



Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Karen Klatt, Commission Secretary
Date: March 24, 2016

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Health, Housing &
Community Services Department
Mental Health Commission

Berkeley/Albany Mental Health Commission

Regular Meeting
Thursday, March 31, 2016

Time: 7:00 p.m. – 9:00 p.m.

North Berkeley Senior Center
1901 Hearst Ave., Workshop B

AGENDA

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.*

- 7:00 pm**
- 1. Roll Call**
 - 2. PRELIMINARY MATTERS**
 - A. Action Item: Agenda Approval**
 - B. Public Comment on items not on the agenda**
 - C. Action Item: Approval of the February 25, 2016 Minutes**
 - D. Staff Announcements/Updates**
 - 3. Welcome to and Introduction of Paul Buddenhagen, Health, Housing & Community Services Director**
 - 4. MHSA INN Plan Public Hearing – Karen Klatt & Babalwa Kwanele**
Action Item: Vote to approve the MHSA INN Plan
 - 5. Action Item: Vote on the Re-appointment of Hervé Michel**
 - 6. Action Item: Vote on Chair and Vice Chair**
 - 7. May is Mental Health Month Planning**
Action Item: Recommendation to City Council to declare May Is Mental Health Month
 - 9. Peer Respite Discussion**

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Office: 3282 Adeline St • Berkeley, CA 94703 • (510) 981-7644
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- 10. **Possible Action Item: Establishment of a Suicide Prevention Subcommittee**
- 11. **Mobile Crisis Updates – Tenli Yavneh**
- 12. **Children/Youth Subcommittee Report/Discussion**
Possible Action Items: Vote on Children/Youth Subcommittee Resolutions
- 13. **Workshop Subcommittee Report/Discussion**
Possible Action Item: Amend 2016 Meeting Schedule
- 14. **Site Visit Discussion**
- 15. **Prioritize Agenda Items for April Meeting**
- 16. **Announcements**
- 9:00 pm 17. **Adjournment**

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Contact person: Karen Klatt, Mental Health Commission Secretary at 981-7644 or kklatt@ci.berkeley.ca.us.



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 981-6342 (V) or 981-6345 (TDD) at least three business days before the meeting date. Please refrain from wearing scented products to this meeting. Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs. Thank you.

SB 343 Disclaimer

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Family, Youth and Children’s Clinic at 3282 Adeline St, Berkeley.



Department of Health Services
Mental Health Commission

Berkeley/Albany Mental Health Commission Unadopted Minutes

North Berkeley Senior Center
1901 Hearst Ave.
7:00 pm
Workshop B

Regular Meeting
February 25, 2016 at 7:00

Members of the Public Present: Cynthia Daniels, Christopher Court, MA, PhD.
Staff Present: Karen Klatt, Jeff Shannon.

1. Call to Order at 7:00 pm

Commissioners Present: Jeffrey Davis, Jennifer Fazio, Bart Grossman, Shelby Heda, Paul Kealoha-Blake, Judy Kerr, Carole Marasovic, Jean Marie Hervé Michel, Jr, Shirley Posey, Cameron Silverberg. Commissioners Absent: Jesse Arreguin, Jenne King.

2. Preliminary Matters

A. Approval of February 25, 2016 Agenda

M/S/C (Marasovic, Silverberg) Move items #7 and #8 to items #3 and #4.

Ayes: Davis, Fazio, Heda, Kealoha-Blake, Kerr, Marasovic, Michel, Posey, Silverberg; **Noes:** None; **Abstentions:** Grossman – Reason: I don't understand what the agenda items are. **Absent:** Arreguin, King.

M/S/C (Marasovic, Michel) Approval of Agenda as amended.

Ayes: Davis, Fazio, Grossman, Heda, Kealoha-Blake, Kerr, Marasovic, Michel, Posey, Silverberg; **Noes:** None; **Abstentions:** **Absent:** Arreguin, King.

B. **Commissioner Comment** – As a Community Member, Commissioner Marasovic spoke on the Peer Respite Grant Information that was handed out at the meeting.

C. Approval of the December 10, 2015 minutes

M/S/C (Kerr, Silverberg) Move to approve the October 29, 2015 minutes as written.

Ayes: Davis, Fazio, Grossman, Heda, Kealoha-Blake, Kerr, Marasovic, Michel, Posey, Silverberg; **Noes:** None; **Abstentions:** **Absent:** Arreguin, King.

D. Staff Announcements/Updates

Karen Klatt, Commission Secretary, provided an update on the “May is Mental Health Month Event”, and reminded everyone to fill out and turn in the required Annual forms, and to remember to utilize the Comfort Agreement that was passed by the Mental Health Commission at a previous meeting.

3. Ratification of Suicide Statistics Report to City Council (moved up from Item #7)

As a continuation of previous Mental Health Commission discussions related to this

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City Council report, Jeff Shannon spoke about the Police Departments current data collection system/practices around Mental Health and Suicide related calls.

M/S/C (Marasovic, Heda) Move that the Suicide Statistics Council Item that was originally passed on December 2014, be submitted with the necessary technical modifications to City Council and that the writer of the report address Council.

Ayes: Davis, Fazio, Grossman, Heda, Kealoha-Blake, Marasovic, Michel, Posey, Silverberg. **Noes:** Kerr. **Abstentions:** None; **Absent:** Arreguin, King.

4. Discussion of Suicide Resources in Berkeley (moved from Item #8 on the Agenda)
No Action taken.

5. Action Item: Vote on the re-appointment of Shirley Posey (moved down from Item #3 on the Agenda).

M/S/C (Davis, Marasovic) Move to Re-appoint Shirley Posey on the Mental Health Commission

Ayes: Davis, Fazio, Grossman, Heda, Kealoha-Blake, Kerr, Marasovic, Michel, Posey, Silverberg. **Noes:** Kerr. **Abstentions:** None; **Absent:** Arreguin, King.

6. Action Item: Vote on the appointment of Chair and Vice Chair (moved down from Item #4 on the Agenda).

M/S/C (Michel, Posey) Move that Jeff Davis is the Chair, and Judy Kerr is the Vice Chair

Ayes: Davis, Fazio, Grossman, Heda, Kealoha-Blake, Kerr, Marasovic, Michel, Posey, Silverberg. **Noes:** Kerr. **Abstentions:** None; **Absent:** Arreguin, King.

*As there were multiple candidates for both the Chair and the Vice Chair a suggestion was made by Commissioner Grossman to do the voting process through each Commissioner writing down the candidate they were voting for and the Commission Secretary reading the names of the individuals who received the winning vote for each position. This suggestion was followed and the voting was handled accordingly. During the meeting and the following day, Commissioner Marasovic raised questions about the legality of the voting process. The Commission Secretary subsequently consulted with the City Clerk on how the voting was handled, and it was deemed that this type of voting process was not allowed and therefore the vote was not valid. The vote for Commission Chair and Vice Chair will be taken again during the March 31, Mental Health Commission meeting.

7. MHSA Innovation Proposed Project Update

Karen Klatt spoke about the MHSA Draft Innovations Plan that will be out for a 30-Day Public Review on Tuesday March 1st.

8. Workshop Subcommittee Report/Discussion

M/S/C (Michel, Kerr) Motion to go back to the Subcommittee.

Ayes: Davis, Fazio, Grossman, Heda, Kealoha-Blake, Kerr, Marasovic, Michel, Posey, Silverberg; **Noes:** None; **Abstentions:** **Absent:** Arreguin, King.

At this point a motion was made to extend the meeting.

(Marasovic, Grossman) Move to extend the meeting to 9:15pm.

Ayes: Davis, Fazio, Grossman, Heda, Kealoha-Blake, Kerr, Marasovic, Michel, Posey, Silverberg. **Noes:** None; **Abstentions:** None; **Absent:** Arreguin, King, Michel (left the meeting at 9:00pm).

9. Discussion of Site Visits – This agenda item was not addressed.

Future Agenda Items: Peer Respite Care Grant; Establishment of Suicide Prevention Resources; Discussion of Site Visits; Discussion of Mental Health Services for the Elderly; Re-examine Policy of Accepting Medicare; Workshop Discussion Update.

10. Announcements – Community member Christopher Court, MA, PhD announced that there will be a Town Hall Discussion on Homelessness at the Suit Case Clinic on March 5th from 9:30-12:30.

11. Adjournment at 9:15pm.

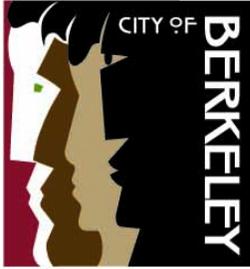
Minutes submitted by: _____
Karen Klatt, Commission Secretary

Berkeley/Albany Mental Health Commission

COMFORT AGREEMENT

“Rules to make it comfortable to work together”

- Do not use language derogatory to others, or yell or scream
- Be attentive when others are speaking
- Be respectful when others are speaking
- Please do not talk over anyone
- Hold a goal to allow people to feel heard (this is a value the group holds vs. a behavior)



Health, Housing & Community Services
Mental Health Division

Greetings!

Your input and comments are invited on the **Mental Health Services Act (MHSA) DRAFT Innovations (INN) Plan** which has been posted on the website for a 30-day Public Review and Comment period. The 30-day Public Review and Comment period is being held from March 1 through March 31 and will provide an opportunity for input on a proposed new Innovations project.

In order to provide input please respond by **5:00pm on Thursday, March 31, 2016** by directing your feedback via email, phone or mail to:

Karen Klatt, MEd
MHSA Coordinator
City of Berkeley Mental Health
3282 Adeline St.
Berkeley, CA 94704
(510) 981-7644 - Ph.
(510) 981-5255 - Fax
KKlatt@ci.berkeley.ca.us

**City of Berkeley
Mental Health Services Act (MHSA)
Innovations (INN) Plan**



**Mental Health Division
Health, Housing & Community
Services (HHCS) Department**

**MENTAL HEALTH SERVICES ACT (MHSA)
DRAFT INNOVATIONS (INN) PLAN
PROPOSED TRAUMA INFORMED CARE PROJECT**

The City of Berkeley has created a Draft Mental Health Services Act (MHSA) Innovations (INN) plan in order to allocate \$180,000 of unspent funds to pilot test a Trauma Informed Care (TIC) Training for educator's project in three Berkeley Unified School District (BUSD) Schools. The proposed INN project will seek to learn whether modifying the mental health approach of TIC Training for educators will increase access to mental health services and supports for students in need, (particularly for underserved ethnic groups), and increase the quality of mental health services, including better outcomes.

MHSA INNOVATIONS BACKGROUND AND OVERVIEW

Enacted by voters on November 2, 2004, the Mental Health Services Act (MHSA) is Proposition 63 that places a 1% tax on every dollar of personal income over \$1 million. MHSA revenues are allocated to mental health jurisdictions across the state for the purposes of transforming and expanding the public mental health system by helping systems become more integrated, culturally competent, consumer and family member driven, and wellness and recovery oriented. Through five funding components, MHSA is designed to create the capacity for a broad continuum of prevention, early intervention and treatment services along with the necessary infrastructure, technology, and training elements to support effective mental health system transformation.

One of the five funding components of MHSA is Innovations (INN). The purpose of INN is to implement short-term pilot projects that contribute to new learning in the Mental Health field. These funds provide the opportunity to pilot test creative strategies that can inform future practices in communities/or mental health settings. INN projects can target any population and any aspect of the mental health system as long as the strategies or approaches that are being implemented address at least one of the following areas:

- Increase access to mental health services
- Increase access to mental health services for underserved groups
- Increase the quality of mental health services, including better outcomes
- Promote interagency collaboration

INN projects must also either: introduce new mental health practices or approaches that have never been done before; or make changes to existing mental health practices/approaches, including adapting them to a new setting or community; or introduce a new promising community-driven practice/approach that has been successful in non-mental health contexts or settings. Mental Health jurisdictions are required to report on the results of strategies and projects that were implemented through this funding component.

As with all MHSA components, INN funds are made available through an approved INN Plan which includes the following required steps: conducting a planning process informed by community stakeholders, plan development, a 30-Day Public Review, a Public Hearing, and obtaining approvals by the local City Council and the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

COMMUNITY PROGRAM PLANNING (CPP)

Community Program Planning (CPP) for the City of Berkeley's MHSAs DRAFT INN Plan was conducted over a three month period enabling input from the MHSAs Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from un-served, underserved and inappropriately served populations; City Commissioners, Berkeley Mental Health (BMH) staff, and other MHSAs Stakeholders. During this process, three MHSAs Advisory Committee meetings and two Community Input meetings, were held.

As with previous MHSAs Plans and Annual Updates, the methodology utilized for conducting CPP for the Draft INN plan enabled a collaborative process to occur between BMH staff, MHSAs Advisory Committee members and other MHSAs stakeholders. Development of the INN Plan began with an internal examination of existing programs, unaddressed needs, and available funding that needed to be expended by a given timeline. Following an internal review, proposed ideas and potential programs were vetted through the State Mental Health Services Oversight Accountability Commission (MHSOAC) and the local MHSAs Advisory Committee prior to engaging other stakeholders. Feedback acquired during community meetings was presented to the MHSAs Advisory Committee who provided recommendations to the Division on the proposed project.

A 30-Day Public Review is currently being held from Tuesday, March 1 through Thursday March 31, 2016 to invite input on the MHSAs Draft INN Plan. A copy of the Draft Plan has been posted on the BMH MHSAs website and is available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review has been issued through a Press Release and mailed and/or emailed to community stakeholders. Following the 30-day public review period a Public Hearing at the Mental Health Commission will be held on Thursday, March 31, 2016 at 7:00pm at the North Berkeley Senior Center.

PROPOSED INN PROJECT BACKGROUND AND OVERVIEW

BACKGROUND

Repeatedly voiced through multiple MHSAs Community Planning processes has been the need to institute supportive services to address trauma within the youth population. A call for solutions to be implemented within school settings has been especially noted. Children and youth who have been traumatized often "act out" at school through various behaviors that are traditionally viewed as "problematic". Youth exhibiting acting out behaviors are customarily subjected to disciplinary sanctions, which don't address their trauma issues and instead, often re-traumatize (or further traumatize) the individual. It is also often the case, in particular with African American youth that acting out behaviors may lead to inappropriate over-referrals to the mental health system.

The effects of trauma can have ripple effects on an individual's ability to be successful in school. According to UCSF Healthy Environments and Response to Trauma in Schools (HEARTS), children who have experienced early, chronic trauma such as family or community violence can develop emotional, behavioral, cognitive, and relationship difficulties that can make it very hard for them to learn and function well in school (Cole et al., 2005)¹. Exposure to trauma is associated with a higher risk for school dropout (Porche et al., 2011)², and in turn, dropping out of school increases the risk of being imprisoned (Center for Labor Market Studies, 2009)³. African American, Latino and Native American families are often disproportionately impacted by trauma. Based on research, it has been determined that trauma, which

¹ Cole, M., Cole, S. R., & Lightfoot, C. (2005). *The development of children*. Macmillan.

² Porche, M. V., Fortuna, L. R., Lin, J., & Alegria, M. (2011). Childhood Trauma and Psychiatric Disorders as Correlates of School Dropout in a National Sample of Young Adults. *Child Development*, 82(3), 982–998. <http://doi.org/10.1111/j.1467-8624.2010.01534.x>

³ U.S. Department of Labor, Bureau of Labor Statistics. "Table 7: Employment status of the civilian noninstitutional population 25 years and over by educational attainment, sex, race, and Hispanic or Latino ethnicity," at <http://stats.bls.gov/cps/cpsa2006.pdf>.

can be caused by racism and the social determinants associated with it, leads to stress and a child's ability to cope, thrive and succeed in life.

Berkeley Unified School District (BUSD) is currently challenged with closing the academic achievement gap, which specifically impacts African American and Latino children and youth. The 2020 Vision is a city-wide movement that was created to ensure academic success and well-being for all children and youth growing up in Berkeley, by closing the achievement gap in Berkeley's public schools by the year 2020. On June 24, 2008, Resolutions were adopted by the Berkeley City Council and Governing School Board to authorize the development of plans and models for internal and cross-jurisdictional collaboration to remove barriers to learning and to promote healthy development for all Berkeley children and youth (64, 113-N.S).

To date, there has been significant input during the 2020 Vision work and the BUSD "Local Control and Accountability Plan" (LCAP) process (which informs the plan on how certain state funding will be allocated) that the mental health needs of students in BUSD, particularly children of color, are not being adequately addressed. Feedback around this has largely been based on information gathered from other school systems who have implemented the "Adverse Childhood Experience Survey" (ACES) which measures abuse, neglect and other traumatic experiences that occur to individuals under 18 years of age. Additionally, many BUSD teachers have provided input that they don't feel adequately prepared to support students who are coming into school with so much trauma.

The 2020 Vision collaborative partners have proposed to address some of the issues associated with student trauma and the achievement gap through becoming a Trauma Informed Care (TIC) school system. The mental health approach of TIC has become an innovative strategy to change the way school systems serve children of color, who have been historically and systematically marginalized. A TIC system is one that builds awareness and knowledge of trauma to shape policies and practices aimed at reducing the re-traumatization of youth and families and the professionals who serve them. TIC trained systems operate under the following six principles and competencies:

1. Trauma Understanding
2. Cultural Humility and Responsiveness
3. Safety and Stability
4. Compassion and Dependability
5. Collaboration and Empowerment
6. Resiliency and recovery

A review of the research on school systems that have implemented a TIC model showed that following TIC Training for educators there were decreases in disciplinary actions and suspensions around "problematic" student behaviors. However, it is unknown if while decreasing disciplinary actions/suspensions, whether the approach had a simultaneous effect on assisting students who were suffering from trauma and mental health issues to receive the supports they needed. It was also found that schools utilized outside trainers who came into the system and worked with school staff. However, the model was not sustainable once the trainers left the system and the funding ended.

PROJECT OVERVIEW

The proposed INN project will implement TIC training for educators (and interested parents) in three BUSD schools. The primary purposes of this project are to increase access to mental health services for students in need, increase access for underserved groups, and increase the quality of mental health services, including better outcomes. The project will test whether a change in the mental health approach of TIC training for educators will assist students (particularly those who are underserved) in receiving the services and supports they need in direct response to trauma and stress induced behaviors. For students who are referred, the project will also examine the appropriateness of the mental health services they receive. The proposed INN project will make a change to existing TIC for educator models through the following:

- Implementing a “Train the Trainer” model to build capacity and sustainability in the participating schools and to create an institutional culture of trauma informed educators;
- Implementing the project through an existing Learning Collaborative (2020 Vision) which will stay involved in, connected to, and provide support on the strategy on an ongoing basis through “Peer Support Learning Circles”;
- Focusing on the educator’s recognition of their own trauma/trauma triggers as a conduit to better understanding youth “acting out” behaviors;
- Inviting parents to participate in the training to assist them in recognizing their children’s and their own trauma/trauma triggers and in seeking supports.

The timeline of the project is June 2016 through June 2018. It is envisioned that an Evaluator will be involved at the beginning and throughout the project, as such, the specific evaluation design and methodology has yet to be developed. Stakeholders will have the opportunity to meet with the Evaluator to provide their perspectives on the proposed evaluation methodology and the methods for disseminating the results.

The Intended Outcomes are to:

- To create a change in the way teachers view and handle problematic student behaviors (which often mask trauma);
- To create an increase in access to mental health services and supports for students in need; and
- To promote better mental health outcomes by increasing student referrals to “appropriate” mental health services.

Outcomes may be measured through the following: TIC Training of educators pre and post trauma perception surveys; review of number and type of mental health referrals compared to a baseline of the previous year. Following the completion of the two year project, the results will be written up, communicated through various venues and disseminated throughout the City via a variety of means

Being able to implement the proposed INN project would be very timely, and would represent a confluence of other local initiatives around Trauma Informed Care. Recently there has been a push within the City of Berkeley for each system (Public Health, Mental Health, Police Department, Schools, etc.) to be trained in the mental health approach of Trauma Informed Care. Additionally, in October 2014, the Bay Area Trauma Informed Regional Collaborative (a group of Bay Area Regional Directors of County Behavioral Health systems who have met on a quarterly basis since 2012 to share plans to take trauma-informed practices, knowledge, and approaches to a new level of regional coordination), was awarded a \$4,000,000 federal grant from the Substance Abuse, Mental Health, Services Administration (SAMHSA) to span over a four year timeframe. The grant funds were provided to the San Francisco, Department of Public Health to administer, who through a Request for Proposal (RFP) process awarded a contract to East Bay Agency for Children to implement the “Trauma Transformed” (T²) Regional Center. This initiative has created the only regional center and clearinghouse in the Bay Area that promotes a trauma-informed system by providing trainings and policy guidance to systems of care professionals and organizations.

NEW INNOVATIVE PROJECT DESCRIPTION

County: City of Berkeley

Date: February 29, 2016

Program Number/Name: Trauma Informed Care for Educators

Complete this form for each new Innovative Project. Please feel free to add more space, if needed.

1. Select **one** of the following purposes that most closely corresponds to the Innovative Project's learning goal and that will be a key focus of your evaluation.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovative Project reflects more than one primary purpose in addition to the one you have selected, you may explain how and why other primary purposes also apply and will be reflected in the Innovative Project.

This project is being prioritized in response to community input around the need for trauma services and supports for students in need. The primary purposes of this project are to increase access to mental health services for students in need, increase access for underserved groups, and increase the quality of mental health services, including better outcomes. The project will test whether a change in the mental health approach of Trauma Informed Care (TIC) training for educators will assist students (particularly those who are underserved) in receiving the services and supports they need in direct response to trauma and stress induced behaviors. For students who are referred, the project will also examine the appropriateness of the mental health services they receive.

3. Which MHSa definition applies to your new Innovative Project, i.e. how does the Innovative Project a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovative Project to contribute to the development and evaluation of a new or changed practice within the field of mental health? Why is this change significant and worth your investment in MHSa Innovation?

The proposed strategy will make a change to an existing mental health approach that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.

The proposed INN project will make a change to existing TIC for Educator models through the following:

- Implementing a "Train the Trainer" model to build capacity and sustainability in the participating schools and to create an institutional culture of trauma informed educators;
- Implementing the project through an existing Learning Collaborative (2020 Vision) which will stay involved in, connected to, and provide support on the strategy on an ongoing basis through "Peer Support Learning Circles";
- Focusing on the educator's recognition of their own trauma/trauma triggers as a conduit to better understanding youth "acting out" behaviors;
- Inviting parents to participate in the training to assist them in recognizing their children's, and their own, trauma/trauma triggers and in seeking supports.

It is anticipated that the proposed INN project will contribute to a changed practice in the school system on how educators deal with students who have been exposed to trauma and/or have mental health issues. Ideally, the proposed INN project will enable educators to recognize their own trauma and trauma triggers and will assist them in increasing their own self-care around these issues so they are better able to recognize what may be behind student acting out behaviors. As such, they will be better equipped to make appropriate decisions on how to address students who are exhibiting trauma

NEW INNOVATIVE PROJECT DESCRIPTION

symptoms and thus be first responders in assisting students in accessing the mental health services and supports they need. In an effort to support children and families in the home, parents who are interested will be able to participate in the same TIC training the educators receive to help them in recognizing their own trauma/trauma triggers and provide them with tools to better assist them in recognizing and supporting their children's trauma induced responses. T²

To be able to implement the proposed INN TIC project would be timely and would represent a confluence of other current related initiatives. There has recently been a push within the City of Berkeley for each system (Public Health, Mental Health, Police Department, Schools, etc.) to be trained in the mental health approach of Trauma Informed Care. Additionally, in October 2014, the Bay Area Trauma Informed Regional Collaborative (a group of Bay Area Regional Directors of County Behavioral Health systems who have met on a quarterly basis since 2012 to share plans to take trauma-informed practices, knowledge, and approaches to a new level of regional coordination), was awarded a federal grant from the Substance Abuse, Mental Health Services Administration (SAMHSA). This grant funding was provided to the San Francisco, Department of Public Health and spans four years in the amount of \$1,000,000 a year to create a regional clearinghouse and coordinating center designed to integrate existing knowledge, incorporate new ideas, address challenges to training and sustaining an effective and diverse trauma informed workforce, and develop mechanisms to support the implementation and sustainability of best practices. Through this initiative, a Request for Proposal (RFP) process was conducted and the East Bay Agency for Children was awarded the contract to implement this initiative, which was named the "Trauma Transformed" (T²) Regional Center.

The results of the proposed INN project will be brought to the T² Regional Center and the Bay Area Trauma Informed Regional Collaborative group for dissemination and will potentially inform future efforts of utilizing the TIC model for educators in school systems. Additionally, given the increased understanding of the effect of ACES (Adverse Childhood Events) on child development, health, and mental health, an improvement of the TIC model can have huge effects as the model continues to be implemented.

This modified TIC model for educators will represent a significant change in how students exhibiting trauma related responses are currently treated and will provide educators and interested parents with additional resources to assist students in need.

4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

The City of Berkeley is proposing to change the existing mental health approach of TIC for educators by utilizing several strategies to embed the TIC model in the school including: training lead trainers in three BUSD schools who will be program champions for the approach; and creating ongoing Peer Support Learning Circles within the participating schools to enable educators to receive ongoing consultation from the BUSD lead trainers and the 2020 Vision Partners. Through the proposed INN project the T² Regional Center will train five 2020 Vision lead trainers to conduct the TIC training of teachers, school staff and interested parents, at the participating BUSD schools.

The changed TIC model will assist educators in becoming aware of their own trauma/trauma triggers as a first step towards recognizing and assisting youth exhibiting trauma related behaviors and responses. Parents will also be invited to receive the TIC Training. The proposed project will test whether adapting the mental health approach of TIC training for educators will provide teachers and school staff with a better ability to identify and support students who are suffering from trauma and to refer those in need to appropriate mental health services and supports.

While increasing an understanding around trauma related behaviors, current TIC training for educators that have been implemented have not done the following:

- Implemented this model through a "Train the Trainer approach to ensure consistency and sustainability;
- Instituted ongoing support for educators through "Peer Support Learning Circles";
- Tested whether this approach increases access to mental health services and promotes better mental health outcomes for youth.

4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovative Project such as age, gender identity, race, ethnicity, sexual orientation, and language used to communicate

NEW INNOVATIVE PROJECT DESCRIPTION

<p>The population to be served will be Teachers/School Staff/Administrators (and Parents that have youth) within the BUSD school system. The approach will measure the impact on children/youth (aged 4-14) of various races, ethnicities, sexual orientations, gender and gender identities. However, of primary interest will be the impact the approach has on African Americans, Latinos and other marginalized ethnic populations within the school system.</p>
<p>4b. If applicable, describe the estimated number of clients expected to be served annually</p>
<p>It is anticipated that approximately 750 individuals will be impacted by this approach, and around 8% of that population (60), will be referred to mental health services and supports.</p>
<p>4c. Describe briefly, with specific examples, how the Innovative Project will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovative Project, explain why. The following are the General Standards to address. Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards:</p>
<ul style="list-style-type: none"> i. <u>Community collaboration</u> - This will be a Collaboration with the selected schools and the communities' 2020 Vision Collaborative partners. ii. <u>Cultural competence</u> - The mental health approach of TIC training for educators has become an innovative strategy to change the way the school system serves children of color who have been historically and systematically marginalized. iii. <u>Client-driven</u> - The "clients" of this approach are twofold, educators (and interested parent participants) who will be surveyed pre and post the implementation of the modified TIC Training and students and their families who receive mental health supports, both of which will have opportunities to inform the process through such avenues as participant self-report, focus groups, etc. iv. <u>Family-driven</u> - Family affinity groups will be utilized in developing the project and there will be an oversight Board including family members. v. <u>Wellness, recovery, and resilience-focused</u> – The proposed INN TIC project utilizes strengths-based, recovery oriented approaches to intervene in, and provide supports for trauma exposed individuals. vi. <u>Integrated service experience for clients and families</u> – The proposed INN TIC project is an integration between BUSD, Berkeley Mental Health, Public Health, etc., and will provide a seamless experience for children and families.
<p>4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with MHSA Innovation funds</p>
<p>NA. Individuals in need of mental health services will ideally have been referred to BMH and/or area providers, and those services will be funded through non-MHSA funding streams from program onset.</p>
<p>5. Specify the total timeframe of the Innovative Project. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement throughout.</p>
<p>The timeline for the proposed INN TIC project will be from June 2016 through June 2018 which will provide the necessary timeframe for the development, implementation, evaluation, decision making and communication of the results and lessons learned. It is anticipated that an Evaluator will be on board at the inception and throughout the project to inform</p>

NEW INNOVATIVE PROJECT DESCRIPTION

and shape the evaluation methodology. MHSA and school stakeholders will be informed of the project implementation throughout and will be provided with opportunities for input.

Proposed Timeline

1. Planning and Program Development, Hire Consultant: June-July, 2016
2. Community Focus Groups: July – August, 2016
3. Recruitment and Selection of Schools: August, 2016
4. Launch TIC pilot in September, 2016

Train 3 Cohorts of Teachers: (1) TK and (2) K-5 Schools.

Administer pre-test measurements

- o (Sept –Dec 2016) Transitional Kindergarten (TK): Train all teachers and (1) Family Engagement Coordinator. Duration: 4 month training that will offer coaching to teachers, Continuous Quality Improvement (CQI) in order to assess transfer of learning and generalizability of the TIC curriculum to the classroom. Facilitate feedback groups to improve quality of training.
 - o Administer post-test measurement for cohort 1.
 - o Administer pre-test measurements for 2 cohorts.
 - o (Jan. – Apr.2017) Two K-5 Schools: Train all teachers and (2) Family Engagement Coordinators
 - o Administer post-test measurements for 2 cohorts.
5. (May – July 2017) Analyze data from each school, and aggregate data from all three. Collect qualitative and quantitative data.
 6. (August – Nov. 2018) Communication of results and lessons learned (written report, focus group with trainees and community members, CQI activities).
 7. (Dec.-June 2018) Evaluate, pilot, assess system-wide implementation, align and collaborate with San Francisco Department Public Health, Trauma-Informed Systems Initiative

6. Describe how you plan to measure the results, impact, and lessons learned from your Innovative Project. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.

It is envisioned that an Evaluator will be involved at the beginning and throughout the project, as such, the specific evaluation design, methodology and strategies to ensure the evaluation will be culturally competent has yet to be developed. Stakeholders will have the opportunity to meet with the Evaluator to provide their perspectives on the proposed evaluation methodology and design and the methods for disseminating the results. The Intended Outcomes are:

- To create a change in the way teachers view and handle problematic student behaviors (which often mask trauma);
- To create an increase in access to mental health services and supports for students in need; and
- To promote better mental health outcomes by increasing student referrals to “appropriate” mental health services.

Outcomes will be measured through the following: TIC Training of educators pre and post trauma perception surveys; review of number and type of mental health referrals compared to a baseline of the previous year.

7. Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned as a result related to your Innovative Project: within your County and to other counties.

NEW INNOVATIVE PROJECT DESCRIPTION

It is anticipated that results will be communicated through a report and presentation that will be presented at several Community Meetings; on the City of Berkeley MHSA website and available to the public. .

The 2020 Vision collaborative effort utilizes the principles of collective impact to leverage resources and solve complex social issues, such as social-emotional challenges, equity, and educational achievement. As such, results and lessons learned from the proposed INN TIC project will be communicated, and as appropriate, utilized by the T² Regional Center. Information and findings from the proposed project will also be disseminated through the City of Berkeley's Public Information Office and 2020 Vision communications strategies, as well as the Berkeley Public Schools Bi-Annual Report, which is distributed via mass mailings throughout the community and City of Berkeley.

8. If applicable, provide a list of resources to be leveraged.

- 2020 Vision Collaborative partner in-kind services
- Existing Mental Health services for referred children, youth and families.
- T² Regional Center

NEW INNOVATIVE PROJECT DESCRIPTION

9. Provide an estimated annual and total budget for this Innovative Project, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovative Project.

NEW ANNUAL PROGRAM BUDGET							
A. EXPENDITURES							
	Type of Expenditure	FY 2016	FY 2017	FY 2018	FY xxxx	FY xxxx	Total
1.	Personnel expenditures, including salaries, wages, and benefits	\$5,000	\$50,000	\$50,000			
2.	Operating expenditures	\$2,000	\$10,000	\$10,000			
3.	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHPA duties to conduct the Innovative Project	\$5,000	\$10,000				
4.	Contracts (Training Consultant Contracts)	\$9,000					
6.	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative (Costs for an Evaluator)		\$14,500	\$14,500			
	Total Proposed Expenditures	\$21,000	\$84,500	\$74,500			
B. REVENUES							
1.	MHPA Innovation Funds	\$21,000	\$70,000	\$60,000			
2.	Medi-Cal Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Any other funding (specify)						
	Total Revenues	\$21,000	\$84,500	\$74,500			
C. TOTAL FUNDING REQUESTED (total amount of MHPA Innovation funds you are requesting that MHPAC approve)							
		\$21,000	\$84,500	\$74,500			

NEW INNOVATIVE PROJECT DESCRIPTION

D. Budget Narrative

1. Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget.

Wages: Costs for Project Manager and personnel with BUSD and City of Berkeley who will be directly implementing the project. Some of this may be in form of contracts, which will necessitate moving of budget lines once this has been determined.

Operating Expenditures: Costs for infrastructure, administrative support, mileage, travel, office supplies, space and other common operating expenses for the project.

Non-recurring Expenditures: Costs for curriculum and IT required for the project.

Training Consultant: Costs to utilize T2 Regional Center Trainers to train 2020 Vision Collaborative partners.

Other Expenditures: Planned costs for an outside independent evaluator for the project.



Office of the City Manager

CONSENT CALENDAR

April 26, 2016

To: Honorable Mayor and Members of the City Council

From: Mental Health Commission

Submitted by: Councilmember Jesse Arreguin

Subject: Proclaiming May 2016 as Mental Health Month

RECOMMENDATION

Adopt a Resolution proclaiming May 2016 as Mental Health Month in the City of Berkeley.

FISCAL IMPACTS OF RECOMMENDATION

None.

CURRENT SITUATION AND ITS EFFECTS

The Substance Abuse and Mental Health Services Administration (SAMHSA) has determined that persons diagnosed with severe mental illness have a life expectancy of 25 years less than members of the general public. Through their National 10 x 10 Campaign they are bringing awareness to this devastating fact and have pledged to decrease that disparity by ten years in the next ten years. In the City's Mental Health Division many mental health clients also have co-occurring addiction disorders, exacerbating existing barriers to recovery and increasing the disparity in their life expectancy.

Mental Health America, an organization working to improve the mental health of all Americans, began observance of Mental Health Month during the month of May in 1949. Their primary goal was to promote awareness of mental health conditions and mental wellness for all. Local government agencies, public and private institutions, businesses and schools join in this annual campaign to raise public awareness and understanding of mental health and illness, and to reduce the stigma associated with mental health problems and treatment. Council is requested to join in this national campaign in order to promote increased awareness of mental health and mental disabilities in the City of Berkeley.

BACKGROUND

The mental health and well-being of the City of Berkeley's residents is a critical issue that affects not only quality of life, but also the health of our communities, families, and economic stability. Mental disorders and mental health problems affect residents of all backgrounds and all stages of life, and no one is immune from its affects. The World

Health Organization (WHO) found that mental illnesses is the top ranking cause of disability in the United States and the most prevalent health problem in America today – more common than cancer, lung and heart disease combined. Nationally, one in four adults lives with a diagnosable, treatable mental health condition. According to WHO, in a typical workplace with 20 employees, four will likely develop a mental illness this year. More than three out of four employees who seek care for workplace issues or mental health problems see substantial improvement in work performance after treatment. Although mental health treatment has been shown to be effective, an estimated two-thirds of adults and young people with mental health challenges are not receiving the care they need to improve their lives significantly.

Socioeconomic inequalities and disparities in health have been widening for decades. In the United States, the data consistently show that people living in poverty, and particularly those who are members of minority communities, bear a disproportionate burden of exposure to unhealthy environments and are at greater risk for mental and behavioral health-related conditions.

The 2013 Berkeley Health Status Report Summary identifies discrepancies in health outcomes between white and African American residents and states that the City of Berkeley is committed to addressing and eliminating health inequities.

The City of Berkeley has been engaged in Mental Health Services Act (MHSA) planning and implementation in recent years, with the intent to identify areas of greatest need and to increase effective mental health services that promote mental health recovery. The Mental Health Division will continue to participate in a comprehensive and inclusive planning process to transform services provided by the Mental Health Division in alignment with core MHSA principles.

To strengthen the Berkeley/Albany community, the City of Berkeley is currently offering Mental Health First Aid training to enable community members to better assist their friends, family and neighbors who may have signs and symptoms of mental illness or be in a crisis. The Mental Health First Aid Training teaches participants how to use a 5-step action plan to help connect a person in distress to appropriate professional, peer, social or self help care.

The basis for a Citywide May is Mental Health Month proclamation is to increase awareness of the importance of mental health, and that mental health and physical health go hand-in-hand. This awareness helps to demonstrate commitment and support to Berkeley/Albany residents who have a mental illness and their families. This event also promotes hope and encourages those with mental illness to recover and become productive members of the community.

Berkeley Mental Health is hosting a “May Is Mental Health Month” celebration for invited guests on

At its March 26, 2015 meeting, the Mental Health Commission passed the following motion:

ENVIRONMENTAL SUSTAINABILITY

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

RATIONALE FOR RECOMMENDATION

Proclaiming May as Mental Health Month offers us the opportunity to bring awareness that treatment for mental health problems is effective, that the successes of people in recovery are often remarkable, and to acknowledge men and women in the field who dedicate their lives to help people with psychiatric disabilities and other mental health problems.

ALTERNATIVE ACTIONS CONSIDERED

None.

CONTACT PERSON

Jesse Arreguin, City Councilmember, District 4, 981-7140

Karen Klatt, Commission Secretary, Health, Housing & Community Services, 981-7644

Attachments:

1: Resolution PROCLAIMING MAY 2016 AS MENTAL HEALTH MONTH

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

PROCLAIMING MAY 2016 AS MENTAL HEALTH MONTH

WHEREAS, mental health is essential to everyone's overall health, productivity and well-being; and

WHEREAS, one in four American adults are affected by a mental illness; and

WHEREAS, mental health problems do not discriminate; they affect people regardless of race, creed, age, life style, or economic status; and

WHEREAS, Mental Health Recovery is possible with proper treatment and support empowering mental health consumers to lead full and productive lives; and

WHEREAS, as many as eight million Americans who have serious mental illnesses do not receive adequate treatment each year; and

WHEREAS, people who have untreated mental health issues use more general health services than those who receive mental health services when they need them; and

WHEREAS, The Substance Abuse and Mental Health Services Administration (SAMHSA) has determined that persons with severe mental illness have a life expectancy of 25 years less than members of the general public; and

WHEREAS, more than 50% of persons receiving treatment in the mental health system also have Co-Occurring Disorders compounding their barriers to recovery and increasing the disparity in their life expectancy; and

WHEREAS, the City of Berkeley has made a commitment to community-based systems of mental health care in which all residents can receive high-quality and consumer-centered services; and

WHEREAS, Mental Health First Aid training is available in Berkeley to enable community members to better assist their friends, family and neighbors who may have signs and symptoms of mental illness or be in a crisis; and

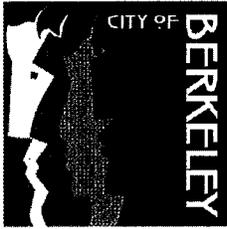
WHEREAS, we commend the Mental Health Division, for their outstanding work improving the quality of life for mentally disabled individuals in our community; and

WHEREAS, the City of Berkeley has been actively involved in the planning and implementation of the Mental Health Services Act to increase effective mental health services that promote Mental Health Recovery in Berkeley; and

April 26, 2016

WHEREAS, Mental Health America observes Mental Health Month every May to raise awareness and understanding of mental health and illness.

NOW THEREFORE, BE IT RESOLVED that I, Tom Bates, Mayor of the City of Berkeley, do hereby proclaim May 2016 as Mental Health Month in the City of Berkeley and call upon all Berkeley citizens, government agencies, public and private institutions, businesses and schools to recommit our community to increasing awareness and understanding of mental illness and the need for appropriate and accessible services for all people with mental illnesses.



Health, Housing &
Community Services Department
Mental Health Commission

August 8, 2104

Manuel Jimenez, Director
Alameda County Behavioral Health Care Service
2000 Embarcadero Cove Suite 400
Oakland, CA 94606

Subject: Crisis House and Peer Run Respite

Dear Mr. Jimenez:

It is our understanding that Alameda County Behavioral Health Care Services is engaging in dialogue about establishing a crisis house and peer respite, or multiples of each, within Alameda County.

The Berkeley/Albany Mental Health Commission believes that establishing both crisis houses and peer respites are long overdue. As you know, these models have been recognized, by many jurisdictions in California, as an effective means of diverting persons, in mental health crisis, from institutionalization and incarceration.

It is clear that both peer respites and crisis houses are critically needed. The two serve distinct purposes with crisis houses addressing individuals who are in escalated states while peer respites do not.

The fact that statistics reflect 65% of the persons who had four or more psychiatric hospitalizations in 2011-2012 came from either Berkeley or Oakland demonstrates the clear need for a crisis house to be established in one of those jurisdictions. If in Oakland, the crisis house needs to have close access to Berkeley where a substantial percentage of those persons fall within those stats.

As to a peer respite, the City of Berkeley and Albany Mental Health Commission believe that there need to be two peer respites that serve different age groups established within Alameda County. There is a distinct need for both an adult and a transition-age youth peer respite.

The City of Berkeley has a disproportionately large number of transition-age youth, many of whom are homeless, who frequently have specialized needs related to traumas

they have experienced in their lives. There is a need to have a peer respite located in the City of Berkeley itself or as close to the border of Berkeley as is logistically possible. This peer respite model would have to honor the fact that many of these individuals would not have a residence at the time they enter the peer respite.

The need for the two peer respites, separate by age groups, is critical. Transition-age youth are often not responsive to an environment that has many older chronic individuals. If they are to enter a peer respite, which addresses their needs in a productive manner in which they will exit the peer respite positively, it is clear that they need a peer respite targeted to their own age group.

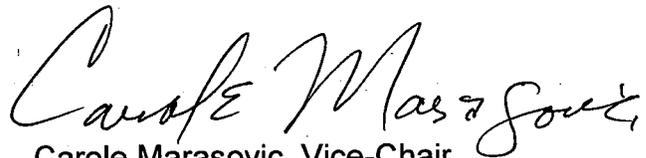
The City of Berkeley and Albany Mental Health Commission is pleased that Alameda County Behavioral Health Care Services recognizes the need for crisis house(s) and peer respite(s). We request that you implement these programs within, or as close as possible to, the City of Berkeley with a distinct need for a transition-age youth peer respite within or bordering Berkeley.

Our Commission would be interested in your attending one of our Mental Health Commission meetings to discuss your plans for recommending crisis houses and peer respites in Alameda County. Thank you once again.

Respectfully,



Paul Kealoha-Blake, Chair
Mental Health Commission



Carole Marasovic, Vice-Chair
Mental Health Commission

**State of California
Office of Administrative Law**

In re:
California Health Facilities Financing
Authority

Regulatory Action:

Title 04, California Code of Regulations

Adopt sections: 7210, 7213, 7214, 7215,
7216, 7217, 7218, 7219,
7220, 7221, 7222, 7223,
7224, 7225, 7225.1, 7226,
7227, 7228, 7229

Amend sections:

Repeal sections:

**NOTICE OF APPROVAL OF EMERGENCY
REGULATORY ACTION**

**Government Code Sections 11346.1 and
11349.6**

OAL Matter Number: 2016-0121-02E

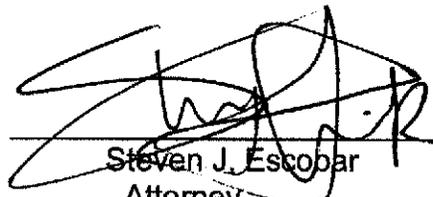
OAL Matter Type: Emergency (E)

This emergency rulemaking by the California Health Facilities Financing Authority ("CHFFA") adopts several sections in title 4 of the California Code of Regulations. Stats. 2015, ch. 18, sec. 55 authorizes CHFFA to appropriate up to \$3,000,000 in unencumbered funds to develop peer respite sites. CHFFA is further authorized to award grants to expand local resources for the development, capital, equipment, acquisition, and applicable program startup or expansion costs to increase bed capacity for peer respite support services. These emergency regulations will allow counties, counties applying jointly, private non-profit corporations, and public agencies to apply for grant funds specifically for the purpose of providing an additional continuum of care to those experiencing or at risk of experiencing a mental health crisis.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 2/1/2016 and will expire on 8/2/2016. The Certificate of Compliance for this action is due no later than 8/1/2016.

Date: February 1, 2016



Steven J. Escobar
Attorney

Original: Diane Stanton
Copy: Carolyn Aboubechara

For: DEBRA M. CORNEZ
Director

2016 Commission Meeting Dates

Name of Commission: Mental Health

Commission Secretary: Karen Klatt

2016 Meeting Dates

Month	Meeting Day and Date	Time
January 2016	Sunday 1/31/16 <i>(Meeting Canceled)</i>	10:00am
February 2016	Thursday, 2/25/16 <i>(4th Thursday)</i>	7:00pm
March 2016	Thursday, 3/31/16 <i>(5th Thursday)</i>	7:00pm
April 2016	Thursday, 4/28/16 <i>(4th Thursday)</i>	7:00pm
May 2016	Thursday, 5/26/16 <i>(4th Thursday)</i>	7:00pm
June 2016	Thursday, 6/23/16 <i>(4th Thursday)</i>	7:00pm

Month	Meeting Day and Date	Time
July 2016	Thursday, 7/28/16 <i>(4th Thursday)</i>	7:00pm
August 2016	No Meeting	
September 2016	Thursday, 9/22/16 <i>(4th Thursday)</i>	7:00pm
October 2016	Thursday, 10/27/16 <i>(4th Thursday)</i>	7:00pm
November 2016	No Meeting	
December 2016	Thursday, 12/15/16 <i>(3rd Thursday)</i>	7:00pm

Meetings are held at the North Berkeley Senior Center at 1901 Hearst Ave. Berkeley.

Commission office is located at: 3282 Adeline St. Berkeley, CA 94703

bamhc@cityofberkeley.info

(510) 981-7644