverSFO@hud.gov)。所有書面評論必須在2020年2月9日下午五時之前收到。

市民如有意諮詢, 請聯絡房屋及社區服務部 Rhianna Babka 小姐, 電郵地址: [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info)。伯克萊市房屋及社區服務部, 地址: 2180 Milvia St., 2<sup>nd</sup> Floor, Berkeley, CA 94704。

根据加州州長紐森（Gavin Newsom）于二零二零年三月十七日发布的N-29-20行政命令第三條章程, 本次市議會聽證會將仅通过视频會議將在2021年2月9日下午6:00舉行。

在會議之前, 該聽證會議程材料的副本可在市議會議程網頁上找到:

[https://www.cityofberkeley.info/Clerk/City\\_Council/City\\_Council\\_Agenda\\_Index.aspx](https://www.cityofberkeley.info/Clerk/City_Council/City_Council_Agenda_Index.aspx)。議程材料的副本發布後, 本次會議的議程將包括一個使用Zoom video技術的公眾參與鏈接。

發佈時間: 2021年1月8日, 伯克利之聲

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Monday, January 25, 2021 8:14 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Alameda County Mental Health Advisory Board - Adult Committee Meeting (January 26th)  
**Attachments:** Adult Committee Agenda 1-26-21.pdf; Adult Committee Minutes 2020 11-24 UNAPPROVED.pdf

[Please see information below](#)

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**From:** MHB Communications, ACBH [mailto:ACBH.MHBCommunications@acgov.org]  
**Sent:** Saturday, January 23, 2021 1:52 PM  
**Subject:** Alameda County Mental Health Advisory Board - Adult Committee Meeting (January 26th)

**WARNING:** This email originated outside of City of Berkeley.  
**DO NOT CLICK ON** links or attachments unless you trust the sender and know the content is safe.

Hello,

Please find attached the agenda and unapproved November meeting minutes for the **Alameda County Mental Health Advisory Board, Adult Committee Meeting on January 26, 2021 from 12:00 pm – 2:00 pm.**

Thank you.

Alameda County Mental Health Advisory Board



Alameda County  
Mental Health Advisory Board

## Mental Health Advisory Board Agenda Adult Committee

**Tuesday, January 26, 2021** ♦ 12:00 PM – 2:00 PM

2000 Embarcadero Cove, Oakland, Eden Room

Teleconference: 1-866-899-4679, Access Code: 522-175-645

GoToMeeting Link: <https://global.gotomeeting.com/join/522175645>

<b>Committee Members:</b>	Marsha McInnis ( <i>Chair, District 1</i> )
---------------------------	---

- |                 |  |                             |
|-----------------|--|-----------------------------|
| <b>12:00 PM</b> | Call to Order  | Chair <b>Marsha McInnis</b> |
| <b>12:05 PM</b> | <b>I. Roll Call</b>  |                             |
| <b>12:10 PM</b> | <b>II. Approval of Minutes</b>                             |                             |
| <b>12:15 PM</b> | <b>III. Chair's Report</b>                                 |                             |
| <b>12:20 PM</b> | <b>IV. Director's Report</b>                               |                             |
| <b>12:45 PM</b> | <b>V. Patient's Rights Program during CoVID19 Pandemic</b> |                             |
| <b>1:30 PM</b>  | <b>VI. Reports</b>   |                             |
| <b>1:45 PM</b>  | <b>VII. Future Agenda Items</b>                            |                             |
|                 | Discussion   |                             |
| <b>1:50 PM</b>  | <b>VIII. Committee Comment</b>                             |                             |
| <b>1:55 PM</b>  | <b>IX. Public Comment</b>                                  |                             |
| <b>2:00 PM</b>  | <b>X. Adjournment</b>                                      |                             |

Contact the Mental Health Advisory Board at [ACBH.MHBCommunications@acgov.org](mailto:ACBH.MHBCommunications@acgov.org)



Alameda County  
Board of Supervisors

**Alameda County** <sup>ac</sup> <sup>bh</sup>  
**Behavioral Health Care Services**



<b>Committee Members:</b>	<input checked="" type="checkbox"/> <b>Marsha McInnis</b> ( <i>Chair, District 1</i> )
<b>ACBH Staff:</b>	<input checked="" type="checkbox"/> <b>Jennifer Mullane</b> ( <i>Interim Adult Services Director</i> ); <b>Angelica Gums</b> ( <i>Administrative Liaison and Recording Secretary</i> ); <b>Asia Jenkins</b> ( <i>Administrative Liaison</i> )

Meeting called to order @ 12:00 PM by Chair Marsha McInnis.

ITEM	DISCUSSION	DECISION/ACTION
<b>Roll Call</b>	Roll Call completed.	
<b>Emergency Action</b>	None.	
<b>Approval of Minutes</b>	Tabled.	
<b>Correspondence</b>	None.	
<b>Chair's Report</b>	<p><b>A. Marsha provided her Chair's report and shared the following update:</b></p> <ul style="list-style-type: none"> <li>a. The group has enjoyed Kate and Jennifer providing the Director's report on behalf of ACBH. Kate would like Marsha to provide a formal email to ACBH to request for monthly updates beginning in January.</li> <li>b. Marsha would like to connect with Disability Rights of California to speak about the federal lawsuit against Alameda County (AC) and Alameda Health System (AHS).</li> <li>c. The lawsuit challenges a failure to provide people with mental health disabilities especially with black people with mental illness. We want to better understand what this is about. Follow-up was provided but the committee did not receive a response. This matter will be included as a future agenda item for next year.</li> <li>d. With IOP potentially closing, the Board will be drafting a letter of support. They invite any comments or observations on the letter in January</li> </ul>	

ITEM	DISCUSSION	DECISION/ACTION
<p><b>Director's Report</b></p>	<p><b>B. Jennifer Mullane from Alameda County Behavioral Health, Adult and Older Adult System of Care, provided the Director's report.</b></p> <ul style="list-style-type: none"> <li>a. One program that ACBH successfully rolled out is the <b>Community Assessment Transport Team or CATT</b> program. The purpose of the CATT program is to pair an EMT with a clinical staff member to divert people from the highest level of clinical care. Instead of 5150, we staff can transport them to a lower level system of care.</li> <li>b. Metrics on outcomes for 1<sup>st</sup> quarter of program is looking good. They will be happy to report out on outcomes at the next meeting. Amber House has been a primary disposition.</li> <li>c. The other program is our <b>Pre-Trial Felony Mental Health Diversion Pilot program</b>. It is a 22-person pilot program starting soon for clients who are incompetent to stand trial (IST). Over the next three years, we'll be diverting clients away from Napa Hospital and into a lower level system of care in the community. Typically, they will start at the Hospital, then transfer to a sub-acute stay, and then to the community. They will not be stuck in the highest level of care in Napa due to them being IST. The program is scheduled to roll out February 1<sup>st</sup> of next year. Partners include the District Attorney, Public Defender, Courts, ACBH and other interested folks in our system who have been watching this roll out. We'll keep you posted on these developments. We're happy to have rolled out two programs while in the pandemic.</li> </ul> <p><b>Question: Are providers still physically going into the field?</b></p> <ul style="list-style-type: none"> <li>• Yes, ACBH has a full-service partnership with CBOs and IHOT teams who still meet with clients and take the necessary precautions. Staff is committed to making that happen because people with SMI need to be met where they are in the community.</li> </ul> <p><b>Question: Are homeless still being housed?</b></p> <ul style="list-style-type: none"> <li>• Yes, the homeless are still being housed. However, funding from the State is coming to an end with Project Room Key. Some hotels are winding down their services and others are remaining open. Some we have been able to purchase and others we haven't. There has been transparency with the Public that the program was a limited resource and only open for a certain period. Help has been given to get others situated to a better spot post departure of their hotel stay. Most are eager and working with providers and some don't want to</li> </ul>	



ITEM	DISCUSSION	DECISION/ACTION
<p><b>Patient Rights Program during COVID-19 Pandemic</b></p>	<p>leave and are struggling. At the end of the day, 100% has been done to positively impact the lives of those coming through the doors. There has been 1,900 people housed, ½ positive with COVID, and ½ sheltering in place to prevent that from happening.</p> <ul style="list-style-type: none"> <li>• Lucy Cazden, at the Health Care Services Agency (HCSA), can provide a formal report on what is going on. She is the main point of contact for that project.</li> <li>• Jennifer said that the Committee members can email her with future questions.</li> <li>• Angelica will forward the request to reach out to Lucy Cazden.</li> </ul> <p>C. Francesca Tanenbaum, <b>Director of Patient's Rights Advocates (PRA)</b>, presented on the PRA program. PRA is a program of the Mental Health Association and their mission is to assure that people with mental illnesses receive quality treatment from facilities and providers and that they follow state codes and regulations. Francesca oversees the programs for Alameda, San Mateo, and Marin County.</p> <p><b>In addition to PRA, they have several programs working remotely.</b></p> <ol style="list-style-type: none"> <li>a. Family Education and Resource Center (FERC)</li> <li>b. Consumer Assistance Specialist</li> <li>c. Family Partners Program</li> <li>d. Consumer Family Assistant Specialist (Grievance Program), which helps to resolve non-clinical grievances.</li> </ol> <p><b>General Information about PRA:</b></p> <ol style="list-style-type: none"> <li>a. It's a state mandated program in every County.</li> <li>b. Behavioral Health contracts with the Mental Health Association to provide patient's rights services.</li> <li>c. There are nine PRA's that travel to psychiatric hospitals within the counties and provide the following services required by law:             <ol style="list-style-type: none"> <li>i. Investigate complaints of abuse or neglect.</li> <li>ii. Look at violations of rights.</li> <li>iii. Monitor psychiatric facilities for compliance with codes and regulations.</li> <li>iv. Look at complaints around bad interactions with others.</li> <li>v. They are lifelines for people who are in locked facilities for a feeling anxious.</li> </ol> </li> </ol>	

ITEM	DISCUSSION	DECISION/ACTION
	<ul style="list-style-type: none"> <li>vi. They help patients with self-advocacy, so they don't feel disempowerment and know that they have a right to participate in the decision-making of their treatment.</li> <li>vii. Work with the facility to say that the consumer should be involved in their treatment.</li> <li>viii. PRA works with the facilities to resolve complaints from clients. If there is a violation, PRA works on prevention in the future.</li> <li>ix. Represents patients subject to involuntary treatment in hearings.</li> <li>x. Representation is provided at Certification Review Hearings for people who are held on a 5150 and stay longer than 72 hours. If they are placed on another hold, they are automatically scheduled for another hearing. They need to determine probable cause that the person still meets the criteria of "danger to themselves and others."</li> <li>xi. 80% of clients are placed on a second involuntary hold (5250). 80% are agreeable to staying in the hospital and understand voluntary treatment.</li> <li>xii. Representation is provided at Capacity (Riese) Hearings or re-screening – a doctor feels like the patient needs medication and the refusal is due to a lack of irrational thought process in taking psychotropic medication. Is there an alternative to medication?</li> <li>xiii. Provide education to patients, facilities staff, family members and public.</li> <li>xiv. Provide consultation to treatment staff, administrators and law enforcement with questions regarding applying law to treatment decisions.</li> </ul> <p><b>Question: Do family members of the clients share their opinions regarding the Client's treatment at the Hearing? If there is a complaint from families that their family member needs to stay longer in a hospital, do you address that with the family member?</b></p> <ul style="list-style-type: none"> <li>a. Often the family members of clients are "unpaid case managers."</li> <li>b. PRA has done a lot of work internally to understand, consider, and support the needs of family members.</li> <li>c. In preparation for the hearing, PRA asks clients if they have a family member that can serve as the primary contact. A family member in this case is considered a 3<sup>rd</sup> party officer. They take them home, care for them, and provide food, clothing, and shelter for them. The hearing officer will then release them to the family member. Most of the time family members don't like this. Most family members are uncomfortable having their loved one</li> </ul>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>leave against medical advice, therefore they don't want a 3<sup>rd</sup> party officer role. Even if the family doesn't support their release at the hearing, most of the time, the Client still wants the family member present. PRA discovered that the family and consumer relationship is not as adversarial as expected. One of PRA's goals is to minimize adversity in the hearing process.</p> <p><b>Question: What is your website?</b></p> <p>a. mhaac.org</p> <p><b>Question: When there are hearings regarding rights of the patient, are they discharged and then given other options? What is your involvement?</b></p> <p>a. PRA is prohibited from doing any administrative or clinical work for patients. They must create boundaries in providing clinical work and legal work. PRA's responsibility is to inform clients of alternative treatment options other than the hospital. There are circumstances where a person is discharged quickly because insurance companies do not pay for long-term facility care unless they are acute. Clients should have access to crisis services and sub-acute services instead of going to a hospital.</p> <p><b>Question: What is PRA doing now?</b></p> <p>a. Working with facilities to collaborate and communicate in hearings remotely. There is a Supervising judge who supervises the officers running the video conference hearings to ensure the hearings are HIPPA compliant.</p> <p>b. A current challenge for advocates is setting up interview times with client serving time in jail before their hearing. Some facilities have been patient enough to lessen the stress for clients by bringing the clients to the phone for their interviews if they have enough notice in advance and include a list of names of clients requested to be interviewed.</p> <p>c. PRA receives several calls from people concerned about their rights as a patient. It is much higher now compared to before COVID-19. PRA allows clients to speak for themselves and have some sense of empowerment.</p> <p>d. PRA is hearing from facilities that clients are socially distancing and wearing masks. The Advocates believe some facilities are very conscientious about keeping their facilities clean, screening patients for symptoms, and wearing masks. There have been very few COVID-19 reports in the locked psychiatric facilities.</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p><b>Question: Have discharges from hospitals and other less restrictive alternatives other than hospitals become a bigger issue?</b></p> <p>a. Clients are being admitted into facilities frequently but are quickly discharged which is not doing the person a service. The CATT Team is making a huge difference. They are using less restrictive ways to treat people who don't necessarily need inpatient treatments. Their efforts, attitudes and number of people they are seeing in the community are making a huge impact. Amber house is also making a difference with their drop-in service; therefore, CATT Team is seeing a decrease in hospitalization. Future data may see less restrictive services and other options, not only hospitalizations.</p> <p><b>Beverly Bergman provided her experiences working with family members during COVID-19.</b></p> <p>a. She is taking calls at home now from consumers and family members with mental health concerns due to COVID. People are reporting increased levels of stress due to being at home with their loved ones. PRA is helping those families destress by supporting them with their relevant needs.</p> <p>b. Family members have expressed that their family doesn't understand social isolation and mask wearing. They are worried about exposure. PRA's suggestion is to say to the family member that "they know it is hard to stay at home, but it is dangerous to go out and bring something back. If you do go outside, keep yourself in one area of the house and wear a mask when you come out of that area."</p> <p><b>Question: Will you give your contact information in the chat box?</b></p> <p>a. Beverly Bergman, Family Caregiver Advocacy Specialist, (510) 393-9275.</p>	
<p><b>Reports</b></p>	<p><b>D.</b> The Board wants to look at the statistics of various community-based organizations and invite them to report out at a meeting, so we know how many clients are being served. PRA has been providing some numbers, but we haven't seen this from other organizations since conducting zoom meetings. Chair McInnis would like to reconvene this process in January.</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p><b>Chair McInnis asked if anyone representing an organization would like to share their numbers? what they are doing? or any updates.</b></p> <p>a. The Board would like the CATT Team to come speak with the committee. Angelica will reach out to that contact.</p>	
<b>Future Agenda Items</b>	<ul style="list-style-type: none"> <li>• Invite CATT Team to come and talk to the committee.</li> <li>• Invite Gloria at John George to come and talk to the committee.</li> </ul>	
<b>Committee Comment</b>	<ul style="list-style-type: none"> <li>• Looking forward to 2021, it will be a smoother year than this year.</li> </ul>	
<b>Public Comment</b>	<ul style="list-style-type: none"> <li>• Learning from the COVID situation and how services got squeezed, we have looked for alternative solutions that are less restrictive. This is a great forum to analyze this type of data.</li> <li>• NAMI Alameda County and the Mental Health Association are accepting donations for gifts to John George, Gladman, and Morten Baker for the holidays. Send a donation or drop of a gift at their offices.</li> <li>• Gift cards for donation to PRA can include art supplies, hats, boxes, coats, gloves, and purses.</li> <li>• Deadline for gift card donations is December 13<sup>th</sup>.</li> </ul>	
<b>Adjournment</b>	Adjourned at 1:25 PM	

Minutes submitted by A. Gums

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Friday, January 22, 2021 12:50 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Alameda County Mental Health Advisory Board Retreat - Saturday, January 23rd, 10 am - 2 pm - Updated Agenda and Teleconferencing Guidelines Attached  
**Attachments:** 2021-1-23 MHAB Retreat Agenda - finalv5.pdf; MHB Retreat Teleconferencing Guidelines\_1.23.21.pdf

Please see the information below

Thank you for your time.

### Jamie Works-Wright

*Consumer Liaison & Mental Health Commission Secretary*  
 City of Berkeley  
 1521 University  
 Berkeley, CA 94703  
[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)  
 Office: 510-981-7721 ext. 7721  
 Cell #: 510-423-8365




---

**From:** Gums, Angelica, ACBH [mailto:Angelica.Gums3@acgov.org]  
**Sent:** Friday, January 22, 2021 12:19 PM  
**To:** MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>  
**Subject:** Alameda County Mental Health Advisory Board Retreat - Saturday, January 23rd, 10 am - 2 pm - Updated Agenda and Teleconferencing Guidelines Attached

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**DO NOT CLICK ON** links or attachments unless you trust the sender and know the content is safe.

Greetings,

Please find attached the [updated agenda, including the Zoom log-in information, and teleconferencing guidelines](#) for the Alameda County Mental Health Advisory Board Retreat **this Saturday, January 23<sup>rd</sup> from 10 am – 2pm.**

Public comment will be from 1:40 pm – 1:55 pm.

We look forward to you joining us.

115

Best regards,

Alameda County Mental Health Advisory Board



Alameda County  
Mental Health Advisory Board

## Mental Health Advisory Board *Retreat* Agenda

Saturday, January 23, 2021 ♦ 10:00 AM – 2:00 PM

<https://us02web.zoom.us/j/82091544675?pwd=Vm1hTnVRUVBxTU9EWkF1MIA0Q3N4Zz09>

Teleconference: 1 (669) 900-6833 Webinar ID: 820 9154 4675

Passcode: 326369

<b>MHAB Members:</b>	<b>Lee Davis</b> ( <i>Chair, District 5</i> ) <b>L.D. Louis</b> ( <i>Vice Chair, District 4</i> ) <b>Marsha McInnis</b> ( <i>District 1</i> ) <b>Tamika Greenwood</b> ( <i>District 2</i> )	<b>Linda Ramus</b> ( <i>District 2</i> ) <b>Neil Penn</b> ( <i>District 2</i> ) <b>Loren Farrar</b> ( <i>District 3</i> ) <b>Warren Cushman</b> ( <i>District 3</i> )	<b>Ashlee Jemmott</b> ( <i>District 3</i> ) <b>Brian Bloom</b> ( <i>District 4</i> ) <b>Juliet Leftwich</b> ( <i>District 5</i> ) <b>Vanessa Cedeño</b> ( <i>BOS Rep., District 3</i> )
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<u>Committees</u>
<b>Adult Committee</b> Marsha McInnis, Chair
<b>Children's Advisory Committee</b> L.D. Louis, Chair
<b>Criminal Justice Committee</b> Brian Bloom, Co-Chair Juliet Leftwich, Co-Chair
<b>Quality Improvement Committee</b> Jessie C. Slafter
<b>MHSA Stakeholders Committee</b> L.D. Louis
<b>Measure A Oversight Committee</b> Vacant
<b>MHAB Mission Statement</b> 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.

Time	Item	Facilitator	Notes
10:00 am - 10:10 am	Welcome and Introductions	Lee Davis, MHAB Chair	
10:10 am - 10:20 am	Context Setting	L.D. Louis, MHAB Vice Chair	
10:20 am - 10:35 am	Ice Breaker	Lee Davis	
10:35 am - 10:50 am	Local Priorities	Vanessa Cedeño, BOS Rep., District 3	
10:50 am - 11:05 am	Role of MHB in Oversight and Monitoring	Theresa Comstock, CALBHB/C Executive Director	
11:05 am - 11:35 am	Key Priorities – ACBH (10 min presentation, 20 min discussion)	Dr. Karyn Tribble, ACBH Director	
11:35 am - 11:45 am	BREAK		
11:45 am - 12:15 pm	Introduction to Evaluation and Monitoring	Indigo	
12:15 pm - 12:40 pm	Monitoring: Implementation Planning <i>Large Group Brainstorm</i>	Indigo	5 min intro, 20 min breakout
12:40 pm - 1:05 pm	Monitoring: Program Planning and Implementation <i>Large Group Brainstorm</i>	Indigo	5 min intro, 20 min breakout
1:05 pm - 1:30 pm	Monitoring: Goals and Objectives <i>Large Group Brainstorm</i>	Indigo	5 min intro, 20 min breakout
1:30 pm - 1:40 pm	Next Steps	Indigo	
1:40 pm - 1:55 pm	Public Comment	Lee Davis / L.D. Louis	
1:55 pm - 2:00 pm	Check out	Lee Davis / Indigo	
2:00 pm - 3:00 pm	Fellowship - bring your favorite beverage and chat with the Board		

Contact the Mental Health Advisory Board at [ACBH.MHBCommunications@acgov.org](mailto:ACBH.MHBCommunications@acgov.org)





## Mental Health Board Retreat Saturday, January 23, 2021 10am – 2pm

### Teleconferencing Etiquette/ Housekeeping

#### Audio/Video

- All cameras will be turned off. Only board members' and presenters' videos will be visible.
- If you can't hear the speakers, make sure your computer audio is turned on.
- Be mindful of background noise, please be sure your microphone is muted upon joining and/or unless you need to speak.
- To avoid an echo, please be sure to mute speakers and microphone on one device if using multiple devices.
- To avoid reverb, please be sure to speak closely and clearly into your microphone.

#### Chat/Questions

- Chat: Please do not use the chat function for commentary or questions. Please only use chat when asked to provide specific information in the chat.
- Questions: Please raise your hand (virtually) when wanting to speak or ask a question.

#### Public Comment

- Public comment will begin at approximately at 1:40 – 1:55pm. Members of the public who would like to make a public comment will be asked to place your name in the chat box. Each speaker will be allotted 2 minutes to speak.

**Please note this meeting will be recorded.**

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Thursday, January 21, 2021 7:57 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Help shape the future of public safety in Berkeley

Hello Commissioners,

Please see the emails below

---

**From:** Warhuus, Lisa  
**Sent:** Wednesday, January 20, 2021 6:12 PM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>; Andrea Pritchett <prichett@locrian.com>  
**Subject:** FW: Help shape the future of public safety in Berkeley

Forwarding for consideration by the mental health commission.

Lisa

---

**From:** White, David  
**Sent:** Wednesday, January 20, 2021 6:01 PM  
**To:** White, David <DWhite@cityofberkeley.info>  
**Subject:** FW: Help shape the future of public safety in Berkeley

The application for the Reimagining Public Safety Task Force was made available earlier today. Please share this anyone that you believe may be interested in the opportunity. Thank you very much.



**David White**, Deputy City Manager | City of Berkeley  
 Pronouns: he/him/his  
**Phone:** (510) 981-7012  
**Email:** [Dwhite@cityofberkeley.info](mailto:Dwhite@cityofberkeley.info)  
 2180 Milvia Street, Berkeley, CA 94704  
**Website:** [www.CityOfBerkeley.info](http://www.CityOfBerkeley.info)

---

**From:** City of Berkeley [<mailto:news@news.cityofberkeley.info>]  
**Sent:** Wednesday, January 20, 2021 10:27 AM  
**To:** White, David <DWhite@cityofberkeley.info>  
**Subject:** Help shape the future of public safety in Berkeley

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January 20, 2021

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SERVICES. RESOURCES. COMMUNITY.

## News from the City of Berkeley

### **Help shape the future of public safety in Berkeley**

*Apply to join the Re-Imagining Public Safety Task Force*

Be part of Berkeley's efforts to create a new paradigm for public safety by applying to serve on a Task Force that will oversee the development of a plan to restructure the City's approach to violence prevention, crisis intervention, policing, and community safety.

Supported by consultants from the [National Institute for Criminal Justice Reform](#), the task force will serve as a hub for community engagement around the City's efforts to "reimagine public safety." Work will include holding public meetings, hearing testimony from community members, and providing input on new or redesigned programs and initiatives that will support an equitable, community-centered, anti-racist model of public safety.

The bulk of this work will take place in spring and summer of 2021, though terms of service may be extended beyond this date.

#### **Community application process ensures those most impacted are included**

Fourteen Task Force members are being appointed by elected officials, select City Commissions, and community stakeholder organizations. This group will then select three additional "at-large" members from a pool of applicants, looking specifically to fill gaps in representation or knowledge among appointed members.

They'll be seeking people active in the Berkeley community who can bring subject expertise in relevant topics or speak from their own experience as a member of a historically marginalized or impacted community, using [criteria identified by the City Council](#).

Representation from impacted communities might include victims of violent crime, formerly incarcerated individuals, or people experiencing homelessness. For subject expertise, they'll be looking to ensure the Task Force includes members with experience in violence prevention, youth services, crisis intervention, restorative justice, public health, law enforcement, and municipal budgeting.

### How to apply

[Download the application](#) and submit the completed form by email to [commission@cityofberkeley.info](mailto:commission@cityofberkeley.info) or mail it to:

City Clerk Department  
2180 Milvia Street, 1<sup>st</sup> Floor  
Berkeley, CA 94704

You'll be asked to provide contact and demographic information, two references, and a written statement explaining how your background qualifies you to serve on the Task Force.

Applications are due by Monday, February 8, 2021. Three at-large members will be selected from those who applied by the appointed Task Force members and confirmed by the City Council.

### Reimagining Public Safety in Berkeley

The Task Force is part of a larger effort to create a new paradigm of public safety in Berkeley, which aims to re-focus Police Department work on violent and criminal matters while redirecting some funding currently spent on policing to violence prevention and diversion programs, including those targeted on domestic violence, youth outreach, mental health, housing and homeless services, and restorative justice.

Other components of this initiative, passed as an omnibus package by the City Council in the summer of 2020, include:

- a pilot program to reassign non-criminal police service calls to a Specialized Care Unit
- creating a Department of Transportation to administer parking regulations and traffic laws
- audits of 9-1-1 calls and the Police Department budget

These efforts build on the Berkeley longstanding commitment to creating a more equitable community and support the City's Strategic Plan goals to "champion and demonstrate social and racial equity" and to "create a resilient, safe, connected, and prepared City."

### Links

- [Task Force application](#)

- Reimagining Public Safety Task Force [enabling legislation and summary report](#)
- [Re-Imagining Public Safety progress update](#), December 16, 2020
- [City of Berkeley Strategic Plan](#)

## More news from the City of Berkeley

- [New COVID-19 testing options in Berkeley](#), January 14, 2021
- [As cases surge and hospital capacity shrinks, state extends restrictions](#), January 5, 2021
- [Two ways to dispose of holiday trees](#), January 4, 2021
- [Alameda County seeking property owners to lease housing units to people transitioning out of homelessness](#), December 17, 2020

## We want to hear from you

- [Give feedback on prioritizing affordable housing for those with ties to Berkeley](#) by February 7, 2021

## We're here to help

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## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Wednesday, January 20, 2021 3:03 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: MHAB Annual Retreat - 1/23/2021  
**Attachments:** 2021-1-23 MHAB Retreat Agenda - final.pdf; MHAB 2021 Meeting Calendar - FlnalAJ.pdf

Thank you for your time.

### Jamie Works-Wright

*Consumer Liaison & Mental Health Commission Secretary*  
 City of Berkeley  
 1521 University  
 Berkeley, CA 94703  
[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)  
 Office: 510-981-7721 ext. 7721  
 Cell #: 510-423-8365




---

**From:** MHB Communications, ACBH [mailto:ACBH.MHBCommunications@acgov.org]  
**Sent:** Wednesday, January 20, 2021 2:48 PM  
**Subject:** MHAB Annual Retreat - 1/23/2021

**WARNING:** This email originated outside of City of Berkeley.

**DO NOT CLICK ON** links or attachments unless you trust the sender and know the content is safe.

Good afternoon,

Please see attached the agenda for the upcoming MHAB Annual Retreat on 1/23/2021.

Join from a PC, Mac, iPad, iPhone or Android device:

Please click this URL to join.

<https://us02web.zoom.us/j/82091544675?pwd=Vm1hTnVRUVBxTU9EWkF1MIA0Q3N4Zz09>

Passcode: 326369

Or join by phone:

Dial(for higher quality, dial a number based on your current location):

US: +1 669 900 6833 or +1 346 248 7799 or +1 253 215 8782 or +1 301 715 8592 or +1 312 626 6799 or +1 929 205 6099

124

Webinar ID: 820 9154 4675

Passcode: 326369

International numbers available: <https://us02web.zoom.us/j/82091544675>

**Asia Jenkins**

Alameda County Behavioral Health Care Services

2000 Embarcadero, Suite 400

Oakland, CA 94606-5300

Tel: (510) 567-8131

Email: [Asia.Jenkins@acgov.org](mailto:Asia.Jenkins@acgov.org)

QIC: 22711



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## Mental Health Advisory Board *Retreat* Agenda

Saturday, January 23, 2020 ♦ 10:00 AM – 2:00 PM

<https://us02web.zoom.us/j/82091544675?pwd=Vm1hTnVRUVBxTU9EWkF1MIA0Q3N4Zz09>

Teleconference: 1 (669) 900-6833 Webinar ID: 820 9154 4675

Passcode: 326369

<b>MHAB Members:</b>	<b>Lee Davis</b> ( <i>Chair, District 5</i> ) <b>L.D. Louis</b> ( <i>Vice Chair, District 4</i> ) <b>Marsha McInnis</b> ( <i>District 1</i> ) <b>Tamika Greenwood</b> ( <i>District 2</i> )	<b>Linda Ramus</b> ( <i>District 2</i> ) <b>Neil Penn</b> ( <i>District 2</i> ) <b>Loren Farrar</b> ( <i>District 3</i> ) <b>Warren Cushman</b> ( <i>District 3</i> )	<b>Ashlee Jemmott</b> ( <i>District 3</i> ) <b>Brian Bloom</b> ( <i>District 4</i> ) <b>Juliet Leftwich</b> ( <i>District 5</i> ) <b>Vanessa Cedeño</b> ( <i>BOS Rep., District 3</i> )
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### Committees

#### Adult Committee

Marsha McInnis, Chair

#### Children's Advisory Committee

L.D. Louis, Chair

#### Criminal Justice Committee

Brian Bloom, Co-Chair  
Juliet Leftwich, Co-Chair

#### Quality Improvement Committee

Jessie C. Slafter

#### MHSA Stakeholders Committee

L.D. Louis

#### Measure A Oversight Committee

Vacant

### 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.

Time	Item	Facilitator
10:00 am - 10:10 am	Welcome and Introductions	Lee Davis, MHAB Chair
10:10 am - 10:20 am	Context Setting	L.D. Louis, MHAB Vice Chair
10:20 am - 10:35 am	Ice Breaker	Lee Davis
10:35 am - 10:50 am	Local Priorities	Vanessa Cedeño, BOS Rep., District 3
10:50 am - 11:05 am	Role of MHB in Oversight and Monitoring	Theresa Comstock, CALBHB/C Executive Director
11:05 am - 11:35 am	Key Priorities – ACBH (10 min presentation, 20 min discussion)	Dr. Karyn Tribble, ACBH Director
11:35 am - 11:45 am	BREAK	
11:45 am - 12:15 pm	Introduction to Evaluation and Monitoring	Indigo
12:15 pm - 12:40 pm	Monitoring: Implementation Planning <i>Large Group Brainstorm</i>	Indigo
12:40 pm - 1:05 pm	Monitoring: Program Planning and Implementation <i>Large Group Brainstorm</i>	Indigo
1:05 pm - 1:30 pm	Monitoring: Goals and Objectives <i>Large Group Brainstorm</i>	Indigo
1:30 pm - 1:40 pm	Next Steps	Indigo
1:40 pm - 1:55 pm	Public Comment	Lee Davis / L.D. Louis
1:55 pm - 2:00 pm	Check out	Lee Davis / Indigo
2:00 pm - 3:00 pm	Fellowship - bring your favorite beverage and chat with the Board	

Contact the Mental Health Advisory Board at [ACBH.MHBCcommunications@acgov.org](mailto:ACBH.MHBCcommunications@acgov.org)



**Alameda County  
Mental Health Advisory Board**

# 2021

<p><b>Mental Health Advisory Board Meeting</b> 3<sup>rd</sup> Monday of every month 3:00 pm – 5:00 pm</p> <p><b>Chair: Lee Davis</b></p>	<p><a href="https://global.gotomeeting.com/join/985234885">https:// global.gotomeeting.com/ join/985234885</a></p> <p><a href="https://18668994679">1 866 899 4679</a></p> <p><b>Access Code: 985-234-885</b></p>
<p><b>Executive Committee Meeting</b> 2<sup>nd</sup> Thursday of every month 3:30 pm – 5:00 pm</p> <p><b>Chair: Lee Davis</b></p>	<p><a href="https://global.gotomeeting.com/join/985996269">https://global.gotomeeting.com/ join/985996269</a></p> <p><a href="https://18668994679">1 866 899 4679</a></p> <p><b>Access Code: 985-996-269</b></p>
<p><b>Adult Committee Meeting</b> 4<sup>th</sup> Tuesday of every month 12:15 pm – 2:15 pm</p> <p><b>Chair: Marsha McInnis</b></p>	<p><a href="https://global.gotomeeting.com/join/522175645">https:// global.gotomeeting.com/ join/522175645</a></p> <p><a href="https://18668994679">1 866 899 4679</a></p> <p><b>Access Code: 522-175-645</b></p>
<p><b>Criminal Justice Committee Meeting</b> 3<sup>rd</sup> Wednesday of every month 4:30 pm – 6:00 pm</p> <p><b>Chairs: Brian Bloom Juliet Leftwich</b></p>	<p><a href="https://global.gotomeeting.com/join/77072253">https:// global.gotomeeting.com/ join/77072253</a></p> <p><a href="https://18668994679">1 866 899 4679</a></p> <p><b>Access Code: 770-722-253</b></p>
<p><b>Children's Advisory Committee Meeting</b> 2<sup>nd</sup> Friday of every month 12:15 pm – 1:45 pm</p> <p><b>Chair: L.D. Louis</b></p>	<p><a href="https://global.gotomeeting.com/join/132062077">https:// global.gotomeeting.com/ join/132062077</a></p> <p><a href="https://18773092073">1 877 309 2073</a></p> <p><b>Access Code: 132-062-077</b></p>

January							February							March						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6	7	8	9	10	11	12	13
3	4	5	6	7	8	9	7	8	9	10	11	12	13	14	15	16	17	18	19	20
10	11	12	13	14	15	16	14	15	16	17	18	19	20	21	22	23	24	25	26	27
17	18	19	20	21	22	23	21	22	23	24	25	26	27	28	29	30	31			
24	25	26	27	28	29	30	28													
31																				

April							May							June						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3							1	6	7	8	9	10	11	12
4	5	6	7	8	9	10	2	3	4	5	6	7	8	13	14	15	16	17	18	19
11	12	13	14	15	16	17	9	10	11	12	13	14	15	20	21	22	23	24	25	26
18	19	20	21	22	23	24	16	17	18	19	20	21	22	27	28	29	30			
25	26	27	28	29	30		23	24	25	26	27	28	29							
							30	31												

July							August							September						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7				1	2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31	29	30	31					26	27	28	29	30		

October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6				1	2	3	4
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	
31																				

**\*\* Please note meetings may be canceled or rescheduled due to holiday.**  
**\*County Holidays noted in red.**

**Works-Wright, Jamie**

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**From:** Works-Wright, Jamie  
**Sent:** Friday, January 22, 2021 12:51 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Attached Draft Mental Health Commission Work Plan 2021-2022  
**Attachments:** Work Plan Draft 22 Jan 2021.pdf

Hello All,

Please see the email below and the attachment

Thank you for your time.

**Jamie Works-Wright**

*Consumer Liaison & Mental Health Commission Secretary*  
*City of Berkeley*  
*1521 University*  
*Berkeley, CA 94703*  
[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)  
*Office: 510-981-7721 ext. 7721*  
*Cell #: 510-423-8365*



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**From:** Margaret Fine [mailto:margaretcarolfine@gmail.com]  
**Sent:** Friday, January 22, 2021 11:15 AM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** Attached Draft Mental Health Commission Work Plan 2021-2022

**WARNING:** This email originated outside of City of Berkeley.  
**DO NOT CLICK ON** links or attachments unless you trust the sender and know the content is safe.

Hi Jamie,

I hope you're doing well.

I am attaching the draft Mental Health Commission Work Plan 2021-2022.

The Work Plan Subcommittee meeting yesterday, January 22, 2021.

If you would be so kind and send this draft Work Plan to the Mental Health Commissioners and the public, it would be appreciated.

Thank you so much!

Best wishes,  
Margaret

Dr. Margaret Fine, JD, PhD  
Pronouns: she/her  
Berkeley, CA  
Cell: 510-919-4309  
[margaretcAROLFine@gmail.com](mailto:margaretcAROLFine@gmail.com)

# **City of Berkeley Mental Health Mental Health Services Act (MHSA)**



## **FY2019-20 Annual Revenue and Expenditure Report**

## ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: \_\_\_\_\_

**Local Mental Health Director**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Document for Certification:**

FY: \_\_\_\_\_

I hereby certify<sup>1</sup> under penalty of perjury under the laws of the State of California that the attached Annual MHSA Revenue and Expenditure Report or Adjustments to Revenue or Expenditure Summary Worksheet is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Local Mental Health Director (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> Welfare and Institutions Code section 5899(a)

DHCS 1822 A (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report  
Fiscal Year: 2019-20  
Information Worksheet**

1	Date:	1/14/2021
2	ARER Fiscal Year (20YY-YY):	2019-20
3	County:	Berkeley City
4	County Code:	65
5	Address:	2180 Milvia Street, 2nd Floor
6	City:	Berkeley, CA
7	Zip:	94704
8	County Population: Over 200,000? (Yes or No)	No
9	Name of Preparer:	Nneka Gallaread
10	Title of Preparer:	Senior Management Analyst
11	Preparer Contact Email:	ngallaread@cityofberkeley.info
12	Preparer Contact Telephone:	510-981-5232

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 B (02/19)  
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report  
Fiscal Year: 2019-20  
Component Summary Worksheet

County:  Date:

SECTION 1: Interest		A	B	C	D	E	F
		CSS	PEI	INN	WET	CFTN	TOTAL
1	Component Interest Earned	\$101,480.63	\$31,625.65	\$2,905.68	\$94.31	\$27,644.73	\$163,751.00
2	Joint Powers Authority Interest Earned						\$0.00

SECTION 2: Prudent Reserve		A	B	C
		CSS	PEI	TOTAL
3	Local Prudent Reserve Beginning Balance			\$1,477,673.00
4	Transfer from Local Prudent Reserve	\$240,044.00		-\$240,044.00
5	CSS Funds Transferred to Local Prudent Reserve	\$0.00		\$0.00
6	Local Prudent Reserve Adjustments			\$0.00
7	Local Prudent Reserve Ending Balance			\$1,237,629.00

SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve		A	B	C	D	E	F
		CSS	PEI	WET	CFTN	PR	TOTAL
8	Transfers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION 4: Program Expenditures and Sources of Funding		A	B	C	D	E	F
		CSS	PEI	INN	WET	CFTN	TOTAL
9	MHSA Funds	\$4,842,366.54	\$1,420,809.96	\$138,650.78	\$4,500.00	\$1,319,127.79	\$7,725,455.07
10	Medi-Cal FFP	\$60,020.58	\$0.00	\$0.00	\$0.00	\$0.00	\$60,020.58
11	1991 Realignment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	Behavioral Health Subaccount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	<b>TOTAL</b>	<b>\$4,902,387.12</b>	<b>\$1,420,809.96</b>	<b>\$138,650.78</b>	<b>\$4,500.00</b>	<b>\$1,319,127.79</b>	<b>\$7,785,475.65</b>

SECTION 5: Miscellaneous MHSA Costs and Expenditures		A
		TOTAL
15	Total Annual Planning Costs	\$0.00
16	Total Evaluation Costs	\$0.00
17	Total Administration	\$1,177,693.72
18	Total WET RP	
19	Total PEI SW	\$88,276.00
20	Total MHSA HP	
21	Total Mental Health Services For Veterans	\$0.00



DHCS 1822 C (02/19)  
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2019-20**  
**Community Services and Supports (CSS) Summary Worksheet**

County:  Date:

**SECTION ONE**

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CSS Annual Planning Costs					\$0.00
2	CSS Evaluation Costs					\$0.00
3	CSS Administration Costs	\$991,431.03				\$991,431.03
4	CSS Funds Transferred to JPA					\$0.00
5	CSS Expenditures Incurred by JPA					\$0.00
6	CSS Funds Transferred to CalHFA					\$0.00
7	CSS Funds Transferred to PEI					\$0.00
8	CSS Funds Transferred to WET					\$0.00
9	CSS Funds Transferred to CFTN					\$0.00
10	CSS Funds Transferred to PR					\$0.00
11	CSS Program Expenditures	\$3,850,935.51	\$0.00	\$0.00	\$0.00	\$3,910,956.09
12	Total CSS Expenditures (Excluding Funds Transferred to JPA)	\$4,842,366.54	\$0.00	\$0.00	\$0.00	\$4,902,387.12
13	Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)	\$4,842,366.54	\$0.00	\$0.00	\$0.00	\$4,902,387.12

**SECTION TWO**

	A	B	C	D	E	F	G	H	I	J
#	County Code	Program Name	Prior Program Name	Program Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
14	65	System Development, Wellness & Recovery		Non-FSP	\$1,728,427.30					\$1,728,427.30
15	65	TAY, Adult & Older Adult FSP		FSP	\$1,547,726.92	\$59,819.26				\$1,607,546.18
16	65	Family, Youth & Children _ FSP		FSP	\$226,288.25	\$201.32				\$226,489.57
17	65	Multi Cultural Outreach & Engagement		Non-FSP	\$319,555.83					\$319,555.83
18	65	Crisis Services		Non-FSP	\$28,937.21					\$28,937.21
19										\$0.00
20										\$0.00
21										\$0.00
22										\$0.00
23										\$0.00
24										\$0.00
25										\$0.00
26										\$0.00
27										\$0.00
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32										\$0.00
33										\$0.00
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35										\$0.00
36										\$0.00
37										\$0.00
38										\$0.00
39										\$0.00





DHCS 1822 D (02/19)  
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report  
Fiscal Year: 2019-20  
Prevention and Early Intervention (PEI) Summary Worksheet

County:  Date:  Berkeley City

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	PEI Annual Planning Costs	\$0.00				\$0.00
2	PEI Evaluation Costs					\$0.00
3	PEI Administration Costs	\$186,262.69				\$186,262.69
4	PEI Funds Expended by CallMHSA for PEI Statewide	\$88,276.00				\$88,276.00
5	PEI Funds Transferred to JPA					\$0.00
6	PEI Expenditures Incurred by JPA					\$0.00
7	PEI Program Expenditures	\$1,234,547.27	\$0.00	\$0.00	\$0.00	\$1,234,547.27
8	Total PEI Expenditures (Excluding Transfers and PEI Statewide)	\$1,420,809.96	\$0.00	\$0.00	\$0.00	\$1,420,809.96

SECTION TWO

	A	B
	Percent Expended for Clients Age 25 and Under, All PEI	Percent Expended for Clients Age 25 and Under, JPA
9	MHSA PEI Fund Expenditures in Program to Clients Age 25 and Under (Calculated from weighted program values) divided by Total MHSA PEI Expenditures	71.91%

SECTION THREE

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
#	County Code	Program Name	Prior Program Name	Combined/Standalone Program	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentage for Combined Program	Percent of PEI Expended on Standalone and Program Activities in Combined Program	Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	65	Be a Star		Combined	Prevention	Prevention	25%	100%		\$5,875.38					\$5,875.38
11	65	Be a Star		Combined	Early Intervention	Early Intervention	75%	100%		\$17,626.14					\$17,626.14
12	65	Be a Star		Combined	Combined Summary	Combined Summary	100%	100%	100.0%	\$23,501.53					\$23,501.53
13	65	High School Prevention		Combined	Early Intervention	Early Intervention	50%	100%		\$254,896.14					\$254,896.14
14	65	High School Prevention		Combined	Outreach	Outreach	25%	100%		\$124,480.95					\$124,480.95
15	65	High School Prevention		Combined	Prevention	Prevention	25%	100%		\$127,448.07					\$127,448.07
16	65	High School Prevention		Combined	Combined Summary	Combined Summary	100%	100%	100.0%	\$506,825.16					\$506,825.16
17	65	Community Education and Supports		Standalone	Early Intervention	Early Intervention	100%	40%		\$187,195.73					\$187,195.73
18	65	Homeless Outreach & Treatment		Standalone	Access and Linkage	Access and Linkage	100%	35%		\$154,674.96					\$154,674.96
19	65	Social Inclusion		Standalone	Stigma & Discrimination Reduction	Stigma & Discrimination Reduction	100%	0%		\$0.00					\$0.00
20	65	Supportive Schools Program		Standalone	Early Intervention	Early Intervention	100%	100%		\$55,000.00					\$55,000.00
21	65	Community Based Children & Youth		Standalone	Early Intervention	Early Intervention	100%	100%		\$29,710.89					\$29,710.89
22	65	African American Success Project		Combined	Prevention	Prevention	50%	100%		\$40,625.00					\$40,625.00
23	65	African American Success Project		Combined	Early Intervention	Early Intervention	50%	100%		\$40,625.00					\$40,625.00
24	65	African American Success Project		Combined	Combined Summary	Combined Summary	100%	100%		\$81,250.00					\$81,250.00
25	65	Dynamic Mindfulness		Combined	Prevention	Prevention	50%	100%		\$75,000.00					\$75,000.00
26	65	Dynamic Mindfulness		Combined	Early Intervention	Early Intervention	50%	100%		\$75,000.00					\$75,000.00
27	65	Dynamic Mindfulness		Combined	Combined Summary	Combined Summary	100%	100%		\$150,000.00					\$150,000.00
28	65	Peer Education		Combined	Prevention	Prevention	50%	100%		\$23,194.50					\$23,194.50
29	65	Peer Education		Combined	Early Intervention	Early Intervention	50%	100%		\$23,194.50					\$23,194.50
30	65	Peer Education		Combined	Combined Summary	Combined Summary	100%	100%		\$46,389.00					\$46,389.00
31															\$0.00
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67															\$0.00



DHCS 1822 E (02/19)  
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report  
Fiscal Year: 2019-20  
Innovation (INN) Summary Worksheet

County: Berkeley City Date: 1/14/2021

**SECTION ONE**

	A	B	C	D	E	F
	Total MHSA Fund (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	INN Annual Planning Costs	\$0.00				\$0.00
2	INN Indirect Administration					\$0.00
3	INN Funds Transferred to JPA					\$0.00
4	INN Expenditures Incurred by JPA					\$0.00
5	INN Project Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	INN Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	INN Project Direct	\$138,650.78	\$0.00	\$0.00	\$0.00	\$138,650.78
8	INN Project Subtotal	\$138,650.78	\$0.00	\$0.00	\$0.00	\$138,650.78
9	Total Innovation Expenditures (Excluding Transfers to JPA)	\$138,650.78	\$0.00	\$0.00	\$0.00	\$138,650.78

**SECTION TWO**

#	A	B	C	D	E	F	G	H	I	J	K	L	M
	County Code	Project Name	Prior Project Name	Project MHSOAC Approval Date	Project Start Date	MHSOAC-Authorized MHSOAC INN Project Budget	Amended MHSOAC-Authorized MHSOAC INN Project Budget	Project Expenditure Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other
10	A	Trama Informed Care		12/17/2018		\$446,134.00		Project Administration	\$0.00				
10	B	Trama Informed Care		12/17/2018		\$446,134.00		Project Evaluation					
10	C	Trama Informed Care		12/17/2018		\$446,134.00		Project Direct	\$138,650.78				
10	D	Trama Informed Care		12/17/2018		\$446,134.00		Project Subtotal	\$138,650.78	\$0.00	\$0.00	\$0.00	\$0.00
11	A	Tech Suite Help @ Hand Project		7/1/2019		\$462,916.00		Project Administration					
11	B	Tech Suite Help @ Hand Project		7/1/2019		\$462,916.00		Project Evaluation					
11	C	Tech Suite Help @ Hand Project		7/1/2019		\$462,916.00		Project Direct					
11	D	Tech Suite Help @ Hand Project		7/1/2019		\$462,916.00		Project Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	A												
12	B												
12	C												
12	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	A												
13	B												
13	C												
13	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	A												
14	B												
14	C												
14	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	A												
15	B												
15	C												
15	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	A												
16	B												
16	C												
16	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	A												
17	B												
17	C												
17	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	A												
18	B												
18	C												
18	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	A												
19	B												
19	C												
19	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	A												
20	B												
20	C												
20	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	A												
21	B												
21	C												
21	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

DHCS 1822 E (02/19)  
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report  
Fiscal Year: 2019-20  
Innovation (INN) Summary Worksheet

County:	Berkeley City	Date:	1/14/2021
22 A			
22 B			
22 C			
22 D			\$0.00
23 A			
23 B			
23 C			
23 D			\$0.00
24 A			
24 B			
24 C			
24 D			\$0.00
25 A			
25 B			
25 C			
25 D			\$0.00
26 A			
26 B			
26 C			
26 D			\$0.00
27 A			
27 B			
27 C			
27 D			\$0.00
28 A			
28 B			
28 C			
28 D			\$0.00
29 A			
29 B			
29 C			
29 D			\$0.00
30 A			
30 B			
30 C			
30 D			\$0.00
31 A			
31 B			
31 C			
31 D			\$0.00
32 A			
32 B			
32 C			
32 D			\$0.00
33 A			
33 B			
33 C			
33 D			\$0.00
34 A			
34 B			
34 C			
34 D			\$0.00

DHCS 1822 F (02/19)  
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2019-20**  
**Workforce Education and Training (WET) Summary Worksheet**

County:  Date:

**SECTION ONE**

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	WET Annual Planning Costs					\$0.00
2	WET Evaluation Costs					\$0.00
3	WET Administration Costs	\$0.00				\$0.00
4	WET Funds Transferred to JPA					\$0.00
5	WET Expenditures Incurred by JPA					\$0.00
6	WET Program Expenditures	\$4,500.00	\$0.00	\$0.00	\$0.00	\$4,500.00
7	<b>Total WET Expenditures (Excluding Transfers to JPA)</b>	<b>\$4,500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4,500.00</b>

**SECTION TWO**

	A	B	C	D	E	F	G	H
#	County Code	Funding Category	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8		Workforce Staffing						\$0.00
9		Training/Technical Assistance						\$0.00
10		Mental Health Career Pathways						\$0.00
11	65	Residency/Internship	\$4,500.00					\$4,500.00
12		Financial Incentive						\$0.00



DHCS 1822 G (02/19)  
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report  
Fiscal Year: 2019-20  
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:  Date:

**SECTION ONE**

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CFTN Annual Planning Costs	\$0.00				\$0.00
2	CFTN Evaluation Costs					\$0.00
3	CFTN Administration Costs	\$0.00				\$0.00
4	CFTN Funds Transferred to JPA					\$0.00
5	CFTN Expenditures Incurred by JPA					\$0.00
6	CFTN Project Expenditures	\$1,319,127.79	\$0.00	\$0.00	\$0.00	\$1,319,127.79
7	<b>Total CFTN Expenditures (Excluding Transfers to JPA)</b>	<b>\$1,319,127.79</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,319,127.79</b>

**SECTION TWO**

	A	B	C	D	E	F	G	H	I	J
#	County Code	Project Name	Prior Project Name	Project Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8	65	2640 MLK	Capital Facility	Capital Facility	\$1,319,127.79					\$1,319,127.79
9										\$0.00
10										\$0.00
11										\$0.00
12										\$0.00
13										\$0.00
14										\$0.00
15										\$0.00
16										\$0.00
17										\$0.00
18										\$0.00
19										\$0.00
20										\$0.00
21										\$0.00
22										\$0.00
23										\$0.00
24										\$0.00
25										\$0.00
26										\$0.00
27										\$0.00

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 H (02/19)  
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2019-20**  
**MHSA Adjustments Worksheet**

County:	Berkeley City	Date	1/14/2021
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**SECTION ONE**

#	A County Code	B Account	C Adjustment Type	D Adjustment to Fiscal Year	E Amount	F Reason
1	65	CSS	Interest Revenue	FY 2018-2019	\$156,834.36	Change in accounting systems caused for interest to be reported wrong. This ties with new system as in FY19 the total interest was \$294,523, not the \$88,162 reported.
2	65	PEI	Interest Revenue	FY 2018-2019	\$39,208.59	Change in accounting systems caused for interest to be reported wrong. This ties with new system as in FY19 the total interest was \$294,523, not the \$88,162 reported.
3	65	INN	Interest Revenue	FY 2018-2019	\$10,318.05	Change in accounting systems caused for interest to be reported wrong. This ties with new system as in FY19 the total interest was \$294,523, not the \$88,162 reported.
4	65	CFTN	Expenditure	FY 2018-2019	-\$750,000.00	Correct the reporting of \$750,000 of the \$1,554,361.94 of Capital Facility costs from the Adult Clinic Renovation Project to Wellness Center Construction Costs Project
5	65	CFTN	Expenditure	FY 2018-2019	\$750,000.00	Correct the reporting of \$750,000 of the \$1,554,361.94 of Capital Facility costs from the Adult Clinic Renovation Project to Wellness Center Construction Costs Project
6	65	INN	Expenditure	FY 2018-2019	-\$41,097.14	INN planning work incorrectly charged to INN Trauma Informed Care Project. Should be charged to CSS Administration.
7	65	CSS	Expenditure	FY 2018-2019	\$41,097.14	INN planning work incorrectly charged to INN Trauma Informed Care Project. Should be charged to CSS Administration.
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**SECTION TWO**

#	A County Code	B Account	C Adjustment to Fiscal Year	D Amount	E Reason
31		Prudent Reserve			
32		Prudent Reserve			
33		Prudent Reserve			
34		Prudent Reserve			
35		Prudent Reserve			
36		Prudent Reserve			
37		Prudent Reserve			
38		Prudent Reserve			
39		Prudent Reserve			
40		Prudent Reserve			
41		Prudent Reserve			

DHCS 1822 H (02/19)  
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2019-20**  
**MHSA Adjustments Worksheet**

County:	Berkeley City	Date	1/14/2021
42	Prudent Reserve		
43	Prudent Reserve		
44	Prudent Reserve		
45	Prudent Reserve		
46	Prudent Reserve		
47	Prudent Reserve		
48	Prudent Reserve		
49	Prudent Reserve		
50	Prudent Reserve		
51	Prudent Reserve		
52	Prudent Reserve		
53	Prudent Reserve		
54	Prudent Reserve		
55	Prudent Reserve		
56	Prudent Reserve		
57	Prudent Reserve		
58	Prudent Reserve		
59	Prudent Reserve		
60	Prudent Reserve		

DHCS 1822 I (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**

**Fiscal Year: 2019-20**

**FFP Revenue Adjustment Worksheet**

**County:** Berkeley City

**Date:** 1/14/2021

**SECTION ONE**

	A	B	C	D	E	F	G
#	County Code	Adjustment to FY	Cost Report Stage	Account	Beginning Balance	Adjustment Amount	Ending Balance
1							\$0.00
2							\$0.00
3							\$0.00
4							\$0.00
5							\$0.00
6							\$0.00
7							\$0.00
8							\$0.00
9							\$0.00
10							\$0.00
11							\$0.00
12							\$0.00
13							\$0.00
14							\$0.00
15							\$0.00
16							\$0.00
17							\$0.00
18							\$0.00
19							\$0.00
20							\$0.00
21							\$0.00
22							\$0.00
23							\$0.00
24							\$0.00
25							\$0.00
26							\$0.00
27							\$0.00
28							\$0.00
29							\$0.00
30							\$0.00
31							\$0.00
32							\$0.00
33							\$0.00
34							\$0.00
35							\$0.00
36							\$0.00
37							\$0.00
38							\$0.00
39							\$0.00
40							\$0.00

DHCS 1822 J (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**

**Fiscal Year: 2019-20**

**Comments Worksheet**

**County:** Berkeley City

**Date:** 1/14/2021

	A	B	C
#	Account	Fiscal Year	Comments
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