

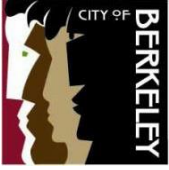


Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: January 15, 2020

Documents Pertaining to 1/23/20 Agenda items:

Agenda Item	Description	Page
2. A.	Approval of January 23, 2020 Meeting Agenda	1
2. C.	Approval of December 12, 2019 Meeting Minutes	3
3.	Interview and vote on nomination of Ann Hawkins to the Mental Health Commission	
	<ul style="list-style-type: none"> Mental Health Commissioner Applicant Criteria 	5
8.	Mental Health Manager Updates	
	<ul style="list-style-type: none"> Mental Health Manager Report – January 2020 Berkeley Mental Health Caseload Statistics for December 2019 MH Equity Committee Minutes 12-18-19 	6 11 14
Email Correspondence	Description <ul style="list-style-type: none"> Email – Elections of chair Email – Community Table of Alternative responses to call 911 in Oakland 	26 27



Berkeley/ Albany Mental Health Commission

**Regular Meeting
Thursday, January 23, 2020**

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

**1947 Center Street
Basement, Multi-Purpose Room**

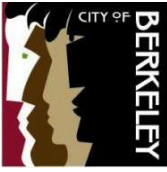
AGENDA

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.

7:00pm

- 1. Roll Call**
- 2. Preliminary Matters**
 - a. Action Item: Agenda Approval
 - b. Public Comment
 - c. Action Item: Approval of the December 12, 2019 Minutes
- 3. Interview and vote on nomination of Ann Hawkins to the Mental Health Commission**
- 4. Discussion of the election for the offices of chair and vice chair**
- 5. Presentation of goals for 2020/Strategic Plan**
- 6. Discussion and Possible Action on Subcommittee Reports**
 - a. Planning subcommittee for LGBTQQI2-S staff training
- 7. One - hour training on Commission Mandate by Margaret Fine**
- 8. Mental Health Manager Updates- Steve Grolnic-McClurg**
- 9. Berkeley Mental Health Staff Announcements**



10. Prioritize Agenda Items of February Meeting

11. Announcements

12. Adjournment

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



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

SB 343 Disclaimer

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Family,



Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission Minutes

Regular Meeting
December 12, 2019

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

Members of the Public Present: Ivey Williams, Shahidah Lacy
Staff Present: Fawn Downs, Steve Grolnic-McClurg, Jamie Works-Wright

***Nominate commissioner to chair the meeting in the absence of the Chair and Vice Chair**

M/S/C (Cheryl, Fine) Motion to Nominate Andrea Prichett to chair the meeting

Ayes: Fine, Kealoha-Blake, Prichett, Davila **Noes:** None;

Abstentions: None; **Absent:** Heda, Castro, cheema

1. Call to Order at 7:20pm due to not having a quorum

Commissioners Present: Paul Kealoha-Blake, Andrea Prichett, Margaret Fine, and Cheryl Davila **Absent:** Erlinda Castro, boona cheema, Shelby Heda

2. Preliminary Matters

A. Approval of the December 12, 2019 Agenda

M/S/C (Prichett, Kealoha-Blake) Motion to approve the December 12, 2019

Agenda– PASSED

Ayes: Davila, Fine, Kealoha-Blake, Prichett; **Noes:** None; **Abstentions:** None;

Absent: Castro, cheema, Heda

B. Public Comment – No public comments.

C. Approval of the October 24, 2019 Meeting minutes

M/S/C (Davila, Fine) Motion to approve the October 24, 2019 Meeting minutes – PASSED

Ayes: Davila, Fine, Kealoha-Blake, Prichett; **Noes:** None; **Abstentions:** None;

Absent: Castro, cheema Heda

3. Presentation about the 2020 Census- Shahidah Lacy

Passed out handouts- “2018 Census Test” and “Make Alameda County Count!”

4. **Discuss and vote to establish the Mental Health Commission 2020 Calendar for regular meetings**
M/S/C (Fine, Davila) Motion to accept the meeting dates as amended including April 30, 2020 and December 3, 2020
PASSED
Ayes: Davila, Fine, Kealoha-Blake, Prichett; **Noes:** None; **Abstentions:** None;
Absent: Castro, cheema Heda

5. **Create planning subcommittee for LGBTQI2-S staff training that will collaborate with the Training and Diversity & Multicultural Coordinator within the Division of Mental Health**
M/S/C (Fine, Davila) Motion to create planning subcommittee for LGBTQI2-S staff training that will collaborate with the Training and Diversity & Multicultural Coordinator within the Division of Mental Health
PASSED
Ayes: Davila, Fine, Kealoha-Blake, Prichett; **Noes:** None; **Abstentions:** None;
Absent: Castro, cheema Heda

6. **Report of November 7, 2019 meeting- No Discussion**

7. **Discussion and possible Action on Subcommittee Reports**
 - Site Visit Subcommittee - No Motion Taken
 - Accountability Subcommittee- No Motion Taken
 - Mobile Crisis Response - No Motion Taken
 - Membership Subcommittee- No Motion Taken

8. **One-Hour training on Commission Mandate by Margaret Fine**
***Agenda Item will be added to the agenda for January 2020 meeting**

9. **Mental Health Manager Updates - Steve Grolnic-McClurg**
Discussion- encouraging people to look at December's Manager Report for recap
- No motion taken

10. **Berkeley Mental Health Staff Announcements – One announcement- Commission Secretary, Jamie Works-Wright shared a flyer inviting Commissioners to come to a Strategic Plan Commissioners Info Session on January 16, 6:30 –8 pm @ 2180 Milvia St 1st Floor**

11. **Prioritize Agenda Items for January Meeting – No Motion Taken**

10. **Announcements – No announcements.**

11. **Adjournment – 8:59pm**
M/S/C (Davila, Fine) Motion to adjourn the meeting – PASSED
Ayes: Davila, Fine, Kealoha-Blake, Prichett; **Noes:** None; **Abstentions:** None;
Absent: Castro, cheema Heda

Minutes submitted by: _____
 Jamie Works-Wright, Commission Secretary

Applicant's Name _____

Mental Health Commissioner Applicant Criteria	Application	Interview
Interest - Demonstrates interest in community mental health services		
Commitment - Ready to commit to Commission duties; preparation & attendance at meetings; timely paperwork		
Diversity - Reflects the diversity of the community		
Cooperation - Able to constructively handle conflict & differences of opinion		
Welcoming - Willing and able to work alongside consumers, family members & diverse members		
Effective - Able to work with City staff, management & Berkeley & Albany City Councils		

MEMORANDUM

To: Mental Health Commission
From: Steven Grolnic-McClurg, Mental Health Manager
Date: January 13th, 2019
Subject: Mental Health Manager Report

Mental Health Services

Attached is the report on caseload statistics for November (the last month in which we have data). Costs per participant, per approved budget, is included.

Berkeley Wellness Center

The Berkeley Wellness Center (BWC), located at 1909 University Avenue, is now open! The BWC had a grand opening (although it has been operating for all of November) on Monday, December 9th, from 2-4 pm. The BWC is open from 9-5, Monday through Friday. More information about the BWC is on the Bonita House Website at: <https://bonitahouse.org/berkeley-creative-wellness-center-cwc/>.

Homeless Outreach

At the request of the City Manager's Office, the HOTT has continued regular outreach to the encampments at I-80 and University. This intensive outreach is difficult to do, given the ongoing clients served by HOTT, and the time required to do the important follow up work for individuals who accept the outreach. HOTT has been able provide a variety of services at the encampment, including motel stays, vouchers for free identification cards, clothes, toiletries, food, etc. The HOTT staff report that individuals are generally open to the outreach and appreciative of receiving these services and goods.

Mobile Crisis Team

The Mobile Crisis Team (MCT) has been dealing with staffing shortages, caused by both staffing changes and approved leave. The MCT will not be providing services from 1/13 through 1/31, and will then be resuming services five (5) days a week until staffing is increased.

Crisis Response Request For Proposals

The Crisis Response RFP is drafted (thanks to the MHC for their valuable input) and is being submitted this month to General Services for publishing. The Mental Health Division is interested in having a member of the MHC on the review panel to evaluate submitted bids.

ACBH Contract

The MH Division continues to work with ACBH on the terms of a revised contract. As was mentioned in the MH Manager Report in December, one item that has been agreed upon is that the contract will specify that the MH Division will serve Berkeley, not Berkeley and Albany.

Governor Newsom's Propose FY2020-21 State Budget

The California Behavioral Health Directors Association has provided the following analysis of the Governor's State Budget proposal. The annual state budget process begins with the introduction of the Governor's proposed budget each January, proceeds through the legislative budget process over the next six months, and is finalized by June 15th, following the release of the Governor's May Revision in mid-May.

High Priority Behavioral Health Issues:

Medi-Cal Healthier California for All (Previously CalAIM) Medi-Cal Healthier California for All is pursuing structural changes to the state's behavioral health payment system, revising the medical necessity standard in Medi-Cal and expanding statewide wraparound services, such as housing and social services. This year, California will submit to the federal administration a Medicaid Section 1915(b) waiver and Section 1115 waiver to implement the Medi-Cal Healthier California for All initiative, effective January 1, 2021. • Behavioral Health Infrastructure Investments: The budget includes \$45.1 million GF in FY 2020-21 and \$42 million GF in FY 2021-22 (\$87 million total over two years to counties) for the Department of Health Care Services (DHCS) to implement a Behavioral Health Quality Improvement Program. The Program will fund county-operated community mental health and substance use disorder systems to incentivize system changes and process improvements that will help counties prepare for the Medi-Cal Healthier California for All initiative. According to the budget, proposed improvements include enhanced data-sharing capability for care coordination and establishing the foundational elements of value-based payment such as data collection, performance measurement, and reporting. This funding represents the Administration's understanding that the transition to a new behavioral health payment system will necessitate training and infrastructure changes at the local level. • Managed Care Infrastructure Investments: The proposed budget includes \$695 million (\$348 million

GF), growing to \$1.4 billion (\$695 million GF) in FYs 2021-22 and 2022-23. According to the budget, this investment will provide for enhanced care management and in lieu of services investments within Medi-Cal managed care, necessary infrastructure to expand whole person care approaches statewide, and build upon existing dental initiatives. Beginning in 2023-24, the Administration proposes to phase out infrastructure funding.

- Drug Medi-Cal Organized Delivery System (DMC-ODS): The proposed budget also includes \$426 million (\$62.6 million GF) to support the Drug Medi-Cal Organized Delivery System (DMC-ODS). DMC-ODS will be included in California's 2020 waivers.

Mental Health Services Act (MHSA) Review In the proposed budget, the Governor expressed the Administration's interest in updating the MHSA. The Administration acknowledges that the MHSA has become a foundational element of California's mental health system. In alignment with CBHDA policy priorities, the Governor proposes allowing MHSA funds to be used for individuals with a primary substance use disorder diagnosis. The Governor also suggests the MHSA focus on people with mental illness experiencing homelessness or involved in the criminal justice system, as well as for early intervention for youth. After engaging stakeholders including CBHDA, the Administration plans to develop proposed changes to the MHSA by spring 2020.

Behavioral Health Task Force – Mental Health Parity The Administration is establishing the Behavioral Health Task Force at the Health and Human Services (HHS) Agency. The Task Force will bring together relevant state departments, counties, consumers, health plans, providers, and other stakeholders. According to the budget, the Task Force will review existing policies and programs to improve the quality of care, and coordinate system transformation efforts to better prevent and respond to the impacts of mental illness and substance use disorders in California's communities.

In addition, HHS and the Department of Managed Health Care will work with health plans, providers, patient representatives, and others to update and strengthen enforcement of behavioral health parity laws and other health plan requirements. Enforcement efforts will focus on timely access to treatment, network adequacy, benefit design, and plan policies. The Administration will propose updates by spring 2020.

California Access to Housing and Services Fund The budget includes \$750 million one-time GF to establish the California Access to Housing and Services Fund in the Department of Social Services. The goals of the proposed Fund are to reduce homelessness by moving individuals and families into stable housing and increase the number of units available to individuals and families experiencing homelessness or at risk of homelessness. The Fund will provide performance-based contracts to regional administrators with a 10 percent administrative cap. This proposal includes board and

care subsidies and capital costs as one of the eligible uses, although it does not align with the proposal submitted to the Administration by CBHDA and the Steinberg Institute for \$500 million GF one-time to counties to stabilize the loss of board and care facilities, which CBHDA will continue to pursue via the legislature.

Planned uses of the Fund include: • Short and long-term rental subsidies; • Small and medium-size contributions to encourage development of new units; • Stabilize board and care facilities by funding capital projects and/or operating subsidies; • Engage landlords to secure units and negotiate leases • Provide tenancy support services • And coordinate case management with counties for those receiving rental subsidies.

The Governor's budget also proposes that the Fund would allow regional partners to pool federal, state, local and private funds to better leverage funding to connect individuals to housing, provide preventative services, and increase affordable housing capacity.

Department of State Hospitals - Community Care Collaborative Pilot Program The budget includes \$24.6 million GF in FY 2020-21 totaling \$364.2 million GF over six years to establish a Community Care Collaborative Pilot Program in three counties. This initiative will establish incentives to treat and serve individuals deemed Incompetent to Stand Trial (IST) in the community. The program will primarily target development of community-based treatment options for felony ISTs and increase local investments to reduce the rates of arrests, rearrests, and cycling in and out of institutions for this population.

In addition, the budget proposes \$8.9 million GF in FY 2020-21 and \$11.2 million GF ongoing to expand Jail-Based Competency Treatment program in eight additional counties. This expansion is estimated to increase capacity by up to 63 beds in FY 2020-21.

CBHDA and the Steinberg Institute submitted a request for \$250 million one-time GF for the implementation of AB 1810 pretrial mental health diversion, which CBHDA will continue to pursue via the legislature. This proposal focuses on community-based treatment for felony ISTs and not the broader population eligible for diversion under AB 1810.

K-12 Community Schools Grants The budget includes \$300 million one-time Proposition 98 funds to establish community school grants for local educational agencies supporting innovative community school models. Community schools offer unique models to provide integrated educational, health and mental health services to students with a

wide range of needs. Specifically, the grants will provide resources to local educational agencies to implement programs aligned with the community school model. Programs can include integrated and coordinated student wrap-around services, including intensive health, mental health, and social services, as well as early screening and intervention for learning and other needs. Programs can also include collaborative leadership and support for educators, including professional development in student mental and behavioral health, trauma-informed care, social-emotional learning, restorative justice, and other key areas.

Equity Committee

Please find attached the minutes for the Health Equity Committee meeting from December, 2019.

**Berkeley Mental Health Caseload Statistics for
December 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 2020 Demographics as of December 2019
Adult, Older Adult and TAY Full Service Partnership (FSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	6 Clinicians 1 Team Lead	74	\$2258	79 Clients American Indian: 0 API: 2 African-American: 27 Hispanic: 4 Other: 32 White: 14 Male: 51 Female: 28
Adult FSP Psychiatry	1-100	.5 FTE	59	\$464	
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	1-20	9.5 Clinicians .5 Lead Clinician 1 Non-Degreed Clinical 1 Manager	180	\$1081	199 Clients API: 4 African-American: 63 Hispanic: 9 Other: 74 White: 49 Male: 105 Female: 94
CCT Psychiatry	1-200	.75	139	\$222	
Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	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	98	\$419	95 Clients API: 3 African American: 30 Hispanic: 2 Other: 25 White: 35 Male: 59 Female: 36
FIT Psychiatry	1-200	.25	87	\$387	

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 December, 2019
Children's Full Service Partnership	1-8	2.0 Clinical	14	\$3579	18 Clients API: 0 African-American: 7 Hispanic: 3 Other: 1 White: 7 Male: 13 Female: 5
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2.5 Clinical	63	\$1282	70 Clients API: 1 African-American: 28 Hispanic: 13 Other: 13 White: 15 Male: 44 Female: 26
High School Health Center and Berkeley Technological Academy (Note: school not in session)	1-6 Clinician (majority of time spent on crisis counseling)	3.5	Treatment: 64 Groups: 5 offered, 5 conducted Drop In (Crisis): 54	N/A	N/A

Crisis, ACCESS, and Homeless Services	Staff Ration	Clinical Staff Positions Filled	Total # of Clients/Incidents
Homeless Outreach and Treatment Team (HOTT)	1-10 Case Manager 1-3 Team Lead	1 Team Lead, 1 Licensed Clinician, 3 Case Managers	23 enrolled clients for the month. 31 non-enrolled individuals received outreach.
Mobile Crisis	N/A	1 Clinician filled at this time	<ul style="list-style-type: none"> • 60 Incidents • 18 5150 Evals • 5 5150 Evals leading to involuntary transport
Transitional Outreach Team (TOT)	N/A	1 Licensed Clinician, 1 Non-Licensed Staff	58 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.



MENTAL HEALTH EQUITY COMMITTEE MINUTES

December 18, 2019 2:00PM - 3:00PM

Co-Facilitators: Yvette Katuala & Barbara White

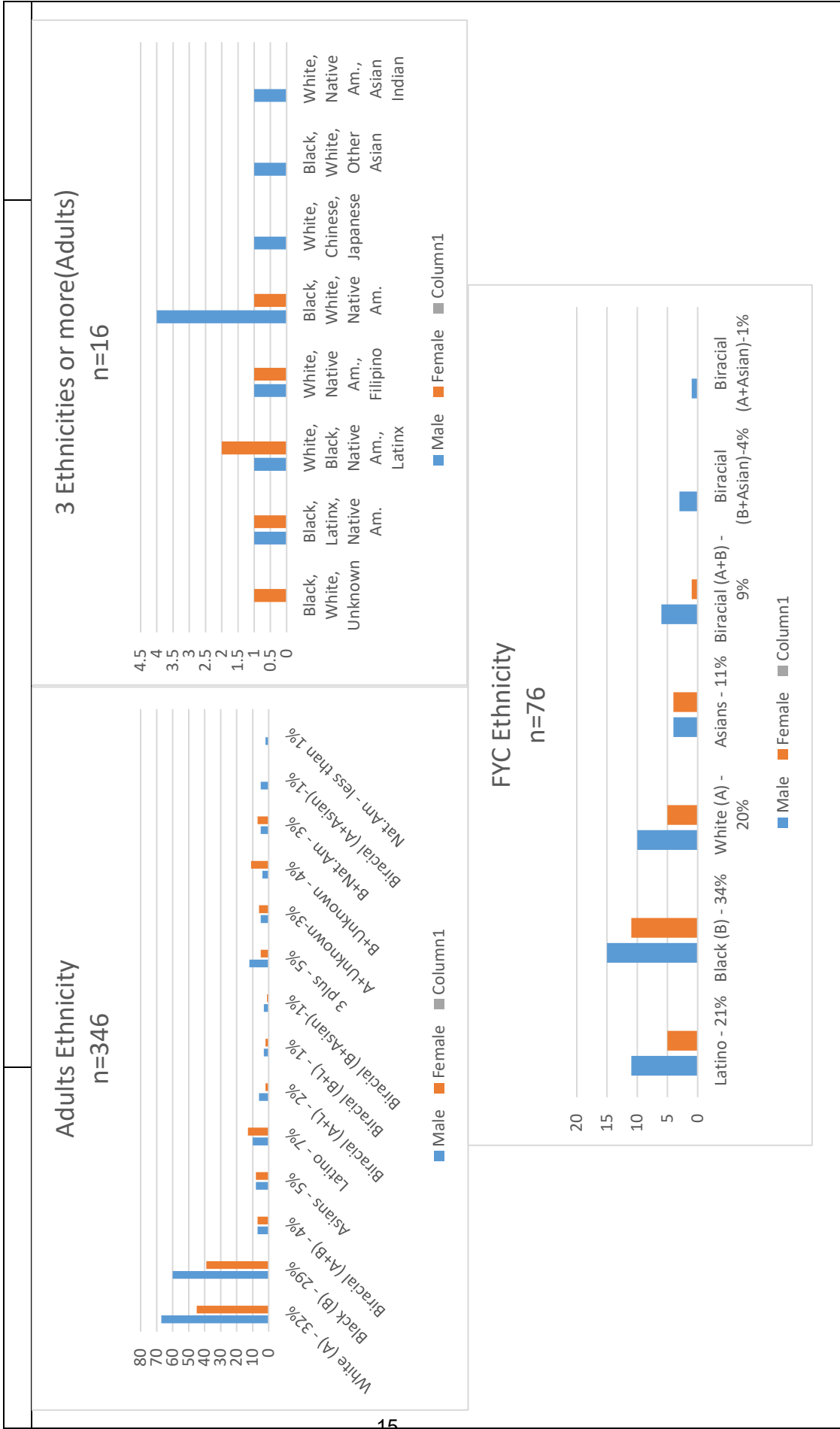
AGENDA	ACTION ITEM(S)
<p>I. Welcome</p>	<p>Facilitator(s) Present: Yvette Katuala & Barbara White</p> <p>Committee Members Present: Michael Bernath, Fawn Downs, Babalwa Kwanele, Steve Grolnic-McClurg, Jonathan Maddox, Conor Murphy and Estela Alvarez</p> <p>Absent: Jeff Buell, Dan Ezekiel, Laura Schroeder and boona cheema</p>
<p>II. Announcements</p>	<p>Announcements:</p> <ul style="list-style-type: none"> • None
<p>III. Approval of November 7, 2019</p>	<ul style="list-style-type: none"> • Motion to approve the November 7, 2019, minutes. Motion Seconded. Motion Carried.
<p>IV. Client Breakdown (min)</p>	<p>Proposed Measure #3 - Breakdown of BMH clients by ethnicity, age and gender listed in "Other" category. Below are the two handouts that were distributed to the Committee. Data was collected for the month of October 2019.</p> <ol style="list-style-type: none"> 1. Berkeley Mental Health Ethnicity Breakdown: <ol style="list-style-type: none"> a. Adult Clinic – White are most being served, followed by Black. Asian 5% reflect a higher percentage than expected. b. FYC Clinic – Blacks beneficiaries the highest receiving services followed by Latinos. Asian at 11% reflects a higher % than expected. 2. BMH Gender/ Age Data <ol style="list-style-type: none"> a. Adult Clinic- Provide services to more males than females in all age group categories. b. FYC Clinic – Provide services to more males than females in all the age group categories.



MENTAL HEALTH EQUITY COMMITTEE MINUTES

December 18, 2019 2:00PM - 3:00PM

Co-Facilitators: Yvette Katuala & Barbara White

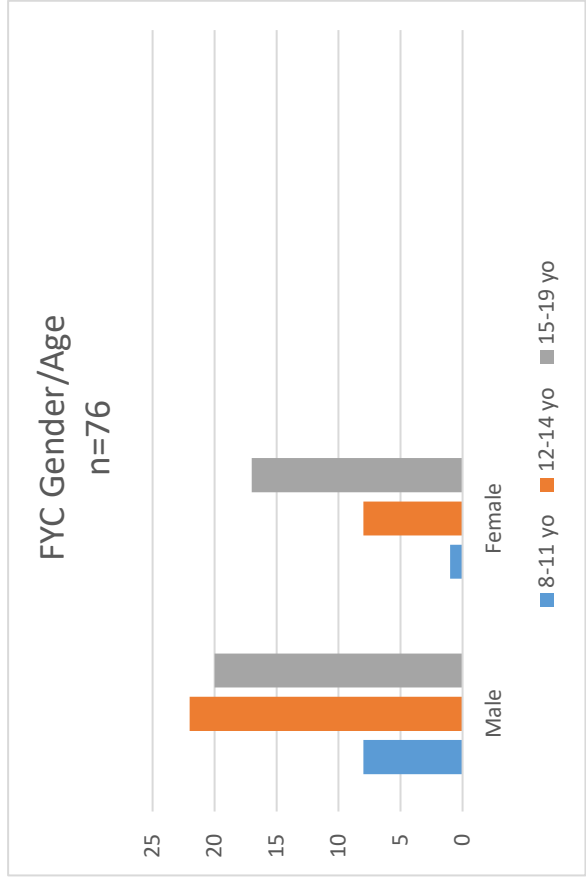
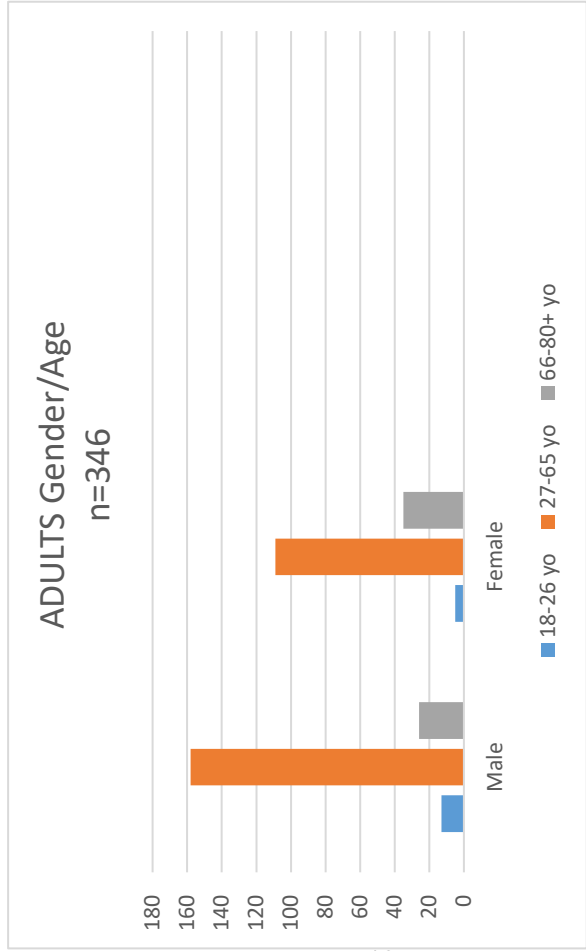




MENTAL HEALTH EQUITY COMMITTEE MINUTES

December 18, 2019 2:00PM - 3:00PM

Co-Facilitators: Yvette Katuala & Barbara White





MENTAL HEALTH EQUITY COMMITTEE MINUTES

December 18, 2019 2:00PM - 3:00PM

Co-Facilitators: Yvette Katuala & Barbara White

<p>V. Staff Ethnicity Breakdown</p>	<p>The committee compared the current Staff Ethnicity Breakdown of 2019, to the 2017 “Staff Ethnicity Breakdown” and the Medi-Cal population data and agreed that the data overall looks pretty stable. It was suggested that the committee include the breakdown of employees that provide direct services and sub-staff to this report.</p>	<p>The breakdown of sub-staff and staff who provides direct services will be included in this report and presented at the January 2020 meeting.</p>
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Total Active Mental Health Employees as of 10/21/2019

Gender (All Staff)		Population Percentage
Female	5	72%
Male	3	
	2	
	1	28%
Total Employees	7	
	4	
Ethnicity (All Staff)		Population Percentage
White (Code B)	2	
	8	38%
Black (Code C)	2	
	0	27%
Hispanic (Code D)	1	
	2	16%
Asian (Code E)	8	
		11%
Two or More (Code M)	6	
		8%
Management Classifications		Population Percentage
Manager of Mental Health Services	1	7.7%
Assistant Manager of Mental Health Services	1	7.7%
Mental Health Clinical Supervisor	6	46.2%
Mental Health Program Supervisor	4	30.8%
Supervising Psychiatrist	1	7.7%



MENTAL HEALTH EQUITY COMMITTEE MINUTES

December 18, 2019 2:00PM - 3:00PM

Co-Facilitators: Yvette Katuala & Barbara White

Total Classifications	5	
Gender (Management Classifications)		
Female	8	62%
Male	5	38%
Total Employees	13	
Ethnicity (Management Classifications)		
White (Code B)	7	54%
Black (Code C)	4	31%
Hispanic (Code D)	0	0%
Asian (Code E)	1	8%
Two or More (Code M)	1	8%
Other Classifications		
Assistant Management Analyst	3	4.9%
Assistant Mental Health Clinician	2	3.3%
Behavioral Health Clinician I	4	6.6%
Behavioral Health Clinician II	2	32.8%
Behavioral Health Clinician II Hourly	2	3.3%
Community Health Worker Specialist	2	3.3%
Community Services Specialist II	1	1.6%
Community Services Specialist III	1	1.6%
Health Services Program Specialist	1	1.6%
Office Specialist II	6	9.8%
Office Specialist III	1	1.6%
Office Specialist Supervisor	1	1.6%
Psychiatrist	1	1.6%
Registered Nurse	4	6.6%
Registered Nurse Hourly	1	1.6%
Senior Behavioral Health Clinician	4	6.6%
Social Services Specialist	7	11.5%
Total Classifications	71	
Gender (Other Classifications)		
Total Classifications	7	



MENTAL HEALTH EQUITY COMMITTEE MINUTES

December 18, 2019 2:00PM - 3:00PM

Co-Facilitators: Yvette Katuala & Barbara White

Female	4	6	75%
Male	1	5	25%
Total Employees	6	1	
Ethnicity (Other Classifications)			
White (Code B)	2	1	34%
Black (Code C)	1	6	26%
Hispanic (Code D)	1	2	20%
Asian (Code E)	7		11%
Two or More (Code M)	5		8%
Bilingual Add Pay			
Gender			
Female	9		12%
Male	4		5%
Total Mental Health Ees Receiving Bilingual Add Pay	1	3	18%
Total Employees Not Receiving Bilingual Add Pay	6	1	82%
Ethnicity			
Asian (Code E)	2		15%
Hispanic (Code D)	1	0	77%
White (Code B)	1		8%
Classification			
Assistant Management Analyst	1		8%
Behavioral Health Clinician II	7		54%
Community Health Worker Specialist	1		8%
Psychiatrist	1		8%
Registered Nurse	1		8%
Senior Behavioral Health Clinician	1		8%
Social Services Specialist	1		8%



MENTAL HEALTH EQUITY COMMITTEE MINUTES

December 18, 2019 2:00PM - 3:00PM

Co-Facilitators: Yvette Katuala & Barbara White

<p>VI. Annual Tracking</p>	<p>The Medi-Cal Data for FY 18/19 vs Berkeley Mental Health Division Open Clients for Ongoing Services was distributed to the committee for review and discussion. It was noted on the report that any group that had 5-9.9% variance were highlighted in yellow and 10+ were highlight in red.</p> <p>The Berkeley ethnicity groups that reflected these variance were:</p> <ol style="list-style-type: none"> 1. API – Medi-Cal beneficiaries 10.7 and BMH Open Clients were 3.6 (-7.1% variance) 2. African American – Medi-Cal 22.7 and BMH Open Clients were 33.3% (10.6 % variance) 3. Latino – Medi-Cal 12.2% and BMH Open Clients were 6.0% (6.1% variance) <p>The Berkeley and Albany ethnicity groups together:</p> <ol style="list-style-type: none"> 1. API – Medi-Cal 13.2% and Berkeley/Albany 3.6% (-9.6% variance) 2. African American - Medi-Cal beneficiaries 20.3% and BMH Open Clients were 33.3% (13% variance) 3. Latino – Medi-Cal – Medi-Cal beneficiaries 12.2% and BMH 6% (6.2% variance)
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MENTAL HEALTH EQUITY COMMITTEE MINUTES

December 18, 2019 2:00PM - 3:00PM

Co-Facilitators: Yvette Katuala & Barbara White

Berkeley	Beneficiaries	% of Medi-Cal	Compared to Only Berkeley	Clients	% of Medi-Cal	Variance
Native Americans	61	0.3%	Native Americans	1	0.2%	-0.1%
API	2009	10.7%	API	18	3.6%	-7.1%
African American	4253	22.7%	African American	165	33.3%	10.6%
Latino	2283	12.2%	Latino	30	6.0%	-6.1%
Other	5191	27.7%	Other	152	30.6%	2.9%
White	4926	26.3%	White	130	26.2%	-0.1%
Total	18723		Total	496		

Albany	Beneficiaries	% of Medi-Cal
Native Americans	7	0.2%
API	876	28.6%
African American	163	5.3%
Latino	383	12.5%
Other	997	32.5%
White	638	20.8%
Total	3064	

Berkeley and Albany Together	Beneficiaries	% of Medi-Cal	Compared to Berkeley and Albany	Clients	% of Medi-Cal	Variance
Native Americans	68	0.3%	Native Americans	1	0.2%	-0.1%
API	2885	13.2%	API	18	3.6%	-9.6%
African American	4416	20.3%	African American	165	33.3%	13.0%
Latino	2666	12.2%	Latino	30	6.0%	-6.2%
Other	6188	28.4%	Other	152	30.6%	2.2%
White	5564	25.5%	White	130	26.2%	0.7%
Total	21787		Total	496		



MENTAL HEALTH EQUITY COMMITTEE MINUTES

December 18, 2019 2:00PM - 3:00PM

Co-Facilitators: Yvette Katuala & Barbara White

Gender	Beneficiaries		Compared to Only Berkeley		Variance
	Beneficiaries	% of Medi-Cal	Clients	% of Medi-Cal	
Male	9063	48.4%	297	59.9%	11.5%
Female	9660	51.6%	199	40.1%	-11.5%
Total	18723		496		

Albany	Beneficiaries		Compared to Berkeley and Albany		Variance
	Beneficiaries	% of Medi-Cal	Clients	% of Medi-Cal	
Male	1410	46.0%	297	59.9%	11.8%
Female	1654	54.0%	199	40.1%	-11.8%
Total	3064		496		

Gender of Open Clients Historical	15-16		16-17		17-18		18-19		19-20 through October	
	Clients	% of Medi-Cal	Clients	% of Medi-Cal	Clients	% of Medi-Cal	Clients	% of Medi-Cal	Clients	% of Medi-Cal
Male	308	61.0%	292	61.1%	285	61.4%	297	59.9%	261	58.7%
Female	197	39.0%	186	38.9%	179	38.6%	199	40.1%	184	41.3%
Total	505		478		464		496		445	

10+ variance

5-9.9% variance



MENTAL HEALTH EQUITY COMMITTEE MINUTES

December 18, 2019 2:00PM - 3:00PM

Co-Facilitators: Yvette Katuala & Barbara White

	<p>Measure #2 – Clients on multiple anti-psychotics sorted by a variety of demographic categories: Would analyze clients who are on multiple anti-psychotics by a variety of demographic categories to see if there are differences which tie to any of those demographic categories (race, ethnicity, gender, etc.)</p> <p>BMH Patients on Multiple Antipsychotic data report was distributed to the committee for discussion.</p> <p>The committee requested the following information to be included on the report and presented at the next committee meeting.</p> <ol style="list-style-type: none"> 1. How many of BMH Clients are on medication? 2. How many BMH Open Clients are on psychotics? 3. Ask Alameda County if they have a report that provides a breakdown similar to the report that was developed at BMH. 4. How did we determine the category of ethnicity? 	Yvette to speak with Dr. Johns
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MENTAL HEALTH EQUITY COMMITTEE MINUTES

December 18, 2019 2:00PM - 3:00PM

Co-Facilitators: Yvette Katuala & Barbara White

<p>VII. Next Steps (5 min)</p>	<p>Next Steps:</p> <ol style="list-style-type: none"> 1. Check with the Medical Team on the number of patients on medication. 2. Check on the number of patients on antipsychotics 3. Check on the diagnoses of open clients and breakdown by ethnicity, gender and age 4. Check on what method was used to get the ethnicity on the current BMH Patients on Multiple Psychotics 5. Ask Alameda County if they track patients who take Psychotics 	
<p>VIII. Next Meeting:</p>	<ul style="list-style-type: none"> • January 22, 2020, 2:00-3:00pm FYC Conference Room 	

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Wednesday, January 15, 2020 10:55 AM
To: Works-Wright, Jamie
Subject: FW: election of chair...please forward to staff and full commission

Please see the memo below from the commission chair, boona.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary

City of Berkeley

1521 University

Berkeley, CA 94703

jworks-wright@cityofberkeley.info

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365

From: boona cheema [mailto:boonache@aol.com]
Sent: Monday, January 13, 2020 7:38 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: election of chair...please forward to staff and full commission

The city clerk has just informed me and jamie that i cannot run for a 3rd year. Please start giving serious thought as to who will replace me. Erlinda can stay as vice chair as long as she wants.

boona cheema
510- 883- 4082

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, January 13, 2020 8:53 AM
To: Works-Wright, Jamie
Subject: FW: Community Table on Alternative Responses to 911 Calls in Oakland Th 1/16, 10am

Please see the email below from the commission chair.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary

City of Berkeley

1521 University

Berkeley, CA 94703

jworks-wright@cityofberkeley.info

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365

From: boona cheema [mailto:boonache@aol.com]
Sent: Saturday, January 11, 2020 1:07 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Fwd: Community Table on Alternative Responses to 911 Calls in Oakland Th 1/16, 10am

please send to full commission

boona cheema
510- 883- 4082

-----Original Message-----

From: Edward Opton <eopton1@gmail.com>
To: Boona Cheema <Boonache@aol.com>
Sent: Sat, Jan 11, 2020 12:06 pm
Subject: Fwd: Community Table on Alternative Responses to 911 Calls in Oakland Th 1/16, 10am

1.11.20

Boona,

Multiple thoughts about the January 16 meeting described below:

1. I plan to attend.
2. Do you think it would be a good idea to recommend to all the members of the MHC that they go the meeting if they can?
3. A prior introduction-to-Cahoots meeting in Oakland took place about six months ago. Why has it taken so long to organize the January 16 meeting? I guess the wheels of government turn slowly. I really ought to know that by now.

4. So far as I know, the Cahoots model for dealing with MH crises is in place in only two cities, both in Oregon. Cahoots is not new; it has been operating for years. If it has not been adopted elsewhere, I'd like to learn the reasons. There may be reasons that we should know about.

Ned

Begin forwarded message:

From: Anne Janks <annesjanks@gmail.com>

Subject: Community Table on Alternative Responses to 911 Calls in Oakland Th 1/16, 10am

Date: January 10, 2020 at 10:48:47 AM PST

To: Anne Janks <annesjanks@gmail.com>

Dear Oakland Community,

The first Community Table about creating a non-police response to certain 911 calls in Oakland will be:

Thursday, January 16th
10 am - 11:30 am
Urban Strategies Council
1720 Broadway (20th St BART)

You are receiving this invitation because you signed up to support the effort to create an alternative response model when you attended the presentation by CAHOOTS from Eugene OR, describing their 30-year project which responds to 17% of all 911 calls without police. If you were added to this list by mistake, please let us know and we'll take you off (with our apologies).

The Oakland City Council commissioned an implementation report by the Urban Strategies Council on creating a pilot project in Oakland to begin in July 2020, called Mobile Assistance Community Responders of Oakland (MACRO).

Urban Strategies, community leaders, providers of mental health and unhoused services, the Coalition for Police Accountability, and members of impacted communities are designing a pilot project that reflects the unique communities, resources, and needs of Oakland. The pilot will respond to a broad range of non-criminal crises, including dispute resolution, non-emergency medical care, transportation to services, and problems related to homelessness, intoxication, disorientation, substance abuse, and mental illness.

This is the first round-table discussion for input from unhoused neighbors, families affected by mental illness, residents with unique experiences and perspectives (including people with disabilities, LGBTQI and immigrant communities, and heavily-policed communities), first responders, and mental health professionals. We hope you can come. Please RSVP by replying to this email.

Other ways you can support the project:

2. Please invite other representatives of communities or experiences whose voices should be heard - both to the meeting or to add to the list for future updates.
- 3.
- 4.
5. Urban Strategies is coordinating interviews with people impacted by policing and from communities with unique experiences on the impact of policing, including people with mental health challenges and/or disabilities, and immigrant and heavily-policed communities. If your organization has upcoming meetings or events where it might be appropriate to conduct brief interviews with participants about what would improve their experiences with policing, please let us know.
- 6.
- 7.
8. If you are unable to attend the meeting on Thursday, but want an update and to share your input, please let us know.
- 9.
- 10.
11. Please invite a presenter to an upcoming community meeting or event to share information and how community members can support the project.
- 12.

We can create a program that saves the city money, redirects police and fire resources to public safety priorities, and provides safe, appropriate assistance for people in non-criminal, non-violent situations.

Thanks for your support and hope to see you on Thursday, 1/17. Don't forget to RSVP!

Anne Janks
Coalition for Police Accountability
Oakland, CA
(510) 213-2953