



Health, Housing & Community Services  
Mental Health Commission

To: Mental Health Commissioners  
From: Karen Klatt, Commission Secretary  
Date: April 15, 2019

### Documents Pertaining to 04/25/19 Agenda items:

Agenda Item	Description	Page
2. A.	Approval of April 25, 2019 Meeting Agenda	<b>1</b>
2. C.	Approval of March 28, 2019 Meeting Minutes	<b>3</b>
5.	Discussion and Possible Action on Draft Mental Health Commission 2018 Annual Report	
	<ul style="list-style-type: none"> <li>Mental Health Commission for the Cities of Berkeley and Albany Annual Report 2018</li> </ul>	<b>6</b>
8.	Mental Health Manager Updates for April	
	<ul style="list-style-type: none"> <li>April Mental Health Manager Report</li> <li>BMH Caseload Statistics for March 2019</li> </ul>	<b>23</b> <b>25</b>



Health, Housing &  
Community Services Department  
Mental Health Commission

## Berkeley/Albany Mental Health Commission

Regular Meeting  
Thursday, April 25, 2019

Time: 7:00 p.m. – 9:00 p.m.

1947 Center Street  
Basement, Multi-Purpose Room

# 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
    - C. Action Item: Approval of the March 28, 2019 Minutes
  3. Presentation by Berkeley Mental Health Diversity and Training & Multicultural Coordinator – Barbara White
  4. Discussion and Possible Action on Commission Council Item on the use of Restraint Devices
  5. Discussion and Possible Action on Mental Health Commission 2018 Annual Report
  6. Discussion and Possible Action on Subcommittee Reports
    - Site Visit Subcommittee
    - Diversity Subcommittee
    - Accountability Subcommittee
    - Membership Subcommittee
  7. Exit Statement of Mental Health Commissioner – Shirley Posey
  8. Mental Health Manager Updates for April - Steve Grolnic-McClurg
  9. Mental Health Services Act FY20 Update – Karen Klatt

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**10. Berkeley Mental Health Staff Announcements**

**11. Prioritize Agenda Items for May Meeting**

**12. Announcements**

**9:00pm 13. Adjournment**

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Contact person: Karen Klatt, Mental Health Commission Secretary at 981-7644 or [kklatt@ci.berkeley.ca.us](mailto: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 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. **Please refrain from wearing scented products to this meeting. Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs. Thank you.***

**SB 343 Disclaimer**

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



Department of Health,  
Housing & Community Services  
Mental Health Commission

## Berkeley/Albany Mental Health Commission Unadopted Minutes

Regular Meeting  
March 28, 2019

1947 Center Street  
7:00pm  
Basement, Multi-Purpose Room

Members of the Public Present: Javonna Blanton, Christine Schwartz.  
Staff Present: Andrea Bates, Steve Grolnic-McClurg.

### 1. Call to Order at 7:00pm

Commissioners Present: Erlinda Castro, boona cheema, Margaret Fine, Paul Kealoha-Blake, Ben Ludke, Shirley Posey; Commissioners Absent: Cheryl Davila (arrived 7:07pm), Shelby Heda.

### 2. Preliminary Matters

#### A. Approval of the March 28, 2019 Agenda

**M/S/C (Castro, Posey) Motion to approve the February 28, 2019 Mental Health Commission Meeting Agenda – PASSED**

**Ayes:** Castro, cheema, Fine, Kealoha-Blake, Ludke, Posey; **Noes:** None; **Abstentions:** None; **Absent:** Davila (arrived 7:07pm), Heda.

#### B. Public Comment – There was one Public Comment.

#### C. Approval of the February 28, 2019 Meeting minutes

**M/S/C (Davila, Fine) Pass the Meeting minutes of February 28, 2019 as amended (Commissioner Davila absent – attended City Council Work Session) - PASSED**

**Ayes:** Castro, cheema, Fine, Ludke, Posey; **Noes:** None; **Abstentions:** Davila, Kealoha-Blake; **Absent:** Heda.

\*Minutes were approved out of sequence, after item number 5.

### 3. Lifelong Presentation – No Action Taken.

### 4. Mental Health Manager Update – Mental Health Manager, Steve Grolnic-McClurg handed out the Family Services Specialist Job Description; spoke about the groundbreaking event at the Adult Clinic, and offered to answer questions on the March Report.

**5. Discussion and Possible Action on Subcommittee Reports**

- Site Visit Subcommittee
- Diversity Subcommittee
- Accountability Subcommittee

**M/S/C (Fine, Davila) Move to extend the Accountability Subcommittee, specifically to implement the priorities contained in the Annual Report 2018 - PASSED**

**Ayes:** Castro, cheema, Davila, Fine, Kealoha-Blake, Ludke, Posey; **Noes:** None; **Abstentions:** None; **Absent:** Heda.

- Membership Subcommittee

\*At this point, the February 28, 2019 Meeting Minutes were approved out of sequence.

**6. Discussion and Possible Action on Draft Mental Health Commission Annual Report – No Action Taken.**

**7. Motion to approve “May Is Mental Health Month” Council Item**

**M/S/C (Davila, Castro) Motion to approve “May is Mental Health Month” Council Item - PASSED**

**Ayes:** Castro, cheema, Davila, Fine, Kealoha-Blake, Ludke, Posey; **Noes:** None; **Abstentions:** None; **Absent:** Heda.

**8. Nomination of Commissioner to be on MHSA Advisory Committee – No Action Taken.**

**9. Motion to approve background material in support of the Resolution passed on Police Use of the Restraint Device**

**M/S/C (Davila, Fine) Motion to approve background material in support of the Resolution passed on Police Use of the Restraint Devices - PASSED**

**Ayes:** Castro, cheema, Davila, Fine, Kealoha-Blake, Ludke, Posey; **Noes:** None; **Abstentions:** None; **Absent:** Heda.

**10. Berkeley Mental Health Staff Announcements/Update**

Mental Health Division staff, Andrea Bates distributed the flier on the “May is Mental Health Month Event”, and the New Abridged Commissioners Manual.

**11. Discuss public right to information about individual commissioners and possible action in responding to communications from members of the public in our role as individual commissioners – No Action Taken.**

**12. Prioritize Agenda Items for April Meeting**

Invite Training and Diversity & Multicultural Coordinator, Barbara White to present; Exit Statement by Commissioner Posey

**13. Announcements – None.**

**14. Adjournment – 8:28pm**

**M/S/C (cheema, Fine) Motion to adjourn the meeting – PASSED**

**Ayes:** Castro, cheema, Fine, Kealoha-Blake, Ludke, Posey; **Noes:** None;

**Abstentions:** None; **Absent:** Davila (left the meeting before the vote was taken), Heda,

**Minutes submitted by:** \_\_\_\_\_  
Karen Klatt, Commission Secretary

# Mental Health Commission for the Cities of Berkeley and Albany

## Annual Report 2018

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### The Mental Health Commission for the Cities of Berkeley and Albany

The Mental Health Commission is proud to present its Annual Report 2018. This year we have taken bold steps to build the Commission as a robust advisory body to the Berkeley City Council, Division of Mental Health and in the community. As a Commission, we are committed to making meaningful contributions to accountable decision making impacting public mental health in our community.

In 2018, the Mental Health Commission set the stage for following our state law mandate to review and evaluate public mental health needs, services, facilities and special problems. The Commission began this year with notable feats. We elected new leadership, developed a Work Plan 2018 and submitted it to the Berkeley City Council—a first ever milestone.

Now we are thrilled to share our accomplishments which have fundamentally changed in our culture to productively focus on achieving our Work Plan 2018 goals:

- We are focusing on a systems-integrated continuum of whole person care to serve diverse groups and individuals who engage with the public mental and related systems: housing, health, education, child welfare, juvenile and adult criminal justice and corrections.
- We are building relationships with a broad range of consumers and family members to understand the nature of their participation when interacting with multiple providers.
- We are working productively with Berkeley Mental Health (BMH), one of the city's service providers for people with mental illness and many with co-occurring substance use disorder, and community-based organizations to assess service delivery to groups and individuals.
- We are visiting public mental health clinics and other sites to assess their ability to consistently welcome and engage the public across the board.
- We are markedly increasing our knowledge about access to public mental health and related systems for diverse groups and individuals.
- We are initiating defining key indicators for evaluating public mental health and related systems using evidence-based best practices. We have reviewed World Health Organization (WHO) and other approaches to measure fiscal, program and technology accountability.

As the Mental Health Commission moves into this next year, we aim to build on our progress. We look forward to opening more conversations about mental health, continuing to address challenges and working towards a more equitable, responsive access to the public mental health and related systems.

To celebrate this pivotal year, the Mental Health Commission invites you to the May is Mental Health Month event on Thursday, May 16, 2019. We are co-hosting this special event with Berkeley Mental Health. Please join us for panel discussion, youth videos and reception from 5:45 pm to 8 pm at the South Berkeley Senior Center located at 2939 Ellis Street (3 blocks from Ashby BART).

# Mental Health Commission for the Cities of Berkeley and Albany Annual Report 2018

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## **Mental Health Commission—Mission, Vision and Operating Principles<sup>1</sup>**

We aim to address the mental health crisis in our community where a large number of unsheltered people are unserved, underserved and/or inappropriately served by public government systems.

We aim to ensure that a diversity of people—including people of color, children, families, youth, the LGBTQ community, and seniors—receive mental health interventions and services that are respectful and tailored to their mental health needs.

Through our work, we aim to strengthen the core values and guiding principles of: 1) wellness, recovery and resilience-oriented models; 2) community collaboration; 3) systems development and integration among Berkeley Mental Health (BMH), community-based organizations (CBOs) and other entities; 4) cultural competency; and 5) consumer and family-driven services.

## **Mental Health Commission Composition—State Requirements**

The Mental Health Commission (MHC) is comprised of residents with mental health and related expertise and experience who advise the Division of Mental Health for the Cities of Berkeley and Albany on policy, programming, implementation, evaluation, budget allocations, revenue and expenditures. Pursuant to the Welfare and Institutions Code § 5604 and City of Berkeley Resolution No. 65,945-N.S.:

- The Mental Health Commission comprises 13 members. There are 11 members from the City of Berkeley and 2 from the City of Albany. The Mayor’s Office for the City of Berkeley appoints one of its Councilmembers to the Commission.
- The Commission must further include Special and General Interest members. From the Cities of Berkeley and Albany, there must be 7 Special Interest members. At least 3 of these persons must have or be receiving mental health services. At least 3 must be parents, spouses, siblings or children of persons who have or are receiving these services.
- There are 5 General Interest members who have knowledge in a broad range of disciplines, professions, and fields of knowledge related to mental health.

## **Mental Health Commission—State Statutory Powers and Duties**

The Mental Health Commission powers and duties are set forth under the Welfare and Institutions Code (WIC) § 5604. These statutorily mandated powers and duties include:

- Review and evaluate the community’s mental health needs, services, facilities and special problems;
- Advise the governing body and the local mental health director as to any aspect of the local mental health program;

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# Mental Health Commission for the Cities of Berkeley and Albany

## Annual Report 2018

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- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process; and
- Submit an annual report to the governing body.

### **Mental Health Commission Meetings**

The Mental Health Commission holds 10 regular monthly meetings at 7:00 pm, except in August and November, at public buildings. The Commission Secretary addresses reasonable accommodations.

### **MENTAL HEALTH COMMISSIONERS as of MARCH 2019**

<b>Commissioners:</b>	
boona cheema, Chair	Erlinda Castro, Vice-Chair
Councilmember Cheryl Davila	Shirley Posey
Margaret Fine	Paul Kealoha-Blake
Shelby Heda	Ben Ludke

### **MENTAL HEALTH COMMISSION SUBCOMMITTEES as of DECEMBER 2018**

<b>Subcommittee</b>	<b>Date Formed</b>	<b>Current Subcommittee Members</b>	<b>Meetings Held/or Scheduled</b>
Accountability Subcommittee (Originally named the Fiscal/Programmatic/Technology Subcommittee)	10/26/17	cheema, Davila, Fine	11/30/17, 2/15/18, 4/13/18, 7/19/18, 10/17/18, 12/7/18
Diversity Subcommittee	4/26/18	Castro, Fine, Ludke	5/15/18, 7/24/18, 8/21/18, 9/18/18, 10/18/18, 11/19/18
Site Visit Subcommittee	4/26/18	cheema, Castro, Kealoha-Blake, Posey	5/21/18, 7/19/18, 8/21/18, 11/19/18
Membership Subcommittee	12/13/18	Fine, Posey, Heda	

# Mental Health Commission for the Cities of Berkeley and Albany

## Annual Report 2018

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### **Mental Health Commission Work Plan 2018** **By Goals, Action Items, Accomplishments, Outcomes & Next Priorities**

#### **Work Plan Goal 1—Serving Unsheltered People with Mental Illness:**

- **Advocate for Innovative Solutions and Increased Capacity Based on Unmet Needs for Quality Outreach, Engagement and Services for Unsheltered People with Mental Illness (and substance use disorder).**

#### **Goal 1 Action Item 2018**

- Meet with, gather and request materials and report on public mental health and related staff, providers, stakeholders, consumers, volunteers and community members for the Cities of Berkeley and Albany. Unsheltered people living with mental illness (and substance use disorder) in encampments and other locations are included. Public mental health entities include Berkeley Mental Health (BMH), community-based organizations (CBOs) and other organizations.

#### **Goal 1 Accomplishments 2018**

- The Mental Health Commission requested and received monthly reports written by the City Manager for Mental Health and caseload statistics for clients living with mental illness (and substance use disorder) in the community.
- On April 24, 2018, the Berkeley Mental Health Program Supervisor made a presentation to the Mental Health Commission on Mobile Crisis; Transitional Outreach; Homeless Outreach & Treatment; and Crisis Triage. Commissioners asked questions and she answered.
- On May 28, 2018, the Berkeley Mental Health Program Supervisor for the Adult Service Teams presented to the Mental Health Commission. Commissioners ask questions and she answered.
- On July 26, 2018, the Executive Director of Bay Area Community Services (BACS) made a presentation about Pathways STAIR Center operations and answered Commissioners' questions.
- The Mental Health Commission passed a motion to create its Site Visit Subcommittee to inspect public accommodations providing a continuum of care—health and specialty mental health, substance use, housing and social support interventions and services—to unsheltered people.
- The Site Visit Subcommittee is implementing specific tasks needed conduct focus groups with consumers in June 2019. The focus groups are designed to include people, including unsheltered people, who are consumers at BMH and other providers. Also see Goal 6.

# Mental Health Commission for the Cities of Berkeley and Albany

## Annual Report 2018

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### **Goal 1 Outcomes 2018**

- The Work Plan 2018 set forth expected outcomes to make recommendations to Berkeley Mental Health and the Berkeley City Council about the public mental health system and the status of unsheltered people with mental illness (and substance use disorder) and resources needed to address them. The Commission received caseload statistics from BMH.
- The Mental Health Commission communicated with other City of Berkeley Commissions and with the municipal government about unsheltered people with mental illness and substance use disorder in the community. Several Commissioners have expertise from long-term, ongoing front-line engagement with people who live on the streets, in vehicles and in encampments.

### **Goal 1 Priorities for 2019—2020**

#### ➤ **Review, evaluate and report on the following through Berkeley Mental Health:**

- Adopting Whole Person Care for the Cities of Berkeley and Albany. The City of Berkeley is an established partner with Alameda County Connect Whole Person Care Pilot, including Results-Based Accountability for evaluating the quality of service delivery.
- Access to basic hygiene supplies, housing and shelter referrals, nutritious food (such at breakfast and afternoon community meals) and safe water through the Homeless Outreach Treatment Team (HOTT) of Berkeley Mental Health.
- Access to safe, habitable and stable sleeping arrangements, transitional and permanent supportive housing and additional housing options for unsheltered individuals or people at risk.
- Access to systems integrated care—mental health, substance use (including harm reduction), medical, housing, support interventions and services—for unsheltered persons or those at risk.
- Access to prevention programs to assist people to maintain safe, habitable and stable homes and avoid homelessness. These programs include providing housing subsidies, landlord/tenant counseling and legal aid referrals to eviction defense clinics.
- Access to mobile crisis interventions and services to avoid arrest, detainment and criminal justice involvement of unsheltered people living with mental illness and substance use disorder.

### **Work Plan Goal 2—Diversity and Inclusion**

- Ensure a diversity of people, including people of color, youth, LGBTQ and seniors, have access to culturally competent (respectful and tailored) mental health interventions and services from the public mental health system for the Cities of Berkeley and Albany.
- Ensure BMH and CBOs bring awareness and visibility about mental health to a diversity of groups and the larger community to reduce stigma and discrimination.

# Mental Health Commission for the Cities of Berkeley and Albany

## Annual Report 2018

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### **Goal 2 Action Items 2018**

1. Request documentation, reports and evaluations including for diversity trainings and workshops
2. Meet with Diversity and Multicultural staff and review trainings and workshop materials
3. Work with BMH and CBOs to serve diverse people using best practices, including with CalMHSA
4. Query CalMHSA about using materials in client contexts
5. Ensure CalMHSA and other related materials are available in medical and mental health waiting rooms and visible locations—BMH, CBOs and other entities
6. Participate in implementing BMH Technology Suite Plan apps with CalMHSA and ensure using apps are culturally competent to meet the needs of diverse groups
7. Assess BMH and CBOs efforts in reducing stigma and discrimination

### **Goal 2 Accomplishments 2018**

- On April 26, 2018, the Mental Health Commission passed a motion to create a Diversity Subcommittee to address this goal. The Mental Health Commission appointed a Commissioner to represent it on the internal Diversity Committee for Berkeley Mental Health.
- On September 27, 2018, the Mental Health Commission passed a motion that a comprehensive list contained under Mental Health Resources in the Berkeley Public Library be linked to the Mental Health website in an easily accessible place. A list was linked to the BMH website.
- The Mental Health Commission requested and received copies of finalized monthly minutes from the Health Equity Committee for Berkeley Mental Health.
- Among Materials Reviewed 2018:
  1. Non-Discrimination law at municipal, county, state and federal government levels
  2. National CLAS Standards on Cultural Competency issued by the federal government
  3. Disability Rights California: Definitions of Stigma and Discrimination
  4. Mental Health Services Act – Required General Demographic and Related Data
  5. Mental Health Services Act Prevention/Early Intervention Evaluations with Required Data
  6. Mental Health Services Act—Diversity and Multicultural Outreach and Engagement Coordinator Report on Goals, Trainings, Committees and Groups
  7. Mental Health Work Session PowerPoint Slides before the Berkeley City Council – 3/20/18
  8. Berkeley Mental Health Caseload Statistics for MHSA Full Service Partnership consumers
  9. Berkeley Mental Health, Health Equity Committee monthly minutes
  10. Berkeley Mental Health Policy and Procedure Manual as available
  11. Clinical Documentation Requirements for Medi-Cal Specialty Mental Health Services
  12. Mental Health Services Act—Technology Suite Plan
  13. Mental Health Services Act—Trauma Informed Care Plan

# Mental Health Commission for the Cities of Berkeley and Albany

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### Goal 2 Outcomes

- The expected outcomes focused on increasing knowledge of Berkeley Mental Health capacity and identifying gaps in service delivery, particularly to ensure that a diversity of groups feel welcome and have a sense of belonging when interacting with BMH and CBOs.
- This past year the Mental Health Commission focused on data collection and methodology to gather information in order to analyze diversity and inclusion from a range of accumulated materials about the public mental health and related systems.

### Goal 2 Priorities for 2019 – 2020

- Request the Berkeley Mental Health Diversity & Multicultural Coordinator to Present on Diversity and Multicultural Outreach and Engagement under the Mental Health Services Act.
- **Review, evaluation and report on the following:**
  - Compliance with city, county, state and federal non-discrimination law, including on the basis of race, ethnicity, national origin, gender identity and expression, sexual orientation, disability, age, additional protected classes and other groups.
  - Adoption of National CLAS standards for cultural competency issued by the federal government
  - Data collection and methodology to address diversity and inclusion among people living with mental health conditions and/or substance use disorder served by the public mental health and related systems (Berkeley Mental Health, community-based organizations and other entities). Alameda County further offers data collection and methodology trainings multiple times yearly.
  - Staff and related trainings to build capacity among Berkeley Mental Health and CBOs staff to serve a range of diverse groups, including related to public health epidemics. Alameda County also offers trainings to build capacity multiple times per year.
  - Access to language services and qualified interpreters to people whose primary language is not English throughout the public mental health and related systems, including BMH and CBOs
  - Disability Rights California Definitions of Stigma and Discrimination and Reduction
  - Overall reduction in stigma, stereotyping and discrimination for people with mental health conditions and substance use disorder who access public mental health and related systems

### Work Plan Goal 3—Mental Health Commission Partnerships

- **Build a Strong Partnership with BMH, the CBOs, the Community and Consumers.**

# Mental Health Commission for the Cities of Berkeley and Albany

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### **Goal 3 Action Items 2018**

1. Build deep understanding among Mental Health Commissioners about the quality of programs serving people with mental illness and substance use disorder in the community and make recommendations to the Berkeley City Council (see expected outcome).
2. Appoint a Mental Health Commissioner to each of the internal Berkeley Mental Health Committees to attend meetings and provide reports to the Commission.
3. Invite Berkeley Mental Health staff to make presentations to the Mental Health Commission.

### **Goal 3 Accomplishments 2018**

- **Culture & Communication**

The Mental Health Commission's major achievement this past year focused and continues to focus on changing its culture to carry out state law mandates, including evolving a productive relationship with the BHS leadership and staff. To achieve this effort, the MHC:

1. Elected new leadership.
  2. Developed a Work Plan 2018 and passed a motion for submission to the Berkeley City Council (BCC). The Chair submitted it as a consent item on the BCC's Agenda.
  3. Created Subcommittees designed to accomplish Work Plan goals.
- The Chair and Vice Chair met (and continue to meet) with the City Manager for the Division of Mental Health at least every other month. These meetings have and continue to be important in building trustworthy and respectful communication in order to accurately understand the public mental health system, particularly service delivery to consumers and the community at-large.
  - The City Manager for the Division of Mental Health provides a written report for inclusion in the Agenda Packet for each Commission meeting. Commissioners can request specific topics for the Manager to address in the written report. There is an Agenda Item for the Manager's report at each Commission meeting; Commissioners ask questions and receive replies from the Manager. This approach improves communication between the Commission and City Manager. Some topics:
    1. Crisis Treatment, Adult Clinic and other programs
    2. Request for proposals (RFPs) and grants such as SB 82 for Crisis Triage
    3. BMH fiscal revenues and expenditures
    4. Wellness Center and Adult Clinic Renovations
  - The Mental Health Commission appointed a Commissioner to each of the following internal Berkeley Mental Committees. Commissioners began attending their meetings and receiving the finalized Health Equity Committee meeting minutes. These Committees are:
    1. Health Equity Committee
    2. Diversity Committee
    3. Safety Committee
    4. May is Mental Health Committee

# Mental Health Commission for the Cities of Berkeley and Albany

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- The Mental Health Commission invited BMH representatives to present at its monthly meetings.
- **Community**
  1. Both Subcommittee and full Mental Health Commission meetings have public comment periods and community members can record these meetings.
  2. The Commission Secretary includes written correspondence from community members in the Agenda Packets for full Commission meetings.
- **Consumers**
  1. The Mental Health Commission has initiated developing a formal mechanism to create a feedback loop between consumers and the Commission.
  2. Under Goal 6, the Site Visit Subcommittee is currently focused on conducting consumer focus groups for those who have had and/or do have involvement with BMH.

### **Goal 3 Outcome**

- Mental Health Commissioners are developing a productive relationship with Berkeley Mental Health and service providers to improve public mental health and related systems for consumers and the community at-large. This relationship includes exchanging honest feedback on significant topics, asking difficult questions and making recommendations to improve the public mental health and related systems.

### **Goal 3 Priorities 2019 - 2020**

- Continue building on work accomplishments
- Address Berkeley Mental Health challenges such as:
  1. Exponential organizational growth
  2. Work environment culture for serving consumers
  3. Diversity of staff and capacity to serve diverse groups
  4. Demographic data collection and methodology
  5. Fiscal and program management (including per evaluations)
- Work with community-based organizations (CBOs):
  1. The Mental Health Commission initiated inviting CBOs to its full Commission meetings who are critical to providing a continuum of integrated care for consumers and community members at-large. Some CBOs have an established partnership with BMH and/or the Cities of Berkeley and Albany, including receiving MHSA funding from BMH.
  2. The Executive Directors for Bonita House and Bay Area Community Services (BACS) each made a presentation to the Mental Health Commission about their role serving people with mental illness (and substance use disorder) and community members at-large.

# Mental Health Commission for the Cities of Berkeley and Albany

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- a. Bonita House is the nonprofit who will operate the Wellness Center under a contract with Alameda County Behavioral Health Services in the City of Berkeley.
  - b. BACS operates Pathways Stair Center for temporary short-term shelter in Berkeley.
3. In 2019, the Social Services Director for LifeLong Medical Care gave a presentation to the Mental Health Commission. During the upcoming year the Commission plans to invite CBOS and other providers who receive Mental Health Services Act (MHSA) and related funding as follows:
- a. Building Opportunities for Self-Sufficiency (BOSS)
  - b. Youth Engagement Advocacy Housing (YEAH)
  - c. Youth Spirit Artworks (YSA)
  - d. Berkeley Food & Housing Project (BFHP)
  - e. Dorothy Day House
- **Community**
    1. The Mental Health Commission is seeking to improve outreach, engagement and education to the community at-large in partnership with Berkeley Mental Health.
    2. During 2019, the Commission is planning a Listening Session for community members.
  - **Consumers**
    1. The Mental Health Commission has partnered with Berkeley Mental Health to host a May is Mental Health Month event. See Goal 9.
    2. The Site Visit Committee will conduct focus groups and in-person interviews with consumers using evidence-based methodology to get valid, reliable information. The information gained from the focus group will inform service delivery in the public mental health and related systems for the Cities of Berkeley and Albany.

### **Work Plan Goal 4—Fiscal Accountability**

- **Assess the financial accountability of Berkeley Mental Health and related Community Based Organizations (CBOs)**

### **Goal 4 Action Items 2018:**

1. Identify all existing BMH documents pertaining to financial accountability
2. Request, review and evaluate documents from BMH where needed
3. Gather financial evaluation research, including new MHSA accounting law

### **Goal 4 Accomplishments 2018**

- Researched and reviewed new state legislation requiring adoption of uniform accounting standards and procedures by the Controller for the State of California for funding and oversight under the Mental Health Services Act (capital facilities and technology excluded).



# Mental Health Commission for the Cities of Berkeley and Albany

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- The Accountability Committee reported to the full Mental Health Commission and BMH representatives about the new state law and included its text in the Agenda Packet.
- The Accountability Committee tracked and updated the Mental Health Commission Excel Chart showing fiscal breakdown of MHSA monies from FY 13/14 through FY 18/19. The Commission relied on MHSA documents required by the State of California as posted on the BMH website.
- Among Materials Reviewed 2018:
  1. Mental Health Services Act (MHSA) Three Year Plan FY 17/18, 18/19, 19/20
  2. MHSA Annual Revenue and Expenditures Updates FY 17/18, 18/19
  3. California State Auditor Report, February 2018—requested by Joint Legislative Audit Committee to address funding and oversight of the Mental Health Services Act
  4. MHSA Reversion Expenditure Plan 2018
  5. Berkeley Mental Health Work Session materials submitted to Berkeley City Council, including the Management Partners' Fiscal Audit 2017 and Challenges
  6. Memorandum of Understanding between Alameda County Behavioral Health Services and the City of Berkeley regarding Medi-Cal reimbursement
  7. Berkeley Mental Health consulting contract (\$34,990) for developing Medi-Cal billing infrastructure, staff and evidence-based best practices for specialty mental health services
  8. Medi-Cal specialty mental health services documents from the Department of Health Care Services for the State of California
  9. Kilbourne, A., Beck, K., Spaeth-Ruble, B., Ramanuj, P., O'Brien, R., Tomoyasu, N. and Pincus, H. (2018). Measuring and improving the quality of mental health care: a global perspective (among other studies reviewed).

### **Goal 4 Outcome**

- The Accountability Subcommittee gathered a range of relevant documents to begin its review, evaluation and reporting on Berkeley Mental Health fiscal and program management.

### **Goal 4 Priorities for 2019 – 2020**

#### ➤ **Request the following for review and evaluation:**

- Management Partners' Report 2017 assessing the fiscal status and challenges presented at Berkeley Mental Health (cited at Berkeley City Council Work Session, 3/20/2018)
- A strategic business plan for financial, program and operations administration at Berkeley Mental Health that is accurate, transparent and understandable to the public
- Line-item budget to compare with actual revenues and expenditures for FY 19/20, including breakdown by job descriptions, classifications and salary (similar to Alameda County law).
- Documents showing development of an effective, efficient Medi-Cal billing department including infrastructure, staff and evidenced-based best practices under the contract (\$34,990)

# Mental Health Commission for the Cities of Berkeley and Albany

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- Documents showing development of electronic health records systems and costs for implementation and maintenance if any, including how Berkeley Mental Health connects (if at all) to primary care and other specialist providers, hospitals and corrections facilities
- Performance metrics to determine the effectiveness of MHSA programs, including but not limited to using Results-Based Accountability outcomes
- Total annual costs for highest frequency service users at Berkeley Mental Health, including expenditures for: 1) emergency room visits, 2) jail and prison stays, 3) primary and specialist care services, 4) police, mobile crisis and transport costs and other related expenditures.
- Total costs for criminal and civil liability when incurred by Berkeley Mental Health
- Total costs expended for cost settlements and construction for Wellness Center, and total costs for renovation of Adult Clinic of Berkeley Mental Health

### **Work Plan Goal 5—Key Indicators for Evaluating the Public Mental Health System**

- **Review and evaluate program needs, services, facilities, including challenges and any problems and make recommendations.**

### **Goal 5 Action Items 2018**

1. Obtain documentation needed from BMH and CBOs to review and assess programs, including through outcomes data to assess program management
2. Confirm BMH and CBOs implement performance evaluations to measure program effectiveness
3. Gather research on mental health program evaluations, particularly regarding MHSA programs
4. Write report with recommendations to the Berkeley City Council

### **Goal 5 Accomplishments 2018**

The Mental Health Commission is developing key indicators to assess the effectiveness of programs, including new developments. Some of these developments are:

- Access to safe, habitable housing, including reducing exposure to poor sanitation and disease outbreaks for homeless people with mental illness and substance use disorder.
- Increasing capacity to address overall systems integration among multiple providers to provide an integrated continuum of care and avoid gaps in service (such as ensuring Medi-Cal is active for people upon release from incarceration along with meaningful referrals for follow-up).
- Evaluating Berkeley Mental Health and CBO sites with BMH and Alameda County contracts, particularly through site visits to assess properties delivering a continuum of care to consumers.

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- Assessing mobile crisis interventions and services to people with mental illness (and substance use disorder) through Berkeley Mental Health and the Berkeley Police Department
- Addressing suicide and substance use epidemics among diverse groups of people on the basis of race, ethnicity, religion, gender identity and expression, sexual orientation, disability, age and other groups.
- Integrating primary and specialist care, including reviewing World Health Organization (WHO) models for implementing psychiatric medication and therapeutic support, and harm reduction approaches for substance use disorder in multiple countries with scarce resources.
- Assessing wellness and recovery models including through upcoming Wellness Center operated by a nonprofit provider in the City of Berkeley.
- Assessing the role of technology to improve public mental health, substance use and related interventions and services, including through using integrated electronic records systems among multiple providers to deliver a continuum of care to consumers.
- Advancing access to integrated universal healthcare

### **Goal 5 Outcome**

- The outcome expectations focus on analysis and oversight to the Berkeley City Council about the use of government program resources for the public mental health system in the Cities of Berkeley and Albany. Throughout the year Commissioners researched public mental health and related topics in order to develop these key indicators for assessing multiple providers about an integrated continuum of care. The Mental Health Commission will be reporting to the BCC.

### **Goal 5 Priorities for 2019 – 2020**

- Ongoing work to continue identifying key indicators to assess the status of multiple providers to deliver an effective, empathetic continuum of care for consumers in these municipalities, and writing a report to the Berkeley City Council.

### **Work Plan Goal 6—Sites Visits to Public Mental Health and Related Program Facilities:**

- **Make site visits to Berkeley Mental Health programs, as well as to CBO programs which have contracts with BMH and ACBHCSA, to become more informed and familiar with the continuum of interventions and services. Meet with staff and consumers of these services.**

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### **Goal 6 Action Items 2018**

1. Create clear purpose and develop protocols for site visits.
2. Identify documentation needed and review it prior to site visits, including contracts.
3. Undertake site visits focused on public mental health and related environments serving consumers and the public.

### **Goal 6 Accomplishments 2018**

1. On April 26, 2018, the Mental Health Commission passed a motion to create a Site Visit Subcommittee.
2. The Site Visit Subcommittee visited public mental health clinic waiting rooms and any displayed materials.

### **Goal 6 Outcomes**

- The Site Visit Subcommittee visited and raised concerns about how these clinics and related facilities are designed and operated to provide a welcoming environment for consumers and other individuals. This Subcommittee has further raised concerns about displayed materials if any, particularly to inform and welcome diverse groups of people.
- The full Mental Health Commission has further raised concerns about the use of physical barriers and uniformed security guards in waiting room areas as they may discourage individuals from using the clinics and facilities due to feeling threatened and unwelcome there.
- The Commission understands Berkeley Mental Health has experienced challenges due to clinic relocations, renovation and new construction and related safety issues.

### **Goal 6 Priorities for 2019 – 2020**

- The Commission provided BMH with a draft list about its expectations for developing welcoming environments at its facilities during the full Commission meeting dated March 28, 2019.
- This list includes displaying materials in waiting rooms for consumers and the public, particularly using CalMHSA materials. These materials are researched and designed for a range of diverse groups by a well-resourced organization. BMH is a member of CalMHSA and it funds this organization (\$44,000) along with other counties and one city. Materials are provided at no cost.
- The Site Visit Subcommittee and the full Commission will continue to review and evaluate BMH progress in designing and implementing modifications to improve public mental health clinic and related facility environments. This process is necessary for the new Wellness Center and the Adult Clinic Renovation properties.

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### **Work Plan Goal 7—Annual Report**

- **Submit Annual Report 2017 to the Berkeley City Council.**

### **Goal 7 Action Items 2018**

1. Write Annual Report 2017 and submit to the Mental Health Commission
2. Obtain approval by Mental Health Commission to submit to the Berkeley City Council
3. Submit to Berkeley City Council

### **Goal 7 Accomplishments 2018**

- The Mental Health Commission passed a motion to create a 2017 Annual Report Subcommittee.
- The Subcommittee reviewed the Commission's adopted minutes in order to gather materials about the accomplishments for the Annual Report.
- On April 26, 2018, the Mental Health Commission passed a motion to approve and submit the 2017 Annual Report to the Berkeley City Council.
- The Chair of the Commission submitted this 2017 Annual Report to the Berkeley City Council.

### **Goal 7 Outcome**

- This achievement represented the first time the Mental Health Commission has submitted an annual report to the Berkeley City Council since its inception.

### **Work Plan Goal 8—Using Evidence-Based Best Practices**

- **Stay current and disseminate information on evidence-based best practices and related developments regarding public mental health systems for interventions and services.**

### **Goal 8 Action Item 2018**

- Research World Health Organization (WHO) and related public mental health organizations that set domestic and/or universal evidence-based best practices for delivery of public mental health systems

### **Goal 8 Accomplishments 2018—researched the following standards**

1. WHO models for delivery of mental health and social services interventions and services
2. Non-discrimination law for equal access to public accommodations

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3. MHSAs statutory and regulatory requirements for demographic and diversity data collection
4. Medi-Cal requirements for specialty mental health services, including in the MOU
5. National CLAS Standards issued by federal government for evaluating cultural competency
6. Financial accounting standards for MHSAs funding passed by the California legislature this year
7. Additional standards incorporated contained this and related documents.

### **Goal 8 Outcome**

- The outcome expectation for this goal is to learn from and apply strategies on the basis of these and other related standards. The Mental Health Commission will continue to research standards and evidence-based best practices that underpin public mental health and related systems for a range of professionals.

### **Work Plan Goal 9—Public Education and Special Events**

- **Increase Public Education on Mental Health and Wellness, particularly to reduce stigma and discrimination**

### **Goal 9 Action Item 2018**

- Hold signature Mental Health Commission event such as panel discussion with reception and film with directors

### **Goal 9 Accomplishments 2018**

- The Mental Health Commission appointed two Commissioners to the May is Mental Health Month Event Planning Committee of Berkeley Mental Health. Commissioners attended these meetings and contributed to special event programming for the event.
- On March 29, 2018, the Mental Health Commission passed a motion to recommend the Berkeley City Council declare “May is Mental Health Month.”

### **Goal 9 Outcome**

- The Mental Health Commission and Berkeley Mental Health are hosting a community event from 5:45 pm to 8 pm on May 16, 2019. This event is designed to celebrate May is Mental Health Month, including a panel discussion, videos created by young people and a reception.

### **Additional Mental Health Commission Accomplishments 2018**

- **Mental Health Commission By-Laws**  
The Mental Health Commission passed a motion to create a By-Laws Subcommittee. On December 13, 2018, the Mental Health Commission passed a motion to adopt Bylaws submitted

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in the Agenda Packet for the Mental Health Commission meeting. The Commission passed a motion to submit the adopted Bylaws by the Mental Health Commission for review by the Berkeley City Clerk and further integrate recommended modifications by the City Clerk. Before this meeting, the Subcommittee reviewed the new Commissioners' Manual and develop By-Laws in accordance with it and applicable law.

- **Mentorship for Mental Health Commissioners**

The Mental Health Commission passed a motion to create a system for new Commissioners coming onto the Commission for the first 6 months with the Chair of the Commission assigning a mentor to that new Commissioner upon joining it.

- **Mental Health Services Act (MHSA) Public Hearings before the MHC Commission**

The Mental Health Commission held public hearings on the MHSA Reversion Plan, Trauma Informed Care and the Annual Update FY 18/19. On July 26, 2018, the Mental Health Commission passed a motion to approve a modified MHSA Innovation Trauma Informed Care Modified Plan according to the public comments on non-discrimination. The City Attorney approved as required by the motion passed before submission to the Berkeley City Council.

- **City Council Presentation by Chair of Mental Health Commission**

The Commission passed a motion to authorize the Chair to participate on the panel to report to the Berkeley City Council on behalf of the Mental Health Commission at the City Council Mental Health Work Session on March 20, 2018.



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

## MEMORANDUM

**To:** Mental Health Commission  
**From:** Steven Grolnic-McClurg, Mental Health Manager  
**Date:** April 16, 2019  
**Subject:** Mental Health Manager Report

### Wellness Center

Construction has begun at the site of the Wellness Center! Alameda County and the City of Berkeley staff are meeting this month to go over the service contract for the coming fiscal year, when operations for the Wellness Center are slated to begin.

### Adult Clinic at 2640 Reconstruction

Work has begun at 2640 MLK as well! Public Works is managing the construction project, and there are weekly meetings between the contractor, PW, and the mental health division to monitor progress and deal with any issues that may arise.

### Assistant Mental Health Manager Position

Last month, at the MHC meeting, council members requested a copy of the duty statement for the Assistant Mental Health Manager, which is attached. As you can see, the position oversees the operational aspects of the division, and has already led to better organization for many of these areas. The mental health division has had a large amount of growth over the last five years – our staffing has gone from around 48 employees to around 78, and we have both expanded existing programs and built new programs. The newly added assistant mental health manager, Yvette Katuala, is in the process of assessing the staffing needs for meeting division needs around both quality assurance and outcomes, and this is likely to lead to adding in at least one additional staff member in the units she supervises.

*A Vibrant and Healthy Berkeley for All*



**Duty Statement: Assistant Manager of Mental Health Services**

Area	Detail
Supervise Staff	Plan, assign, review and supervise the work of assigned sections; assists in selection of assigned staff; trains, evaluates, and manages employee training and development; and recommends disciplinary actions as appropriate
Facility Management	Supervise all site facility managers; ensure there are appropriate vendors for all site facility needs; create and maintain a folder in division g drive listing site facility managers, approved vendors for facility issues, listing of current and resolved facility issues; develop additional vendors as needed for facility issues. Develop, implement, and oversee an integrated pest management strategy at all divisional sites, and respond to pest and/or vermin infestations as needed. Act as point person for PW regarding facility needs.
Fleet Management	Create and maintain a folder in division g drive listing all division fleet vehicles; develop and maintain a tracking system for vehicle repairs and service; supervise purchase of new fleet vehicles and replacement of aged out fleet vehicles; develop and track system to monitor that each fleet vehicle is provided with all required safety features (auto-lock doors, kit for personal protection); oversee implementation of any tracking features for fleet vehicles. Act as point person for fiscal and PW regarding fleet vehicles.
IT Management	Oversee divisional responsibilities related to IT, including: tracking cell phone assignment and billing; site specific IT needs; develop, implement and track laptop policy and procedures for both office and field use; and wifi at various sites. Attend and represent division at monthly IT HHCS meeting.
Compliance	Monitor and review all division section for compliance and adherence to State and Federal standards and regulations, as well as consistency with department goals, policies and procedures. Oversee training of staff on medi-cal and maa regulations, develop job aids to assist staff in correctly recording time to maximize billing in compliance with all regulations. Oversee the review of clinical records for compliance with regulatory and quality of care standards; provision of feedback to staff and identification of areas of improvement or enhancements; implement corrective action as needed.
Fiscal	Manage and monitor division's fiscal and budget responsibilities, including oversight of grants and contracts; serve as liaison with department's fiscal manager and assist in audit process; oversee billing and claims activities within the division, including managing and monitoring all aspects of medi-cal and MAA claiming.
Outcomes	Develop, monitor and manager divisional strategy regarding performance outcomes; oversee implementation of RBA in all divisional working units.
Administrative	Oversee centralized administrative staffing, ensuring front window coverage at various sites as well as a variety of other administrative functions of office support team; oversee centralized contracting process within division.
Community Relations	Collaborate with staff, outside agencies, community organizations, contractors, and individuals in the coordination and delivery of services
Other	Act as Manager of Mental Health Services in his/her absence; and perform related duties as assigned.

## Berkeley Mental Health Caseload Statistics for

March 2019

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Monthly Cost Per Participant Per Budget*	Fiscal Year 2019 Demographics as of January, 2019 – Data Incomplete Per YellowFin
<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	68	\$1,793	81 Clients American Indian: 1 API: 4 African-American: 26 Hispanic: 5 Other: 28 White: 17 Male: 51 Female: 30
<b>Adult FSP Psychiatry (data from Feb)</b>	1-100	.35 FTE	56	\$515	
<b>Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)</b>	1-20	9.5 Clinicians .5 Lead Clinician 1 Non-Degreed Clinical 1 Manager	172	\$819	199 Clients API: 7 African-American: 70 Hispanic: 9 Other: 52 White: 54 Male: 112 Female: 87
<b>CCT Psychiatry (data from Feb)</b>	1-200	1.0	133	\$305	
<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	99	\$356	107 Clients API: 3 African American: 38 Hispanic: 3 Other: 21 White: 42 Male: 68 Female: 39
<b>FIT Psychiatry (data from Feb)</b>	1-200	.5	86	\$350	

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Monthly Cost Per Participant Per Budget*	Fiscal Year 2019 Demographics as of January, 2019 – Data Incomplete Per YellowFin
Children's Full Service Partnership	1-8	2.0 Clinical	12	\$2,207	19 Clients API: 1 African-American: 8 Hispanic: 2 Other: 2 White: 5 Male: 12 Female: 7
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2.5 Clinical	54	\$912	72 Clients API: 5 African-American: 26 Hispanic: 10 Other: 16 White: 15 Male: 47 Female: 25
High School Health Center and Berkeley Technological Academy	1-6 Clinician (majority of time spent on crisis counseling)	2.5 Clinical	Treatment: 86 Groups: 12 offered, 12 conducted Drop In (Crisis): 71	N/A	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>Homeless Outreach and Treatment Team (HOTT)</b>	1-10 Case Manager 1-3 Team Lead	1 Team Lead 2 Case Managers	30 enrolled clients for the month. 19 non-enrolled individuals received outreach.
<b>HOTT Psychiatry (data from Feb)</b>	1-100	0	0
<b>Mobile Crisis</b>	N/A	3 Clinicians,	<ul style="list-style-type: none"> <li>• 142 Incidents</li> <li>• 70 5150 Evals</li> <li>• 25 5150 Evals leading to involuntary transport</li> </ul>
<b>Transitional Outreach Team (TOT)</b>	N/A	1 Clinician, 1 Non-Licensed Staff	69 Incidents

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

\* Monthly costs determined by dividing yearly budgeted amounts for programs by number of participants, then dividing this rate by 12.