



Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: November 24, 2020

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Berkeley/ Albany Mental Health Commission

Regular Meeting
Thursday, December 3, 2020

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

Zoom meeting <https://zoom.us/j/93907718571>

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

To access the meeting remotely: Join from a PC, Mac, and iPad, iPhone or Android device: Please use the URL: <https://zoom.us/j/93907718571>. If you do not wish for your name to appear on the screen, then use the drop-down menu and click on “rename” to rename yourself to be anonymous. To request to speak, use the “raise hand” icon by rolling over the bottom of the screen.

To Join by phone: Dial 1-669-900-9128 and enter the meeting ID [939 0771 8571](https://zoom.us/j/93907718571). If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.

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

All agenda items are for discussion and possible action

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

AGENDA

7:00pm

1. Roll Call

2. Preliminary Matters

- a. Action Item: Agenda Approval
- b. Public Comment
- c. Action Item: Approval of the October 22, 2020 Minutes

3. Discussion and vote to establish the Mental Health Commission 2020 calendar for regular meetings

4. Reports

- a. SCU RFP: Update on consultant hiring. Timeline of our work with them – Lisa W
- b. City Auditor update on data analysis and mental health calls
- c. COB “Re-imagining Community Safety Project” – Lisa, Andrea, Maria

5. Mental Health Manager Updates- Steve Grolnic-McClurg

- a. Caseload Statistics from Mental Health Division

6. Understanding the "Footprint" of policing

- a. Consider ways in which the MHC can examine the "footprint" that policing leaves in our community including:
 - i. Mental health implications of policing as a response to calls for help on adults
 - ii. Mental health impacts on children of witnessing uses of force and militarized response by police
 - iii. Consider sponsoring art contests, essays, videos or host Zoom hearings about it.

7. Work Plan for 2021

- a. Relative to goals/ goal setting
 - i. Educational program (Emotional-CPR, peer outreach, etc.)
 - ii. Addressing drug and alcohol recovery
 - iii. Encampment access to services
- b. Relative to SCU and Re-imagining: Clarify what we are able to work on
- c. Creating a process for planning

8. Federal Funding for Mental Health First Responders

9. Discussion and Possible Action on Subcommittee Reports

No subcommittee reports

10. Prioritize Agenda Items of January Meeting

11. Adjournment

Communications to Berkeley boards, commissions or committees are public record and will become part of the City’s electronic records, which are accessible through the City’s website. **Please note: Email**

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

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



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

SB 343 Disclaimer

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Adult Clinic at 1521 University Ave, Berkeley, CA 94703



Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission Draft Minutes

7:00pm
Zoom Webinar

Regular Meeting
October 22, 2020

Members of the Public Present: Margaret Fine, Andrea Zeppa, Bekka Fink, Carol Morasivic, Elana Auerbach, Caroline de Bie

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

1. Call to Order at 7:04pm

Commissioners Present: Ann Hawkins, Cheryl Davila, Paul Kealoha-Blake, Edward Opton (8:02), Andrea Prichett **Absent:** Maria Moore

2. Preliminary Matters

A. Approval of the October 22, 2020 Agenda

**M/S/C (Prichett, Davila) Motion to approve the October 22, 2020 Agenda–
PASSED**

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

B. Public Comment – Margaret Fine, Elana Auerbach, Bekka Fink and Carol Morasivic

C. Approval of the September 24, 2020 Minutes

**M/S/C (Davila, Kealoha-Blake) Motion to approve the September 24, 2020 minutes
PASSED**

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

3. Discussion of emergency mental health crisis response services, including models and funding of mental health crisis services

a) **Update on Special Care unit (SCU) project and the role of MHC in that process–
Presentation by Dr. Lisa Warhuus – No Motion**

b) **Update of RFP Process – No Motion**

c) **Status of Subcommittee on Emergency Mental Health Response – Motion
Withdrawn**

d) Report and data on Emergency Mental Health Response in Berkeley including HOTT, MCT and TOT (from March to most recent)
M/S/C/ (Opton, Davila) Move that the committee request the division through Steven, to resume provision of the same type of information that was regularly provided prior to March of this year “2020”. Second is that we request that Steven and the division provide us with a list of the additional types of information that exist within the division, which maybe pertinent to the committees work and useful if we had access to it. Request Steven to get the retro active data from Alameda County for the months of March through September.

PASSED

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

4. Current efforts to meet the Emergency Mental Health need of Berkeley residents
 - A. Staffing/ hiring – No Motion
 - B. Access to Service – No Motion
 - C. Outreach – No Motion

5. Discussion and Possible Action on Subcommittee Reports
 - A. Mobile Crisis Subcommittee Report – No report

6. Prioritize Agenda Items of December Meeting - Tabled

7. Adjournment – 9:03pm
M/S/C (Davila, Opton) Motion to adjourn the meeting –
PASSED

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

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

Proposed 2021 Commission Meeting Schedule

Name of Commission: Mental Health Commission

Commission Secretary: Jamie Works- Wright

2020 Meeting Dates

Month	Meeting Day and Date	Time
January 2021	Thursday, 1/28/21 (4 th Thursday)	7:00PM
February 2021	Thursday, 2/25/21 (4 th Thursday)	7:00PM
Jewish Holiday	Purim	
March 2021	Thursday, 3/25/21 (4 th Thursday)	7:00PM
April 2021	Thursday, 4/22/21 (4 th Thursday)	7:00PM
May 2021	Thursday, 5/27/21 (4 th Thursday)	7:00PM
June 2021	Thursday, 6/24/21 (4 th Thursday)	7:00PM

Month	Meeting Day and Date	Time
July 2021	Thursday, 7/22/21 (4 th Thursday)	7:00PM
August 2021	No Meeting	
September 2021	Thursday, 9/23/21 (4 th Thursday)	7:00PM
October 2021	Thursday, 10/28/21 (4 th Thursday)	7:00PM
November 2021	No Meeting	
December 2021	Thursday, 12/23/21 (4 th Thursday)	7:00PM
Christian Holiday	Close to Christman	

commission@cityofberkeley.info
City Clerk Department

MEMORANDUM

To: Mental Health Commission
From: Steven Grolnic-McClurg, Mental Health Manager
Date: November 19th, 2020
Subject: Mental Health Manager Report

Mental Health Services

You will find three reports connected to mental health system services – a report on services from March 2020 – Aug 2020, a report on open clients in September 2020, and a report from our mobile crisis database for crisis services for March – October 2020.

As discussed at the last Mental Health Commission meeting, Alameda County's data reporting system, Yellowfin, is unable to produce a report on open cases beyond the current month. I met with the administrators of the Yellowfin system in Alameda County and requested this data. They informed me that they were not able to produce past month's open cases, but were able to provide information on all clients who had a "service" for past months. **"Berkeley Mental Health Statistics March – Aug 2020 Final"** reflects this data, in addition to data obtained through our Mobile Crisis Log and other record keeping systems. This "service" data gives a good indication of how many clients were actually provided clinical services during the stay at home orders. There is specific data in this report on the outreach efforts by HOTT during several months of the Covid-19 pandemic, as that team pivoted towards more provision of materials in response to the crisis.

"Berkeley Mental Health Caseload Statistics September 20 Final" shows open cases, staffing, demographic information for clients in FY2021 (July 2020 through September 2020), and I have added a column for clients receiving a service during that month as well. This report, in coming months, will have information on mental health system costs for clients.

"Request for MCT Incident Database Records" provides detailed information on incidents recorded in the Mobile Crisis Team Incident database for the Mobile Crisis Team (MCT), Transitional Outreach Team (TOT), Homeless Outreach and Treatment Team (HOTT), and Community Assessment Team (CAT). I showed a version of this

report at the October Mental Health Commission meeting and requested an updated version of this report for distribution.

Vacancy Report

Please see attached “Mental health Division Vacancy Report Final.” This report details vacancies in the Mental Health Division and status of the vacancies. For career vacant positions, the process to fill the vacant position requires the following steps:

1. Get approval from City Manager Office to fill position despite hiring freeze.
2. Submit a Requisition for the position.
3. Have Requisition approved by Department, City Manager Office and Human Resources (HR).
4. If List for that classification exists, receive current List from HR. If no current List occurs, HR schedules then performs recruitment for new List.
5. Conduct interviews from current List.
6. Select candidate if there is one that is qualified and interested in position. If there is not a qualified and interested candidate, request new list from HR and return to step 4.
7. HR makes offer and schedules start date if candidate accepts and passes all requirements.

For temporary vacancies (person is on leave or is temporarily in another position), it is often not possible to backfill the person until the incumbent returns from leave.

**Berkeley Mental Health Services for
March-Aug 2020**

Services Data	# of clients with a service recorded in March	# of clients with a service recorded in April	# of clients with a service recorded in May	# of clients with a service recorded in June	# of clients with a service recorded in July	# of clients with a service recorded in August
Adult, Older Adult and TAY Full Service Partnership (FSP) (Highest level outpatient clinical case management and treatment)	68	66	65	65	65	66
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	146	154	151	153	141	134
Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	73	74	74	76	79	69
Children's Full Service Partnership	13	13	12	11	11	10

Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	60	55	51	55	46	52
High School Health Center and Berkeley Technological Academy	Drop-in/Referrals: 17 Ongoing Tx: 54 Groups: 6	Warm Line: 4 Ongoing Tx: 36	Warm Line: 7 Ongoing Tx: 34	Warm Line: 1 Ongoing Tx: 13	Warm Line: 2 Ongoing Tx: 13	Warm Line: 3 Referrals: 44 Ongoing Tx: 13
Mobile Crisis Team	64 incidents 21 5150 Evals 8 5150 Evals for involuntary transport	69 7 5150 Evals 2 5150 Evals for involuntary transport	82 13 5150 Evals 1 5150 Evals for involuntary transport	57 13 5150 Evals 2 5150 Evals for involuntary transport	147 47 5150 Evals 15 5150 Evals for involuntary transport	108 36 5150 Evals 12 5150 Evals for involuntary transport
Transitional Outreach Team	53 incidents	7 incidents	10 incidents	14 incidents	23 incidents	25 incidents
Community Assessment Team - ACCESS	87 incidents	83 incidents	80 incidents	96 incidents	118 incidents	124 incidents
Homeless Outreach and Treatment Team	123 incidents	66 incidents	27 incidents	44 incidents	35 incidents	58 incidents

Open Clients Data	# of clients open in March	# of clients open in April	# of clients open in May	# of clients open in June	# of clients open in July	# of clients open in August
Adult FSP Psychiatry	57	57	59	59	60	60
CCT Psychiatry	138	137	131	132	130	130
FIT Psychiatry	89	90	90	90	89	90

HOTT provided services and provision of supplies to encampments not reflected in the above information, doing outreach to various sites during Covid-19 pandemic. HOTT was not the only group doing outreach, but the following chart shows the number of HOTT visits, individuals contacted, and what was delivered (by August, staffing on HOTT had deeply decreased):

	Outreach Sites Visited	# of individuals interacted with	Masks	Items of Clothing	Covid Kits	Hand Sanitizer	Hygiene Kits	Grocery Bags	Boxes of Hard Boiled Eggs	Water Bottles	Meals	Snack Bags
April	84	654	236	93	225	233	45	511	219	573	14	211
May	62	657	413	15	0	349	0	464	3	510	319	42
June	63	863	723	152	0	268	1	806	0	971	482	2
July	46	449	296	65	0	111	9	256	0	488	282	15
Aug	8	88	56	45	0	60	21	2	0	89	25	50

Other items distributed include tents, solar chargers, safe sex kits, toilet paper, sharps containers, bags of dog food, and DMV vouchers.

**Berkeley Mental Health Caseload Statistics for
September 2020**

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	# of clients with a billable service this month	Fiscal Year 2021 Demographics as of October 2020
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	67	64	69 Clients American Indian: 0 API: 2 African-American: 23 Hispanic: 4 Other: 24 White: 18 Male: 44 Female: 24
Adult FSP Psychiatry	1-100	.5 FTE	60		
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	1-20	9 Clinicians 1 Manager	161	138	158 Clients API: 3 African-American: 468 Other: 65 White: 36 Male: 76 Female: 82
CCT Psychiatry	1-200	.75	132		
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	56	91 Clients API: 2 African American: 26 Hispanic: 2 Other: 29 White: 32 Male: 56 Female: 35
FIT Psychiatry	1-200	.25	90		

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	# of clients with a billable service this month	Fiscal Year 2020 Demographics as of October, 2020
Children's Full Service Partnership	1-8	2.5 Clinical	10	9	13 Clients API: 0 African-American: 6 Hispanic: 2 Other: 13 White: 2 Male: 10 Female: 3
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2.5 Clinical	58	55	64 Clients American Indian: 1 API: 1 African-American: 23 Hispanic: 13 Other: 8 White: 18 Male: 40 Female: 24
High School Health Center and Berkeley Technological Academy (Note: school not in session)	1-6 Clinician (majority of time spent on crisis counseling)	2.5	Treatment: 25 Groups: 0 offered, 4 conducted Referrals: 12 Warm Line: 6		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	2 Case Managers	63 Incidents
Mobile Crisis	N/A	2 Clinician filled at this time	<ul style="list-style-type: none"> • 96 Incidents • 34 5150 Evals • 10 5150 Evals leading to involuntary transport
Transitional Outreach Team (TOT)	N/A	1 Licensed Clinician, 1 Case Manager (both often reassigned due to staffing needs in other units)	37 Incidents
Community Assessment Team (ACCESS)	N/A	1 Team Lead, 1 Clinician, 1 Non-Degreed Clinical	117 Incidents

Not reflected in above chart is Early Childhood Consultation, 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.

Year	Month	Total Incidents ALL	Total Incidents MCT Program	Total Incidents			# of 5150 Evals for Involuntary Transport			# of 5150 Evals for Involuntary Transport for CAT Program			
				TOT Program	HOTT Program	CAT Program	MCT Program	Involuntary Transport	TOT Program	HOTT Program	Involuntary Transport	TOT Program	HOTT Program
2020	3	327	64	53	123	87	21	0	0	0	0	9	1
2020	4	225	69	7	66	83	7	0	0	0	0	0	0
2020	5	199	82	10	27	80	13	0	0	0	0	0	0
2020	6	211	57	14	44	96	13	0	0	0	0	0	0
2020	7	323	147	23	35	118	47	0	0	0	0	0	0
2020	8	315	108	25	58	124	36	0	0	0	0	0	0
2020	9	314	96	37	63	117	34	0	0	0	0	0	0
2020	10	284	96	34	47	107	26	0	0	0	0	0	0

Mental Health Division Vacancy Report

Approved Positions	Vacant/Leave Positions	Status
Division Wide		
89 FTE	27.5	
Total Quality Improvement		
16	5	
AMA	1	1 Vacant. Requisition approved. List is being certified, when done, will be sent over and interviews can be scheduled.
OSII	3	2 FTE on leave, 1 Vacant. For Vacancy, requisition submitted but not yet approved.
CHWS	1	Position vacant, incumbent in temp position on HOTT.
Adult FSP		
8	1	
BHCII	1	Requisition Approved. Position approved for hire.
Community Care Team (CCT)		
11	2	
SBHC	1	Position vacant, incumbent in temp position in another division.
AMHC	1	Position vacant. No approved req.
Medical Team		
8.5	4	
MHN	3	All approved req. List approved and continuous. Interviews conducted. No qualified candidate interested in positions. HR is trying to recruit new applicants for list.
OSII	1	On leave.
Homeless FSP		
5	4	

BHCII	2	Positions Approved. List approved. Interviews completed, one candidate selected. Interviewing BHCI for additional vacancy.
SSS	2	Positions Approved. List approved. One candidate selected. 2 nd interviews completed for 2 nd position.
MCT and TOT		
7	2	
BHCII	1	Position Approved. List Approved. Interviews completed. Candidate selected.
MHCS	1	Position Approved. Interviews completed, no qualified and interested candidate. Request made for new list.
CAT		
4	2	
SSS	1	On leave.
MHCS	1	Recently vacated due to accepting permanent position on HFSP. Req. submitted.
HOTT		
5	3	HOTT
SBHC	1	Incumbent accepted transfer to another department. Will not fill given program termination.
SSS	1	Temp employee reached end of eligible period of employment. Will not fill given program termination.
BHCII	1	Incumbent resigned after securing permanent position with another agency.

		Will not fill given program termination.
High School Health Center		
4	1	
BHCII	1	Incumbent on leave.
ERMHS/EPST		
3.5	.5	
BHCII	.5	No approved req.
Children's FSP		
2.5	1	
Sr. Behavioral Health Clinician	1	Requisition submitted, not approved yet.
System Wide		
3	2	
Social Services Specialist (SUD Services, Vocational Services)	2	Requisition Approved, List Referred for SUD. No approved requisition for Vocational Services.

From: [Works-Wright, Jamie](#)
To: [Works-Wright, Jamie](#)
Subject: FW: Proposal by Katie Porter, House Dems Would Fund Mental Health First Responders to Reduce Police Violence | Common Dreams News
Date: Tuesday, November 17, 2020 10:23:46 AM

Please see the emails from Commissioner Ann

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

From: annhawk2002@yahoo.com [<mailto:annhawk2002@yahoo.com>]
Sent: Tuesday, November 17, 2020 9:20 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Fwd: Proposal by Katie Porter, House Dems Would Fund Mental Health First Responders to Reduce Police Violence | Common Dreams News

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

Good morning, Jamie —

I think I missed your deadline for submitting information for our December MHC meeting.

Therefore I am asking if you would be able to circulate this information to the other Commissioners.

This talks about three Congressional bills proposed by Rep. Katie Porter, all having to do with Mental Health.

Of the three bills listed here, the primary bill of interest is HR 8639, the Mental Health Justice Act of 2020. This bill would have funding for Mental Health First Responders to reduce police violence.

- > FYI. See weblink below.
- >
- > US Representative Katie Porter (D-CA) of Orange County proposed a bill this October to fund Mental Health First Responders to reduce police violence. Funding would be intended for both state and local level organizations.
- >
- > This act (HR 8639) is called the Mental Health Justice Act of 2020.
- >
- > Katie Porter has also proposed the Mental Health Parity Compliance Act (HR 3165) to require private healthcare to equally cover mental health issues as taxpayer-funded healthcare.
- >
- > In addition, Katie Porter has proposed the Stopping the Mental Health Pandemic Act (HR 7080).
- >
- > I believe that two out of these three bills would allow for peer providers to work.
- >
- > Ann Hawkins, PhD, MPS, PSS
- >
- > <https://www.commondreams.org/news/2020/10/20/proposal-katie-porter-house-dems-would-fund-mental-health-first-responders-reduce>
- >
- >
- > Sent from my iPhone

From: [Works-Wright, Jamie](#)
To: [Works-Wright, Jamie](#)
Subject: FW: Alameda County Mental Health Advisory Board - Children's Advisory Committee Meeting (November 20th)
Date: Tuesday, November 17, 2020 9:49:29 AM
Attachments: [2020 MHAB Children's Agenda 11-20-20.pdf](#)
[2020 October MHAB \(CAC\) UNAPPROVED Minutes.pdf](#)

Please see the information below and attached

From: MHB Communications, ACBH [mailto:ACBH.MHBCommunications@acgov.org]
Sent: Monday, November 16, 2020 5:31 PM
Subject: Alameda County Mental Health Advisory Board - Children's Advisory Committee Meeting (November 20th)

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

Hello,

Please find attached the agenda and last meeting minutes (unapproved) for the **Alameda County Mental Health Advisory Board, Children's Advisory Committee Meeting on November 20, 2020 from 12:15 pm – 1:45pm.**

Thank you.

Alameda County Mental Health Advisory Board



Alameda County
Mental Health Advisory Board

**Mental Health Advisory Board Agenda
Children’s Advisory Committee**

Friday, November 20, 2020 ♦ 12:15 PM – 1:45 PM

2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

Teleconference: 1-877-309-2073, Access Code: 132-062-077

GoToMeeting Link: <https://global.gotomeeting.com/join/132062077>



Committee Members:	L.D. Louis (<i>Chair, District 4</i>)
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Due to the circumstances regarding COVID-19, the meeting will be held via teleconferencing.

- 12:15 PM Call to Order Chair **L.D. Louis**
- 12:15 PM I. **Roll Call/Introductions**
- II. **Approval of Minutes**
- III. **Children’s System of Care Report (DAMON EAVES)**
- IV. **Chair’s Report**
 - A. DATA NOTEBOOK
 - B. MHAB GENERAL MEETING UPDATE
 - C. REMINDER: NO MHAB CAC MEETING IN DECEMBER
 - D. UPCOMING MHAB RETREAT (JANUARY 2021)
- 12:35 PM V. **PRESENTATION & DISCUSSION: THE CHILDREN SYSTEM OF CARE AND TELEHEALTH DURING THE COVID-19 PANDEMIC (in partnership with Office of Family Empowerment, Boldly Me & NAMI)**
- 1:35 PM VI. **Public Comment**
- 1:45 PM VII. **Adjournment**

Contact the Mental Health Advisory Board at ACBH.MHBCommunications@acgov.org




Alameda County
Board of Supervisors

Alameda County ac bh
Behavioral Health Care Services

Meeting called to order @ 12:18p. by LD Louis Deputy District Attorney (Alameda County Mental Health Unit)

Attendees:	✓	LD Louis, MHAB Chair, Deputy District Attorney (Alameda County Mental Health Unit), Vice Chair of Mental Health Advisory Board and Head of Mental Health Unit for the Alameda County District Attorney's Office District 4			Sarah Oddie, Policy Advisor Wilma Chan's Office	Supervisor
	✓	Joe Rose, President CEO of NAMI Alameda County South NAMI National Alliance on Mental Illness-ACS	✓	Jessie Slafter– East Bay Children's Law Attorneys and Member of Mental Health Advisory Board		
MHAB Members:	✓	Adriana Furuzawa, Director of Early Psychosis Division, Felton Institute (Family Services Agency of San Francisco)		Neill Penn, Member of Mental Health Advisory Board	✓	Boldly Me Kristin Spitz, Executive Director
	✓	Ricki Garcia, Parent Partner at Fred Finch	✓	Lara Maxey, Director of External Affairs at La Familia	✓	NAMI Alameda South Board of Directors Teri Talauta
BHCS Staff:	✓	Jackie Siefel, Clinical Supervisor at Victor Community Support Services				
	✓	Andrea Dacumos, BHCS Recording Secretary	✓	Tanya McCullom, Program Specialist, BHCS Office of Family Empowerment	✓	Damon Eaves, BHCS Associate Director Child and Young Adult System of Care
	✓	Angelica Gums, HR Liaison, BHCS Office of the Director	✓	Asia Jenkins, BHCS Office of the Director	✓	Kristin Boer, BHCS Office of the Director

ITEM		DISCUSSION	DECISION / ACTION
I. Roll Call		A. LD Louis conducted roll call	
II. Approval of Minutes		A. September notes are approved with the following change: a. Adriana clarified in Paragraph D under Family burnout, should state Wrap Around, rather than WRAP	
III. Children's System of Care Report by Damon Eaves	A.	External Quality Review Organization (EQRO) is scheduled for Nov 3-5 th where the State conducts its annual review of our system of care through focus groups, as well as follow up on items from last year. There are 22 organizations invited with a final count of 10 participants from different agencies.	
	B.	Conversion of Pharmacy to fee for services a. Currently the County has a complex process in accessing medication with a few HMOs, such as Kaiser. b. By January 2021, there will be fee for service which would make the process easier, eliminating HMO. c. There will be a contract with virtually all pharmacies who would bill Medi-Cal	
	C.	New referrals for Katie A a. Training on new system is presently happening a. Katie A. is the name of the youth on the lawsuit, which resulted in a mandate for the State of California to provide Intensive Care Coordination and In-Home Based Services for child welfare involved youth	

	<p>b. EQRO will want to make sure every youth in our EPSDT system will be screened for Katie A and seeing proof that a screening was done.</p> <p>c. The referral process requires data sharing between ACBH and Child Welfare</p> <p>d. IT department is working out the issues between the two system for this to happen</p> <p>D. New Covid 19 Unit</p> <p>a. Health Care Services Agency which oversees both Public Health and Behavioral health has created a COVID unit for next 2-3 years which will:</p> <ol style="list-style-type: none"> i. Cut contracts ii. Secure PPE iii. Mobilize staff iv. Share info between agencies v. Rotation of staff drafted out and new staff coming in. <p>E. Outpatient Administrative Staff</p> <p>a. Administrative Service Managers (ASMS) are now re-assigned to report to Outpatient Directors.</p> <p>b. This ensures things are working at a clinical level.</p> <p>c. Clerks report to an ASM, who previously reported to Deputy Director. ASM are now reporting the Clinical Managers, who are more in touch with the work they do.</p> <p>d. Transition expected to end soon, but will be on-going as relationships are established</p>	 <p>CAC 2020.07.24 - Dependent Childrert</p>
<p>IV. Jessie Slafter - East Bay Children's Law Attorneys</p>	<p>Jessie Slafter did a follow up on her presentation on Dependent Child / Youth and Access to MH System of Care for October meeting</p> <p>B. Jessie would attend these CAC meetings and reflect on the lens of the parent who advocate for their children, but felt there was a void in the voice of those who didn't have a guardian or traditional caregiver, such as foster youth or those in the dependency or probation systems.</p> <p>C. As soon as a youth is removed from the home and enters the dependency unit, a bundle of rights is disbursed across the youth, parents and agencies</p> <ol style="list-style-type: none"> a. Treatment, Psychotropic rights may go to Court or Attorney b. Major medical systems may be up to Court. c. Release of Education Information may be Parent, or school or youth <p>D. Services are provided in several ways</p> <ol style="list-style-type: none"> a. Least restrictive environment – able to be at home for treatment or at school b. Community Based – serve the youth where they are c. Medication— Attempting to use non-pharmaceutical treatment prior to pharmaceutical treatment d. Youth at the table, able to make decisions e. Using targeted and evidence-based services (services already being used) f. The more the acute, the more rights are limited <p>E. Limitations of Mental Health services</p> <ol style="list-style-type: none"> a. A diagnosis is required for medical to obtain full scope Medi-Cal. b. Targeted and evidence treatment is required, however, if the county is not already contracted for a specific service the parent needs to be a fervent advocate. For example, Therapeutic Foster Home has not been implemented in the state. c. Most teens do not respond to talk therapy, or even play therapy. They'd rather play basketball or go for a drive, which are not billable. 	

- d. Placement changes often mean treatment staff changes. Teens are often reluctant to engage in therapy.
- e. Even though there are standards for treatment centers, there still exists a wide variety of treatment, staffing and environments that have no pictures on wall, feels like an empty house, theft among residents. Staff may play favorites.
- F. Group Discussion on availability of trauma focused services and where does BHCS stand on trauma informed role.
 - a. Dependency services call the Access line for referrals.
 - b. Once a youth is removed, it's full scope Medi-Cal.
 - c. Damon reports that trauma informed is one of the main principles in BHCS services, however, if primary needs are not being met or no continuity or parental figure, treatment can go on for a while. The ability to do therapy is difficult. There are often multiple providers, pointing the finger at each other with no solutions.
 - d. Jessie- Presumptive transfer is where a child goes between counties to his home county. There is an overlap in services. This is a legislative switch, not in the realm of BHCS.
 - e. LD asked where is there space for system improvement? If we could identify the population and areas of commonality, it would help us have a realistic discussion in closing the gap between TAY and adult services
 - f. Damon reported that each level has its own focus (depression, anxiety and behavior problems) developmental issues from Teens. We know who the cases are-- the ones more likely to be in guidance clinic, family discussions, child welfare, etc. There are not programs to address these problems.
 - g. In Tanya's work with families, she has seen that when families first enter the system, the mental health needs are not being met. Although simplistic, early mental health education for parents can prevent a child from languishing into the system.
 - h. Tanya has also seen a different trajectory between white children and those of color. Black male youth are quickly diagnosed with Oppositional Defiance Disorder. A diagnosis can make all the difference in the services they receive. This is often not the case with white children.
 - i. LD stated there is data on discrepancies of access to services and race. Deep and implicit bias appears in every aspect of our system. Damon said that although this topic is covered in the culturally linguistic training, it is not mandatory. Perhaps Javarre Wilson if Ethnic Services could speak to the cases that don't get the help they need.
 - j. Jessie described how a youth has to fail out of lesser treatment, even if they need a higher level of care. A challenging case is where a family has private insurance and will not get the mental health services needed and they end signing their kid into foster care, thinking social services will place youth in treatment center, but will end up in a foster home out of county and parents have no rights to health, as social services now have the custody.
 - k. Joe Rose brought up the MHSA presentation and could not find line item for AB2022, want to make sure money is identified to pay for that. LD advised to ask Tracey Hazelton and email LD the MHAB board
 - I. Next Steps**
 - i. Get the data on children into adult system with a presentation

Next steps are to educate ourselves on what implicit bias training there is. This is a system wide problem.

	<ul style="list-style-type: none"> ii. Have a productive discussion with leaders to inform the discussion on how to fill the gaps in dependency system. iii. Is there a different navigation system for parents that have a youth in the dependency system? iv. Jessie would like to advocate how to access in patient treatment 	
<p>V. Chair's Report by LD</p>	<p>A. Larger MHAB & JIMH update</p> <ul style="list-style-type: none"> e. The last meeting continued the ongoing focus on a process for reducing the seriously mentally ill population out of Santa Rita Jail. MHAB has a list of proposals which will be going to Board of Supervisors. f. MHAB will be touring Glen Dyer Jail which is recommended to be repurposed for mental health housing and services, happening on the same day as the board is having a retreat on this recommendation. g. Dr. Tribble provided data on services for 0-17, TAY and Adult. There was an acknowledgement that 0-17 and TAY need greater effort in keeping them from becoming high utilizers in the adult system. 	
<p>November Meeting on Telehealth and our youth</p>	<p>Reminder, the time of this meeting will be: 12:15-1:45p on same 4th Friday of month.</p> <p>November 20th Topic will be on Telehealth and the State required Data notebook question that County has to answer on Children's Services and Telehealth, which is due on November 30th</p> <p>Please email LD if you know of diverse families or youth to comment about telehealth and can attend November's meeting.</p> <p>There will be no December meeting</p>	<p>LD will send the specific question from the Notebook for this group to think about prior to November's meeting.</p>
<p>V. Future Agenda Items</p>	<ul style="list-style-type: none"> A. UPDATED Presentation on Children's Services B. Children who are their own primary advocate (e.g. foster youth or youths without appropriate parental care)? C. Care facilities for youth (Fremont Hospital), Out of County Facilities D. Foster Care Issue E. Anxiety, Stress and Suicide in the TAY Population F. Ask for expansion of services similar to Union City Family Center 	
<p>Public Comment on Items not on Agenda</p>		
<p>VI. Adjourn</p>	<p>Meeting Adjourned 1:46p</p>	
<p>Next Meeting</p>	<p>Friday, November 20th at 12:15p via GoTo Meeting</p>	

Minutes submitted by Andrea Dacumos

From: [Works-Wright, Jamie](#)
To: [Works-Wright, Jamie](#)
Subject: FW: Alameda County Mental Health Advisory Board - Criminal Justice Committee Meeting (November 18th)
Date: Monday, November 16, 2020 8:40:25 AM
Attachments: [2020 MHAB CJ Agenda 11-18-20.pdf](#)
[MHAB CJC Meeting Minutes 9-30-2020 UNAPPROVED.pdf](#)
[MHAB CJC Meeting Minutes 10-28-2020 UNAPPROVED.pdf](#)

Please see the emails and the attachments for the meeting on Wednesday

From: MHB Communications, ACBH [mailto:ACBH.MHBCommunications@acgov.org]
Sent: Friday, November 13, 2020 5:12 PM
Subject: Alameda County Mental Health Advisory Board - Criminal Justice Committee Meeting (November 18th)

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

Hello,

Please find attached the agenda and minutes (unapproved) for the **Alameda County Mental Health Advisory Board, Criminal Justice Committee Meeting on November 18, 2020 from 12:30 pm – 2pm.**

Thank you.

Alameda County Mental Health Advisory Board



Alameda County
Mental Health Advisory Board

Mental Health Advisory Board Agenda Criminal Justice Committee

Wednesday, November 18, 2020 ♦ 12:30 PM – 2:00 PM
2000 Embarcadero Cove, Oakland, CA, Suite 400, Alvarado Niles Room
Teleconference: 1-866-899-4679, Access Code: 770-722-253
GoToMeeting Link: <https://global.gotomeeting.com/join/770722253>

Committee Members:	Brian Bloom (<i>Co-Chair, District 4</i>); Juliet Leftwich (<i>Co-Chair, District 5</i>)
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- 12:30 PM Call to Order Chair
- 12:30 PM I. Roll Call
- 12:35 PM II. Approval of Meeting Minutes
- 12:40 PM III. Presentation by Dr. Lorenza Hall Regarding MHAB Data Request (attached). Discussion and Questions.
- 1:50 PM IV. Next Steps
- 2:00 PM V. Adjournment

Contact the Mental Health Advisory Board at ACBH.MHBCommunications@acgov.org



Alameda County
Board of Supervisors

Alameda County ac bh
Behavioral Health Care Services

MHAB Data Request: Sent by Email Dated November 6, 2020

Dear Dr. Tribble,

Thank you very much for facilitating a response to this data request by the Mental Health Advisory Board (MHAB). The requested data is essential for determining the most effective way to reduce the population of seriously mentally ill individuals at Santa Rita Jail. We have tried to be as precise as possible in formulating this request. Given the complexity of the Alameda County mental health system, however, we acknowledge that some of our questions may need clarification or further refinement. Please let us know if you have any questions or suggestions in that regard.

We would greatly appreciate receiving the data at least one day before the next MHAB Criminal Justice Committee meeting on November 18 (the usual meeting date was changed to avoid conflicting with the Thanksgiving holiday). We would also appreciate having someone from Behavioral Health present the data on November 18. Our meetings are from 12:30 to 2:00.

For purposes of this request, the term "seriously mentally ill" includes individuals with psychotic illnesses such as schizophrenia, schizoaffective disorder and bipolar disorder. We are seeking the following data for the time period October 1, 2018 to October 1, 2020:

1. The number of seriously mentally ill people who were incarcerated at Santa Rita Jail, including their race, age and gender identity, and whether they suffered from anosognosia (impaired ability to perceive one's mental illness).
2. The diagnosis for each seriously mentally ill person at Santa Rita Jail and the number of persons who received psychiatric medication.
3. The mean and median length of stay of each seriously mentally ill person at Santa Rita Jail and number of persons with single and multiple stays.
4. The housing and case management needs of seriously mentally ill persons who were released from Santa Rita Jail.
5. The number of incarcerated people at Santa Rita Jail who were 5150'd and transported to Psychiatric Emergency Services at John George Psychiatric Hospital (JGP).
6. The number of incarcerated people at Santa Rita Jail who were 5150'd and transported to Psychiatric Emergency Services at JGP and subsequently admitted to an inpatient unit at the Hospital.
7. The number of seriously mentally ill people in the general Alameda County population, with specific data for these people on:
 - a. their race, age, and gender identity
 - b. their geographic location and whether they were housed/unhoused
 - c. whether they suffered from anosognosia.

8. For Villa Fairmont Mental Rehabilitation Center, Gladman Mental Health Rehabilitation Center and JPG, how many individuals (other than those identified in response to questions 5 and 6) were treated and:
- a. the mean and median length of stay and the number of persons with single and multiple stays
 - b. the diagnosis for each seriously mentally ill person in the facility and the number of persons who received psychiatric medication
 - d. the length of the waiting list, if any, and mean and median length of time people waited before receiving services
 - e. the housing and case management needs of people admitted to the facility
 - f. the annualized mean and median cost of stay and treatment per person.
 - g. the number of people who were subsequently stepped down (referred) to other facilities, including Amber House, Woodroe Place and Jay Mahler Recovery Center.
9. For Amber House, Jay Mahler and Woodroe Place:
- a. the number of seriously mentally ill individuals who received treatment at each facility
 - b. the diagnosis of each seriously mentally ill individual and the number of persons who received psychiatric medication
 - c. the number of persons who sought treatment at each facility and were declined treatment and why
 - d. the length of the waiting list, if any, and mean and median length of time people waited before receiving services
 - e. the housing and case management needs of people admitted to each facility
 - f. the annualized mean and median cost of stay and treatment per person
 - g. the mean and median length of stay and the number of persons with single and multiple stays.

Thank you again for your assistance with this request. We expect to have additional data requests in the future, and our next request will most likely relate to recidivism rates for people receiving services and treatment in Alameda County.

Best regards,

Julie

Juliet A. Leftwich
Co-Chair, Criminal Justice Committee
Alameda County Mental Health Advisory Board



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

Meeting called to order @ 12:32 PM by **Juliet Leftwich**.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll Call completed.	
Approval of Minutes	September minutes need approval and will be considered at next meeting.	
Discussion of Board of Supervisors October 27 Meeting/Reducing Number of Mentally ill individuals at Santa Rita Jail	<p>Discussion:</p> <p>Committee members agreed that data is crucial to reducing the mentally ill population at Santa Rita Jail.</p> <p>There were specific questions raised regarding data gathering and the need for locked and unlocked beds. They included:</p> <ul style="list-style-type: none"> • How can data be compiled? • Majority of the committee members agreed focus of next agenda should be about data. For example, what is the scope of the system for data tracking? • What is the current tracking system being used by the agency? • What type of information is being captured? • What is being reported out? <p>Committee Recommendations:</p> <ul style="list-style-type: none"> • A member of the public suggested to the committee that they invite an industrial engineer to come present on how to support with data tracking. The member suggested to contact a graduate student from 	

ITEM	DISCUSSION	DECISION/ACTION
	<p>U.C. Berkeley, Stanford, or an industrial engineer practice in the area. Dr. Tribble has appointed a QFC Officer. We can start with contacting him for a presentation on the agency's data systems.</p> <ul style="list-style-type: none"> • Committee members should submit any specific data questions to the Co-Chairs. • Committee members should discuss expanding membership and consider committee's role in an oversight capacity. • Committee members would like to see more participation from law enforcement. They suggested reaching out to police chiefs within Alameda County. • Invite someone from ACBH to come present on the current system and captured data points. • Invite an industrial engineer to sit in on the next meeting to support with data tracking. • Have law enforcement become more involved as a committee member and reach out to the Chiefs of police within various jurisdictions for recruitment. • Consider structure of committee to be more formal regarding public participation. <p>The committee will focus on data at the next meeting and submit a data request to ACBH and invite someone from ACBH to come present on the current system and captured data points.</p>	
Next Steps		
Adjournment	Adjourned at 1:42 PM	

Minutes submitted by A. Gums



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

Meeting called to order @ 12:35 PM by Chair Brian Bloom.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll Call completed.	
Approval of Minutes	August minutes approved.	
Discussion	<p>Strategy Discussion Re MHAB Recommendations to Board of Supervisors (BOS)</p> <p>A. How Can We Increase the Chances that the BOS Will Implement Our Recommendations for Reducing the Mentally Ill Population at Santa Rita Jail?</p> <p>The Committee reviewed the recommendations presented by the Justice Involved Mental Health (JIMH) Taskforce at the previous full board meeting on September 21st, which will be submitted through a report to Alameda County Behavioral Health. It is the Committee's understanding that the recommendations presented by JIMH will also be included in Behavioral Health's presentation to the Board of Supervisors (BOS).</p> <p>The MHAB will send a letter requesting the attention of the BOS, the Committee decided to send a letter, electronically and hard copy, with their recommendations to each Board of Supervisors' Offices, informing them that members of the MH Board will reach out to them to schedule a one on one meeting. The MHAB will send a letter to the Clerk of the Board's Office, so they could include it in the BOS agenda packet.</p>	<p>Action Items:</p> <ul style="list-style-type: none"> • Send letter to Alameda County Board of Supervisor Offices and Clerk of the Board • Lobby Alameda County Agency and Department Heads and local police agencies to support the MH Board recommendations.

ITEM	DISCUSSION	DECISION/ACTION
	<p>B. Public Outreach/Education? Lobbying of Supervisors?</p> <p>In addition to sending the recommendations to the Board of Supervisors, The MHAB agreed to lobby the support of other local and state elected offices and Alameda County Agency and Department Heads.</p>	
Other Discussion Items	None.	
Adjournment	Adjourned at 2:00 PM	

Minutes submitted by A. Gums

From: [Works-Wright, Jamie](#)
To: [Works-Wright, Jamie](#)
Subject: FW: Mental Health Advisory Board Meeting 11/16/20
Date: Monday, November 16, 2020 8:40:10 AM
Attachments: [2020 11-16 MHAB Agenda - final.pdf](#)
[MHAB \(MAIN\) 2020 10-19 Minutes UNAPPROVED.pdf](#)
[Final - MHAB Recommendations to BOS re Santa Rita Jail 10-6-20.pdf](#)
[ACBH - A Systems Approach Plan to Reduce forensic involvement with Behavioral health clients \(FINAL\)v2 \(002\).pdf](#)

Please see information below for the meeting today.

From: MHB Communications, ACBH [mailto:ACBH.MHBCommunications@acgov.org]
Sent: Friday, November 13, 2020 4:48 PM
Subject: Mental Health Advisory Board Meeting 11/16/20

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

Good afternoon,

Please see attached agenda/materials for the MHAB meeting on 11/16/20.

Also attached, is the MHAB Recommendation letter to BOS and the Systems Approach & Plan to Reduce Forensic involvement with Behavioral Health Clients presentation that was presented to the BOS on October 27th by Dr. Karyn Tribble.

Also the link below is the petition on Change.org.

Link:

<http://chnge.it/KMqT4HxpXc>

MHAB Main Meeting
Mon, Nov 16, 2020 3:00 PM - 5:00 PM (PST)

Please join my meeting from your computer, tablet or smartphone.
<https://global.gotomeeting.com/join/823705717>

You can also dial in using your phone.
United States (Toll Free): [1 866 899 4679](tel:18668994679)
United States: [+1 \(646\) 749-3117](tel:+16467493117)

Access Code: 823-705-717

Join from a video-conferencing room or system.
Dial in or type: 67.217.95.2 or inroomlink.goto.com
Meeting ID: 823 705 717
Or dial directly: [823705717](tel:823705717)@67.217.95.2 or 67.217.95.2##823705717

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Alameda County
Mental Health Advisory Board

Mental Health Advisory Board Agenda

Monday, November 16, 2020 ♦ 3:00 PM – 5:00 PM

2000 Embarcadero Cove, Oakland, CA

Gail Steele Room

(space is limited due to physical distancing requirements)

<https://global.gotomeeting.com/join/823705717>

Teleconference: 1-866-899-4679, Access Code: 823-705-717

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

- 3:00 PM** Call to Order Chair **Lee Davis**
- 3:00 PM** I. Roll Call
- 3:02 PM** II. Approval of Minutes
- 3:05 PM** III. Chair’s Report
 - A. Ad Hoc Meeting - MHAB Regulatory Role (Date: TBD)
 - B. Ad Hoc Meeting - Retreat Planning – November 19th @ 5:15pm
 - C. New MHAB member – Warren Cushman
- 3:10 PM** IV. Introduction of Warren Cushman
- 3:15 PM** V. Director’s Report
 - A. Data Notebook
- 3:25 PM** VI. Committee Reports
 - A. Criminal Justice Committee
 - B. Children’s Advisory Committee
 - C. Adult Committee
 - D. MHSA Stakeholders Committee
 - E. Quality Improvement Committee
- 3:35 PM** VII. MHAB Recommendations for Diversion – Update
- 3:40 PM** VIII. Plan to Reduce Forensic Involvement with Behavioral Health Clients – Update and Discussion
- 4:40 PM** IX. Public Comment
- 5:00 PM** X. Adjourn

MHAB Mission Statement

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

Contact the Mental Health Advisory Board at ACBH.MHBCcommunications@acgov.org



Alameda County
Board of Supervisors

Alameda County ac bh
Behavioral Health Care Services



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

Meeting called to order @ 3:00 PM by Chair Lee Davis.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call / Introductions	Roll Call completed.	
Emergency Action	None.	
Approval of Minutes	September minutes approved.	
Chair's Report	<p>A. MHAB Recommendation Letter to BOS The recommendation letter was sent to the Board of Supervisor. The letter was also uploaded to Change.org to get public support for the MHAB recommendation. Link was sent to MHAB members. Board Supervisors staff was very appreciative of the recommendations and they were very clear and concise.</p> <p>B. 2020 Data Notebook This year's Data Notebook topic is Telehealth, and the due date to the state is November 30, 2020. Lee and L.D. will meet to discuss the questions and completion, some questions can be answered by the MHAB subcommittee and some will need to be answered by ACBH. Lee and L.D. will meet on October 20th. Will need to be voted and adopted by the Board.</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>C. MHAB Upcoming Meeting & Schedule</p> <ul style="list-style-type: none"> MHAB Main Board Meetings for December 2020 and January 2021 are cancelled. In lieu of the January 2021 meeting, MHAB will host the annual retreat that will take place on Saturday, January 23, 2021. February 2021 meeting will take place on February 16, 2021. <p>D. Annual Award Banquet</p> <p>Tentatively scheduled for Thursday, May 13, 2021. Considering to host a virtual and a smaller in-person event with social distance guidelines. Still thinking of ideas on what the event will look like.</p> <p>Glen Dyer Jail</p> <p>Vanessa Cedeno invited the Mental Board Health Board to tour Glen Dyer Jail. Since there has been some interest by the MHAB and the criminal justice advocates in the repurposing the Glen Dyer Jail facility. Dave Brown and Sarah Oddie have been working to schedule a tour of the facility, and a tour is scheduled for Tuesday, October 27th at 1pm. Meeting point will be on 7th and Clay Street. Unfortunately, there's a conflict with the BOS Retreat. There has been no set time scheduled for the presentation by ACBH on reducing the seriously mental ill population at Santa Rita. The BOS is considering to schedule a specific time on the agenda for this item. Vanessa to send invitation to MHAB members, and asked that members interested in attending to reach out to Dave Brown.</p>	
<p>Director's Report</p>	<p>A. COVID-19 Departmental Update</p> <p>Many staff have been deployed to Public Health, and some staff have returned back to ACBH. ACBH has been some working and will continue to provide support to our providers. There have been some changes to policies re: telehealth at allow flexibility in working with clients.</p> <p>In September, the peer certification bill as passed by the state, and information was sent to the MHAB. The peer certification is a training program where consumer and family members can become certified, and will be able to bill Medi-Cal.</p> <p>There is anticipation for additional Health Officer orders. The landscape has change. The county is currently preparing for the Orange Tier. We don't anticipate a return to normal operations.</p> <p>B. Alameda Health System</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>The BOS will be discussing at the October 20th Board meeting an item related to Alameda Health System. There is a recommendation to restructure the Board of Trustees by two of the Board of Supervisor. There will be a different relationship at the Board level, in relation to the membership of the Board of Trustees and amendment to the Bylaws.</p> <p>Budget No new information to report on the budget. The Finance Unit and the Executive Leadership Team has begun a very collaborative process to engage internal and community stakeholders to help with potential budget recommendations. More details to come.</p> <p>There will be preview of the October 27th presentation to the BOS later in the meeting.</p>	
<p>Committee Reports</p>	<p>A. Criminal Justice Committee The last meeting was dedicated to brainstorming about ways to build support for the recommendations to the BOS. No agenda items for this month meeting have been determined, yet.</p> <p>B. Children’s Advisory Committee The meeting time has slightly been modified. By consensus, the meeting will now be held 12:15pm – 1:45pm on the same day. There will not be a meeting in December 2020. At last month’s meeting there was a discussion on Telehealth. We had some family members attend and some reporting from the liaison from the Children’s System of Care, Damon Eaves. The agency that is supporting family members discussed some of the challenges with engaging families and youth, and the burn out with virtual learning and therapy sessions. The November meeting will be dedicated to discuss some recommendation and feedback. Would like to invite some youth the attend the meeting to discuss their experiences with accessing telehealth services. L.D. is working with Boldly Me and Tanya McCullom to invite youth to the meeting. This month’s meeting there will be a presentation by Jesse Slafter regarding the challenges with the provision of services to youth involved in the dependency system.</p> <p>C. Adult Committee Last month’s meeting was cancelled. Marsha McInnis has reached out to Kim Swain from Disability Rights of California to come to this month’s</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>meeting, to discuss the lawsuit against Alameda County, to get a better understanding. Marsha is awaiting confirmation from DRC about attending the meeting. If no reply from DRC, there are other agenda items that can be discussed. The Intensive Outpatient Program has sent a request for a letter of support in keeping the program open. Marsha would like to discuss with Lee on how the Adult Committee can support.</p> <p>D. MHSA Stakeholders Committee At the next meeting there is a planned presentation of the MHSA Plan, comments have been received by the MHSA Committee and the report is being updated.</p> <p>E. Quality Improvement Committee From the August meeting, there was discuss about changes in record keeping in SUD treatment, you no longer have to name the particular individual. There was discussion to make sure providers are indicating medical necessity for psychological testing and that it is clearly documented in the chart. There was also a Yellow Fin presentation/ demo, and the data that is being synthesized by the data services team.</p>	
ACBH Departmental Update	<p>Dr. Tribble gave an update on the Alameda County Behavioral Health Care Services on the SOC delivery system. departmental priorities and initiatives. She also presented the Forensic Services system redesign and stakeholder planning.</p>	
Questions and Answers	<p>For the data on those served, do you have a breakdown of how many of each are SMI or not? They all are SMI</p> <p>To what degree are we seeing the 0 -17 years population reflected in later services along the system of care? There was some data analysis early on, and we saw some clients that may have had some high-risk factors, and they were followed through the system leading up to incarceration.</p> <p>What programs fall under the \$200 million and \$16 million budget? Like Behavioral Health Court? Is that something in the \$200 million or \$16 million? Behavioral Health Court is under the \$200 million. The \$16 million is the jail funding and the conditional release programs.</p> <p>How much of the services have been development of implemented? Will this create any big changes or shake up the system? Some of the programs have been implemented like CATT and the Safe Landing Program and some are on the brink of implementation. Some things haven't been done because we</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>wanted to wait for the recommendations and direct us on which way to go. We will be following the data and reshaping the data points. Some things are underway and we have much more to do. Hopefully, the feedback we have received will help with the future efforts.</p> <p>How and what tools are being identified for the right fit for services? We have been thinking and lead by the expertise of Dr. Chambers and Ms. Gunter. We have been looking at the Sequential Intercept Model and Risk Needs Responsivity Principals.</p> <p>Will there be more specificity in response to the JIMH proposal? We have asked Jewel'd and they will be providing a final report with all the recommendations. The good thing is that there is alignment. ACBH will provide specific programming recommendations, full JIMH report and report from Indigo.</p>	
<p>Public Comment</p>	<p>Alison Monroe was very glad to see that some of the recommendations that are being discussed was in Dr. Tribble's presentation. Hard to say what's in and what's out, and some ideas are turning points. The idea of more acute and subacute facilities is a good thing, and was glad to see that presented.</p> <p>John Lindsay-Poland was appreciative of the presentation. He wanted to note about the department being more data driven, but there a piece of the data that he hears from providers and consumers that is concerning, and not sure how the department can address the way the data become distorted by the lack of services and beds available.</p>	
<p>Adjournment</p>	<p>Adjourned at 5:00 PM</p>	
<p>Minutes submitted by A. Jenkins</p>		



Date: October 6, 2020

To: Alameda County Board of Supervisors

Re: MHAB Recommendations to Reduce the Mentally Ill Population at Santa Rita Jail

Members:

Lee Davis, Chair
District 5

L.D. Louis, Vice Chair
District 4

Marcella Anthony
District 1

Marsha McInnis
District 1

Tamika Greenwood
District 2

Linda Ramus
District 2

Neil Penn
District 2

Loren Farrar
District 3

Ashlee Jemmott
District 3

Brian Bloom
District 4

Juliet Leftwich
District 5

Jessie C. Slaffer
District 5

**Board of Supervisors
Representative:
Vanessa Cedeño**
District 3

Introduction

The Alameda County Mental Health Advisory Board (MHAB), duly appointed by the Alameda County Board of Supervisors (BOS), provides these recommendations regarding actions the BOS can take to reduce the number of mentally ill individuals at Santa Rita Jail. The MHAB believes that any such actions will only be meaningful and long lasting, however, if they:

- Are based on an analysis of data that is made available to the public in an easily accessible form.¹
- Include a multi-year timetable with specific, quantifiable goals for each action, including a 50% reduction of the number of people with serious mental illness in Santa Rita Jail within 3 years.
- Are driven by these foundational, well-established principles: 1) incarceration exacerbates mental illness; 2) mental health services are more effective, more humane and more cost-effective than jail; and 3) the current system causes many of our most vulnerable community members to be caught in a vicious cycle of jail and homelessness, without any clear path forward.

The MHAB acknowledges the complexity and multi-faceted nature of this problem and has focused its resources accordingly. MHAB members have participated in each of the Justice Involved Mental Health Taskforce (JIMHT) meetings, the MHAB has dedicated several of its meetings to the topic (including those of the full board, Criminal Justice Committee and Ad Hoc Committee), and sought out and heard the views of the public. We have synthesized everything we have learned into the following specific, prioritized recommendations, each with long-term and short-term action items.

MHAB Priority Recommendations

Recommendation #1: Significantly increase the capacity of residential treatment beds countywide to ensure that effective, humane treatment is available at all levels of need. Alameda County must invest in the expansion of treatment bed capacity to provide a robust continuum of care – from locked beds at an acute crisis facility to treatment at sub-acute facilities, crisis residential facilities and licensed board and cares – each with the capacity to provide the appropriate type and length of treatment. Unless Alameda County aggressively expands residential treatment capacity, Santa Rita Jail will remain the county's primary locked mental health treatment facility.

Long-term action item:

- The building formerly referred to as Glenn Dyer Jail should be repurposed for RESIDENTIAL LOCKED AND UNLOCKED MENTAL HEALTH TREATMENT. The building supplies adequate square footage to allow for a locked portion of the facility as well as unlocked residential capacity. Repurposing this location will reduce the NIMBY response since it was used as a jail in the past.

Short-term action items:

- The County should conduct a feasibility study for retrofitting the building formerly referred to as Glenn Dyer Jail as a locked and unlocked mental health treatment facility.
- The County should identify all vacant or underutilized county-owned buildings and properties to determine which of those could be repurposed or built upon to provide treatment at all levels of need.
- The County should support the creation and retention of licensed Board and Care facilities, including through direct subsidies.

Recommendation #2: Prioritize the care of “high utilizers”ⁱⁱ of county mental health and criminal justice services to ensure that they are connected to appropriate treatment and facilities. The JIMHT, using data supplied by Alameda County Behavioral Health (ACBH), has identified more than 900 “high utilizers” of services. These individuals cycle repeatedly in and out of acute crisis beds, jail or substance use detox facilities. The number of high utilizers has remained constant for at least 2 years.

Long-term action item:

- Create a team of Behavioral Health Care Services employees who are dedicated exclusively to “high utilizers.” Rapid turnover in Community Based Organizations (CBOs) leads to a failure in a continuity of care for our most vulnerable community members. Providing a small, dedicated clinical staff modeled after the highly effective and successful Conditional Release Program managed by the Department of State Hospitals would provide the continuity of care and reduction of recidivism badly needed in Alameda County. These employees – not outside contractors or CBOs - would serve as case managers for “high utilizers” to ensure that continuity of care is provided. County employment would increase retention through payment of a living wage as well as benefits.

Short-term action item:

- Identify “high utilizers” and prioritize them for substance use disorder and mental health services within the system of care.

Recommendation #3: Implement universal mental health and substance use disorder screening and assessment at booking into jail. One of the most effective ways to facilitate diversion and effectively reduce the population of mentally ill people who are incarcerated at Santa Rita would be to implement a system requiring all people who are incarcerated to receive mental health screening and assessment when they are booked. Currently, people who are incarcerated receive only a health screening by BHCS employees. Universal mental health and substance use screening and assessment, ideally by a team of independent clinical staff, would allow for mentally ill people who are incarcerated to

immediately be diverted to mental health facilities, Behavioral Health and/or treatment/collaborative courts as appropriate.

Long-term action item:

- Direct ACBH to dedicate staff from the newly-funded clinical positions at Santa Rita Jail for universal mental health and substance abuse screening and assessment.

Short-term action item:

- Direct ACBH to identify appropriate screening and assessment tools.

Recommendation #4: Enhance accountability and oversight of Community Based Organizations that are in contract with the County for the provision of mental health and substance use services. The County should ensure the quality and impact of contracted mental health and substance use services by implementing an effective performance accountability system and allocating resources to support the needed infrastructure and capacity to deliver high quality services.

Long-term action item:

- Implement service agreements with CBOs that have at least some of their reimbursement tied to quantifiable performance measures.

Short-term action item:

- Direct ACBH to provide a detailed, publicly available report on the performance of CBOs and their provision of services. This report should include recidivism data after services have been provided.

Other MHAB Recommendations

The Jail:

- Direct ACBH to hire a dedicated staff person for discharge planning and coordination from the jail to outside programs.
- Direct ACBH to expand or create additional programs for the re-entry population.
- Direct ACBH to operate the Safe Landing Project 24/7 and expand its services to ensure that newly-released people who are incarcerated have transportation, particularly if they are released after public transportation has stopped operating.

ACBH:

- Direct ACBH to increase 5150 authorization to licensed social workers, psychiatrists and other mental health professionals in non-volatile situations.
- Direct ACBH to increase the capacity of existing Intensive Outpatient Programs for individuals living with serious mental illness.

The Courts:

- Direct ACBH to increase treatment and assessment capacity within the Behavioral Health Court. This would allow the Court to meet in Oakland more than once a week and also meet in another part of the county.

Conclusion

The MHAB feels that the foregoing recommendations, if implemented, would significantly reduce the number of seriously mentally ill individuals in Santa Rita Jail. We appreciate your consideration.

Sincerely,



Lee Davis, MHAB Chair



L.D. Louis, MHAB Vice-Chair

ⁱ The following data is needed, at a minimum:

- the number of seriously mentally ill people who are incarcerated at the Jail
- the number of seriously mentally ill people in the general Alameda County population, with specific data for these people on:
 - their race, age, and gender identity
 - geographic location
 - whether they suffer from anosognosia (impaired ability to perceive one's mental illness)
- for each existing mental health facility (including those with locked and unlocked beds), how many individuals are treated
 - over what period of time,
 - the average length of stay,
 - how many people were turned away,
 - the length of the waiting list, if any, and
 - what happened to those individuals after they left the facility

This data should be compiled and publicly available on the internet on an annual basis.

ⁱⁱ In the context of JIMHTF, "high utilizer" refers to a person who has a high level of involvement in the mental health system over a "trailing" 12 month period since the last incidence as defined by: having Justice Involvement (see definition below) and 2 or more CSU i.e., John George episodes and/or having had 2 or more Cherry Hill episodes and/or having had 1 or more Inpatient episodes; or are in conservatorship.

"Justice Involved" means:

- Served by Behavioral Health Court
- Served by a court advocacy program
- Seen by the drug court
- Served by a MH AB109 Program or
- Had arrest or citation at intercept 0.

A Systems Approach & Plan to Reduce Forensic involvement with Behavioral Health Clients

Alameda County Board of Supervisors (BOS) Presentation
Board Retreat – October 27, 2020

Karyn Tribble, PsyD, LCSW, Director
Alameda County Behavioral Health Care Services (ACBH)

Colleen Chawla, Director, Health Care Services Agency (HCSA)

A Systems Approach & Plan to Reduce Forensic Involvements with Behavioral Health Clients

Contents Summary:

- A. ACBH Departmental Overview
- B. Forensic Services Redesign & Planning
- C. Emerging Findings & Themes
- D. Formal Recommendations
- E. Next Steps

ACBH Departmental Overview

- **Mental Health Managed Care Plan**
- **Substance Use Managed Care Plan**
- **Care Delivery System, Contractual Organization, & Behavioral Health Jurisdiction for safety net beneficiaries (MH & SUD)**



ACBH Departmental Overview

- Contracting Organizations deliver approximately 86% - 87% of all Mental Health and 100% of all Substance Use Services for the Department.
- **Fiscal Year (FY)19-20 Budget:**
 - \$540 Million Dollars
 - Adult Forensic Behavioral Health (AFBH) \$16M
 - 693.45 FTE County Civil Service Positions
 - 20,414 individuals served in Outpatient Mental Health Programs.
 - 5317 Individuals served in Substance Use Programs.
- **Fiscal Year (FY)20-21 Budget:**
 - \$563 Million Dollars
 - Adult Forensic Behavioral Health (AFBH) \$16M + 22M (*Approved by BOS May 2020*)
 - 700.00 FTE+ County Civil Service Positions
 - *Client-level encounter data pending*

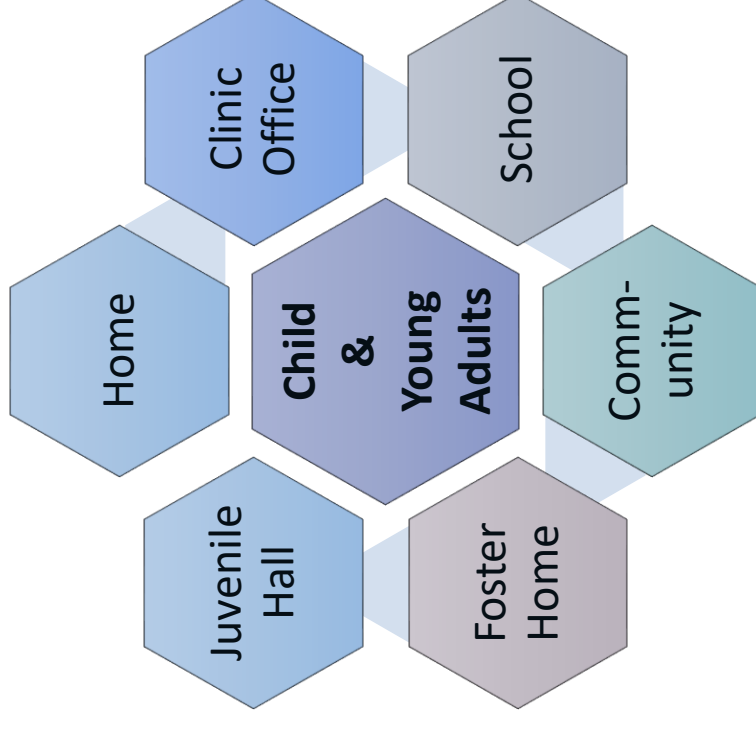
Service Delivery:

- Adolescent Substance Use Treatment & Prevention
- Community Outpatient Services
- Educationally Related Mental Health Services
- Early Childhood (Birth – 8)
- School Based Behavioral Health
- Full Service Partnerships (FSPs)
- Psychiatric Emergency Services
- Intensive Case Management
- First Episode Psychosis
- Housing
- Juvenile Justice Center & Santa Rita Jail
- Vocational & Employment Support
- In-Home Outreach Team



Child and Young Adult System of Care

Serving Children & Youth from Birth – 24 years

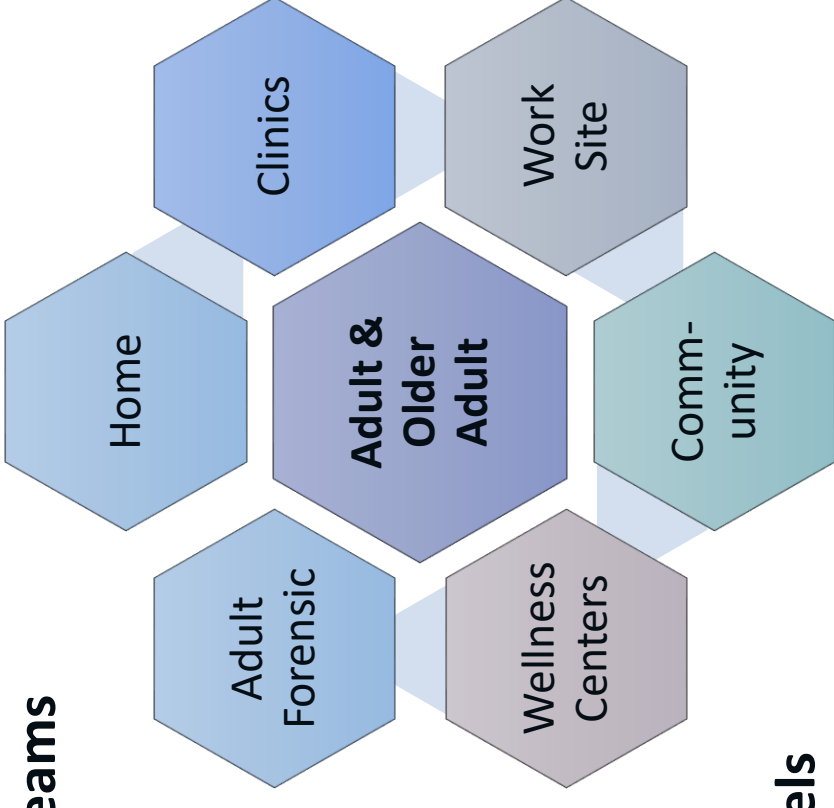


Service Delivery:

Adult and Older Adult System of Care

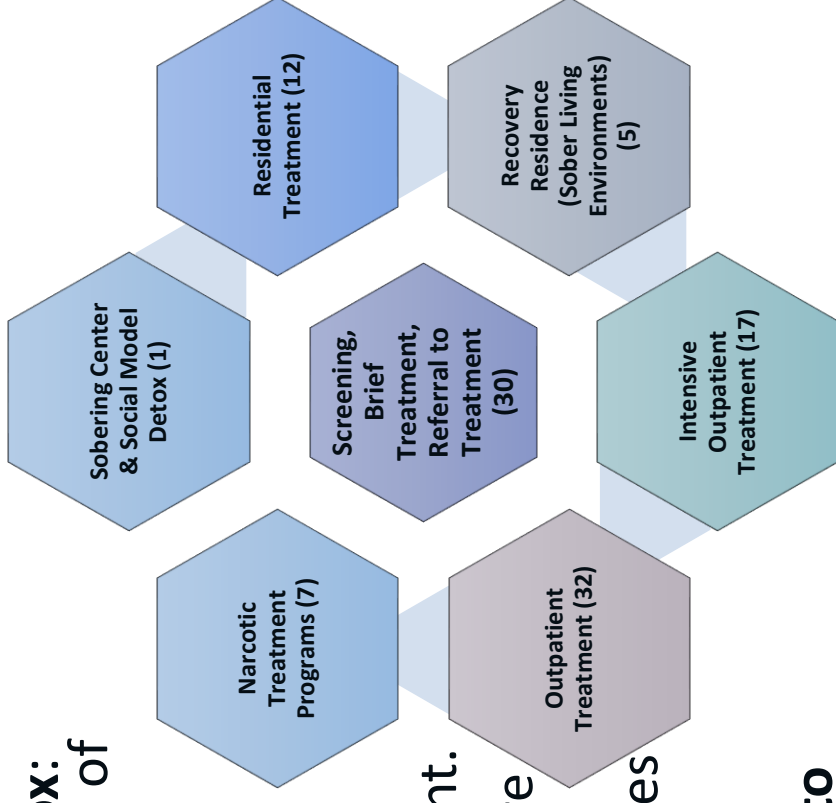
Serving Adults 25 Years & Older

- County and Non-profit service teams
- Full Service Partnerships
- Forensic behavioral health
- Vocational support
- Supportive housing
- Medication clinics
- Wellness Centers
- Harm reduction skill building
- Mobile Teams
- Early Intervention Services
- Evidence Based Treatment Models
- Co-Occurring Mental health & Substance Use services



Service Delivery:

- **Sobering Center & Social Model Detox:** Receives clients for less than 24 hours of safe sobering.
- **Residential Treatment:** 20+ hours of programming per week.
- **Recovery Residences (Sober Living Environments):** Temporary housing in combination with outpatient treatment.
- **Intensive Outpatient Treatment:** More than 9 hours per week.
- **Narcotic Treatment Programs:** Provides methadone and individual drug counseling.
- **Screening, Brief Treatment, Referral to Treatment:** Integrated in primary care teams across Federally Qualified Health Centers (FQHCs).



Substance Use Treatment

Continuum of Care with Gender & Age-Specific Programs



Context

- On **May 12, 2020**, Alameda County Board of Supervisors (BOS) authorized additional staffing and related costs at the Santa Rita Jail for the Sheriff's Office and Health Care Services Agency/Behavioral Health (BOS Agenda, Item 72).
- Alameda County Behavioral Health (ACBH) was directed to develop a plan **to reduce the number of incarcerated individuals** with behavioral health conditions within the jail.
- As a result of this action, ACBH recalibrated its 2019 Forensic System Redesign & Stakeholder work to include **a comprehensive plan to respond to this direction from our County BOS.**

Forensic Services System Redesign & Planning:

A 3-Tiered Methodology

- 1) External Stakeholder Process
- 2) Extensive Department-wide Internal Research, Planning & Direct Stakeholder Engagement (In-reach/ Outreach)
- 3) Consultation

External Stakeholder Process: Community Stakeholders



Forensic Services System Redesign & Planning:

Community Stakeholders

- Peers & Family Members; Consumer & Family Member Organizations
- Justice Involved Mental Health (JIMH) Taskforce*
- Community Based Organizations (CBOs)
- Mental Health Advisory Board
- Federally Qualified Health Centers (FQHCs)
- Mental Health Services Act (MHSA) Community Program Planning (CPP)
- Courts, Public Defender, District Attorney, Probation, & Law Enforcement

External Stakeholder Process: Community Stakeholders

*Justice Involved Mental Health (JIMH) Taskforce **
c/o Jeweld Legacy Group (JLG)

External Stakeholder Process:

Justice Involved Mental Health (JIMH) Taskforce

- **Inclusive Stakeholder Process**
- **Expansive Membership:**
 - Community Members & Families
 - County Departments/ Agencies
 - Advocacy & Equity Groups
 - Mental Health, Substance Use, & Health Care Organizations
 - Faith Community
 - Law Enforcement
 - Local & State Affiliated Organizations
 - Court & Legal System
- **JIMH Taskforce Steering Committee**

Sequential Intercept Map

Intercept 0

Hospital, Crisis Respite, Peer & Community Services

Intercept 1

Law Enforcement & Emergency Services

Intercept 2

Initial Detention & Initial Court Hearings

Intercept 3

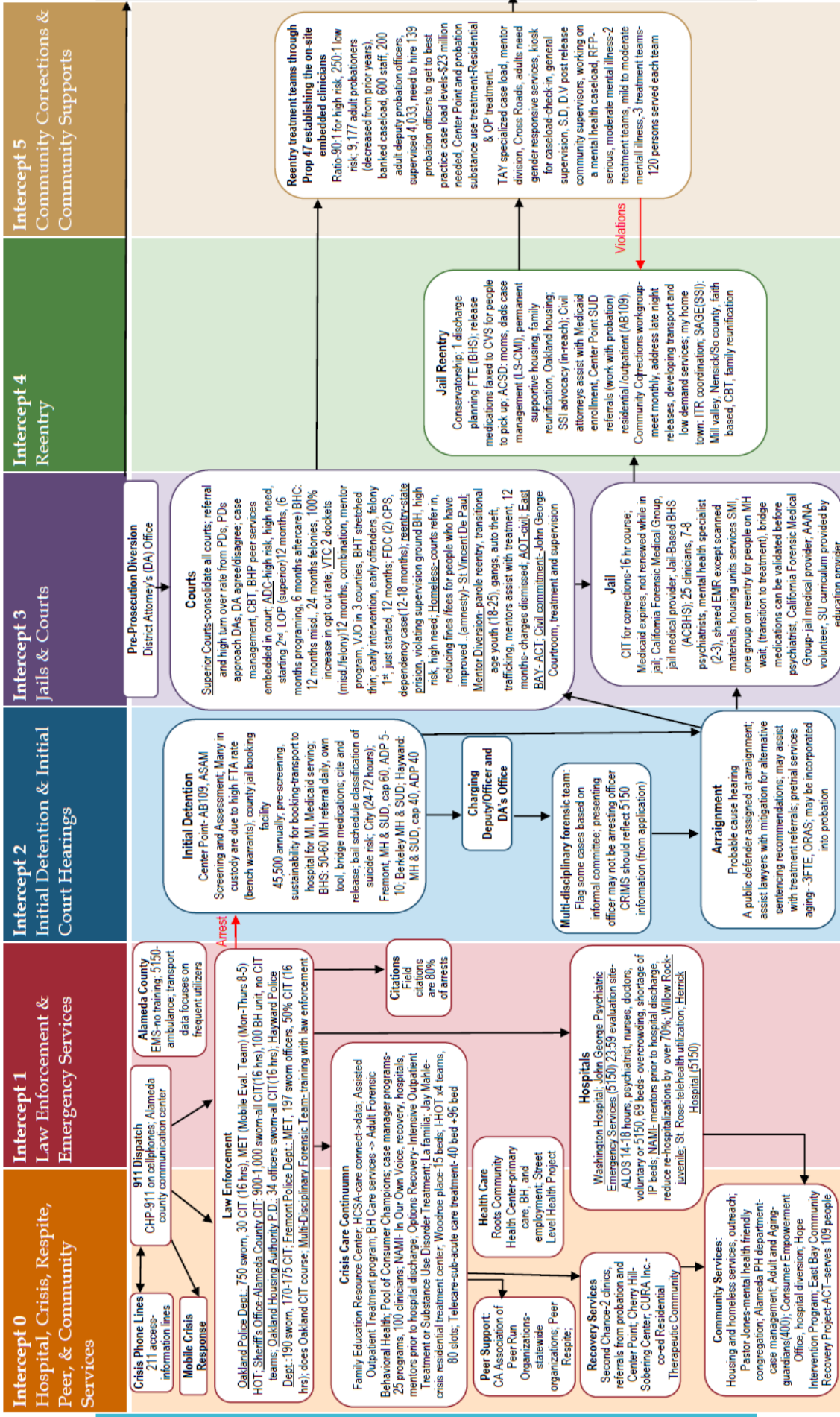
Jails & Courts

Intercept 4

Reentry

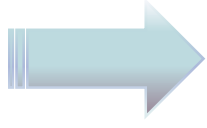
Intercept 5

Community Corrections & Community Supports



A Systems Approach - ACBH Plan to Reduce Forensic Involvement & Incarceration

Sequential Intercept Map → Additional Intercepts added by JIMH Taskforce



External Stakeholder Process:

Justice Involved Mental Health (JIMH) Taskforce

Ad-Hoc Steering Committee Proposed Prioritizations for Consideration

- 1) The plans and programs that are adopted must be data-driven
- 2) Set concrete goals to reduce number of people with serious mental illness in SRJ to zero
- 3) Focus attention and resources on negative and initial stages
- 4) Establish an independent, Brown-Acted task force to move plan forward
- 5) The County should appropriate new dollars to begin to implement plan in 2021

Departmental Research & Planning:

Internal Research, Planning & Direct Stakeholder Engagement *(In-reach & Outreach)*



Departmental Research & Planning:

Internal Research, Planning & Direct Stakeholder Engagement

(In-reach/ Outreach)

- 1) Forensic Services Redesign & Restructuring**
 - a) Forensic Services “System of Care” (within clinical operations; executive team membership)

- 2) Departmental Operations & Clinical Services Planning**
 - a) Service Inventory & Review
 - b) Client “access”
 - c) Care Coordination

- 3) Finance Planning & Budget Review**
 - a) Budgetary Trends & Forecasting
 - b) Current Expenditures
 - c) Projected Cost Allocations (approximates)

Consultation:

Departmental Support, Data Review, & Analysis c/o Indigo Project



Consultation:

Departmental Support, Data Review, & Analysis

• Primary Focus Areas:

❑ Develop and communicate *a unifying vision* for the Department’s approach to serving individuals receiving forensic-based care;

❑ Provide *an array of evidence-based & promising practices that maximize community-based services settings* and diversion from the justice system while improving programming across forensic settings; and

❑ Strengthen *connections between and across sectors* in order to close any gaps and improve post release service participation.

Data-Centered Consultation:

❑ Assessment & recommendations related to –

- ❖ Underlying risk factors;
- ❖ ethnic or racial disparities;
- ❖ comprehensive assessment & care coordination;
- ❖ and general service trends & effectiveness.

❑ Internal & External stakeholder participation and engagement

Emerging Findings: Across the ACBH System



Research & Planning

Emerging Findings: Across the ACBH System

System Strengths

- Readiness for change
- Attention and collective investment in forensic populations
- Relationship with Sheriff's Department

Areas for Consideration

- Concern about fidelity to program models
- Lack of knowledge about criminogenic and Risk Need Responsivity (RNR) model
- Groups of individuals who are unserved because they may be unwilling to engage in voluntary services

Consultation

Emerging Findings: At Intercept Points

System Strengths

- Shared dedication to community services
- Mobile crisis and community crisis response development
- Success with the Forensic Conditional Release Program (CONREP)

Areas for Consideration

- Crisis Intervention Training (CIT) and Multidisciplinary Forensic Teams (MFT) require attention.
- Diversion and mechanisms to divert are underdeveloped
- Challenges around competency restoration
- Re-entry in transition, limited in-reach, and challenges around discharge planning and connectedness to services upon release

Consultation: Departmental Financials Review

		FY 18-19		FY 19-20	
	Other Alternatives to Incarceration	AFBH Forensic & Diversion Programs	Total	Other Alternatives to Incarceration	AFBH Forensic & Diversion Programs
MH	\$178M	\$14M	\$192M	\$200M	\$16M
SUD	\$45M	-	\$45M	\$46M	-
Program Total	\$223M	\$14M	\$237M	\$246M	\$16M
Youth Forensic					
ACBH Total			\$476M*		\$537M*
				TOTAL FY19/20	
				TOTAL FY/21	
				\$540M	
				\$563M	

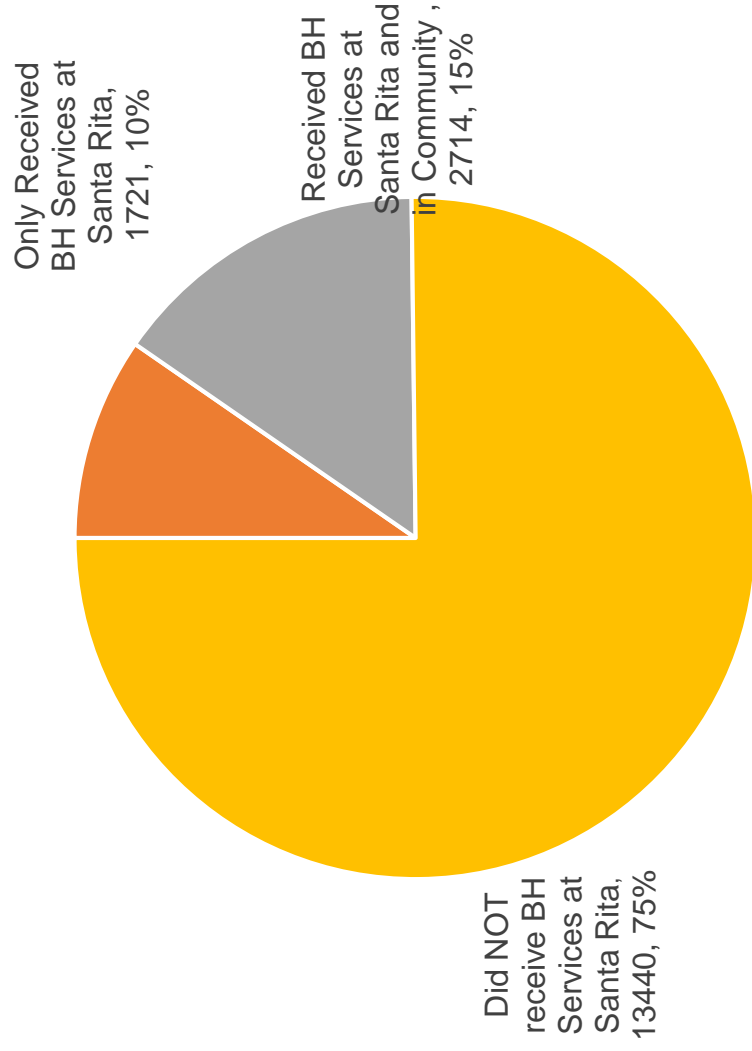
(*NOTE: ↑Above does not include other Contract or Infrastructure Costs)

(NOTE: → TOTAL FY/21 Includes BOS Increase in May 2020 → \$16M + \$22 = \$38M AFBH Budget)

Consultation

Emerging Findings: Data Analysis & FY 18/19 Historical Trends

FY 18/19 ACBH Clients, N=17,875

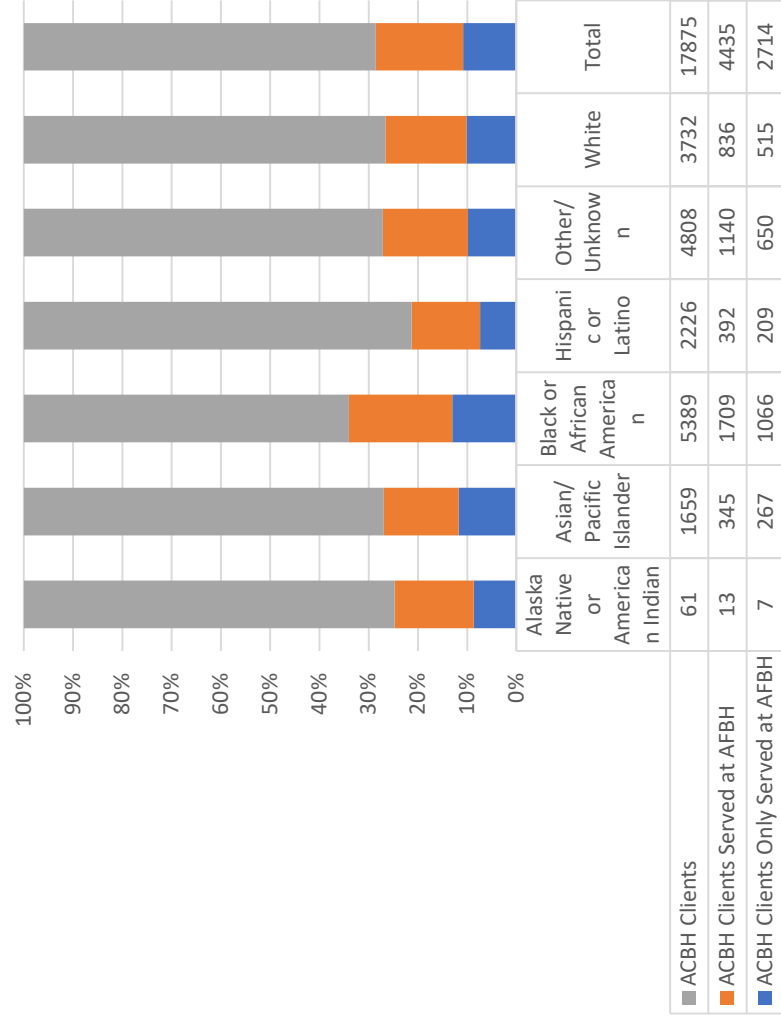


- 10% **only** received BH Services at Santa Rita Jail
- 15% received services both at Santa Rita Jail & Community
- In FY 18/19, 75% of ACBH clients did not receive BH services at Santa Rita Jail.
- In FY18/19, 49% of TAY consumers received CJMH Services at Santa Rita; while 19% of them received BH services only while incarcerated.

Consultation – Corrected Slide

Emerging Findings: Data Analysis & FY 18/19 Historical Trends

Race/Ethnicity of ACBH Consumers Served at AFBH

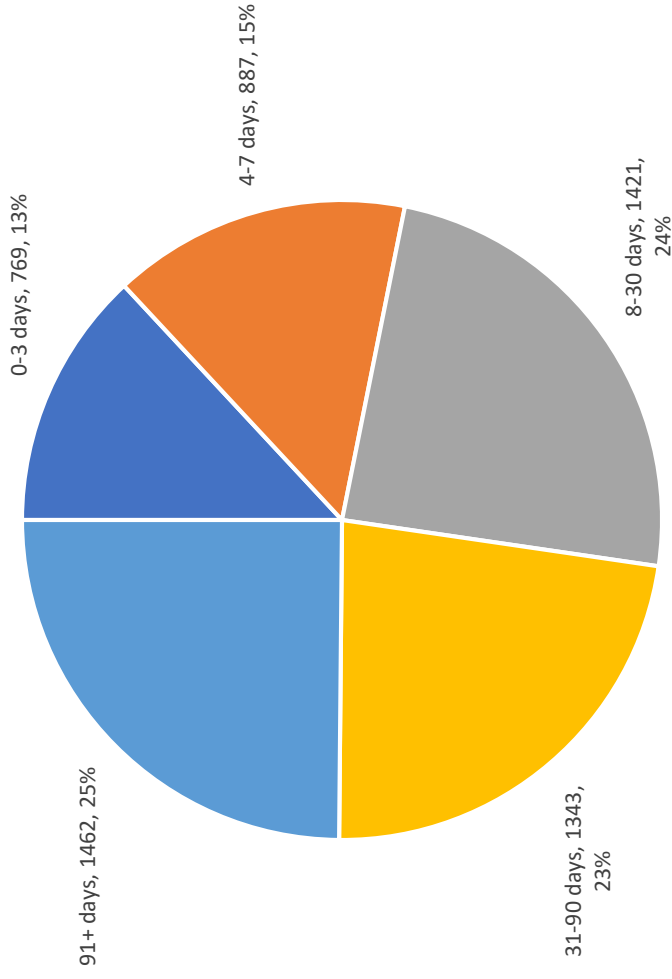


- 32% of all African American ACBH clients received services through AFBH (as compared to 25% overall, slide 26).
- 69% of ACBH African American Transitional Age Youth clients received services through AFBH.
- 77% of **AFBH** Consumers who are Asian/Pacific Islander only receive AFBH (as they do not connect to care outside of the jail).

Consultation

Emerging Findings: FY 18/19 Service Utilization

AFBH Episode Length for ACBH Consumers Served at CJMH in FY18/19, n=4,367



Service Utilization for ACBH Consumers Served at AFBH in FY18/19, n=4,367



**Individuals may have received more than one service*

Additional Review – 18 Years & Under

Emerging Findings: Data Analysis Historical Trends (FY19/20)

- **Alameda County Guidance Clinic (ACBH Operated) - \$2.6 Million**
- **Multi-Systemic Therapy & Intensive Case Management (ICM) - \$1.96 Million**
- **Intensive home-based supports for Youth involved with Foster Care & Juvenile Justice System (“Wraparound”) - \$3.73 Million**
- **TOTAL FY19/20 Youth Services (under 18) = \$8,347,236 Million**

Consultation

Global Recommendations: Services Delivery & System Change

- Strengthen cultural, ethnic, and linguistically relevant and inclusive service delivery.
- Divert at every intercept, where safe and feasible, from the criminal justice system into treatment
- Formalize use of Sequential Intercept Model for ALL forensic based services
- Comprehensive assessment needed: Assess Risk Needs Responsivity (RNR) at intersection of mental health, criminogenic risk, and substance use
- Maximize treatment in-custody to stabilize and transition to appropriate mental health setting based upon RNR approach
- **Clearly identify Target Populations** (*Screening, Assessment, Care Coordination, & Treatment*)

Consultation

Global Recommendations: Services Delivery & System Change

- **Group A:** People with significant mental health needs, low criminogenic risk and need, high rates of low-level offenses, unlikely to accept voluntary services
- **Group B:** People with mild to moderate mental health needs, significant substance use and associated behaviors, high rates of re-arrest, unlikely to meaningfully engage with voluntary services
- **Group C:** People with significant mental health needs, moderate to high criminogenic risk and need, present personal and public ongoing safety risk, unlikely to sustain participation in voluntary services

Clearly identify Target Populations...

More Effective:

- Care Coordination
- Interagency Communication
- Referral & Treatment
- Outcomes

Forensic Services System Redesign & Stakeholder Planning: Emerging Themes & Recommendations



Forensic Services System Redesign & Stakeholder Planning:

Emerging Themes & Recommendations

PROCESS & APPROACH:

- **Data Driven Metrics** to measure progress & impacts.
- **Develop concrete goals** to eliminate number of incarcerated individuals with Severe Mental Illness (SMI).
- **Formal Adoption of Sequential Intercept Map (SIM) Framework**; and focus on negative & initial stages.
- **Co-location of Programs** within existing service areas.
- **Organized care delivery system** with a core approach of Case Management & Coordination.
- **Universal Assessment & Risk Needs Responsibility (RNR)**; the intersection of mental health, criminogenic risk, and substance abuse).
- **Structured Decision-Making Tools** for effectively managing client care.
- **Improve Interagency Coordination**

Forensic Services System Redesign & Stakeholder Planning: *Emerging Themes & Recommendations*

CRISIS & ACUTE CARE:

- **Expand Level II LPS designations** (provider & facilities capacity to initiate & release 5150/5585 LPS Holds).
- **Increase Crisis Stabilization Units (CSUs) & Crisis Residential Treatment (CRTs)** Programs county wide (regional approach).
- Improve client and family access to **24/hour care** (including use of crisis services).
- **Explore 5170 receiving facilities** for Substance Use Disorder (SUD) clients
- Develop **Forensic Psychiatric Health Facility (PHF)** for Inpatient Care
- Develop programming & coordination for **Forensic High Utilizers**

Forensic Services System Redesign & Stakeholder Planning: *Emerging Themes & Recommendations*

COMMUNITY BASED CARE & COORDINATION:

- Standardize use of High Fidelity Forensic Assertive Community Treatment (FACT) programs; including the expansion of linkage programs from Santa Rita Jail.
- Expand Full Service Partnerships (FSPs) & Intensive Case Management Programs
- Increase Funding to Collaborative Courts
- Expand Care Coordinators working in Primary Care settings
- Increase Employment opportunities for forensic clients
- Develop system Navigation support & Call Centers for forensic clients & families
- Enhance Crisis Intervention Training (CIT) for Law Enforcement

Forensic Services System Redesign & Stakeholder Planning: *Emerging Themes & Recommendations*

CAPITAL EXPANSION, HOUSING, & COUNTY INFRASTRUCTURE:

- Develop **Emergency Shelters & Emergency Housing** options for forensic clients.
- Develop (or by contract) additional **Board & Care options** for forensic clients.
- Expand **Locked Psychiatric & Unlocked Sub-Acute facilities/capacity** countywide.
- **Re-purpose Glenn Dyer Jail** for Residential Locked and Unlocked Mental Health Treatment.

Forensic Services System Redesign & Stakeholder Planning:

ACBH Formal Recommendations *(Process & Strategy)*

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Process)

Key Strategies & Assumptions –

- Health Equity Lens
- Data Driven Metrics with Concrete system goals.
- Sequential Intercept Map (SIM) Framework for all Forensic Services
- Target Populations: Group A, Group B, Group C
- Case Management & Interagency Coordination
- Universal Assessment & Risk Needs Responsibility (RNR; at intersection of mental health, criminogenic risk, and substance use)
- Structured Decision-Making Tool for RNR Implementation

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Strategy Framework)

Duration Framework –

- Short-Term Objectives & Recommendations (>6 Months)
- Medium-Term Objectives & Recommendations (6-12 Months)
- Long-Term Objectives & Recommendations (12+ Months)

Prioritization Framework –

- Benefit/Value to System (High/Low)
- Cost/ Effort required to Implement (High/Low)

Costs –

- Approximate/ Average Costs
- Based upon actuals & projected estimates.
- Funding sources not yet identified

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Strategy Actions)

Short-Term Objectives & Recommendations (>6 Months)

- 1) Direct In Home Outreach Team (IHOT) Referrals by Law Enforcement Departments (\$0 Cost) (Int 1)
 - Explore Forensic IHOT Expansion (Approximate Cost \$560K/ Team)
- 2) **Regional Approach to South County Services (\$0 Cost) (Int -2)**
- 3) **High fidelity Assertive Community Treatment (ACT) & Forensic Assertive Community Treatment (FACT) Teams (\$50K Cost) (Int 4)**

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Strategy Actions)

Short-Term Objectives & Recommendations (>6 Months)

- 4) Create Director of Forensic, Diversion, & Re-Entry Services Position
(\$0 Cost) (Int -2)
- 5) Re-Tool Crisis Intervention Training (CIT) (\$100K Cost) (Int -1)

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Strategy Actions)

Medium-Term Objectives & Recommendations (6-12 Months)

- 1) **Design Forensic, Diversion, & Re-Entry Services System of Care (\$0 Cost) (Int 4)**
 - Re-design & organize forensic services, including “ACCESS” for forensic clients
 - Create Forensic Care Coordination Teams
 - Create Forensic Re-entry team (Multi-Disciplinary Forensic Teams)
 - Create Forensic “Acute Care Team”
 - Complete Quality review of Youth & Adult/Older Adult Forensic Programs
- 2) **Pre Trial Diversion: Increase Funding to Collaborative Courts/ Mental Health Courts (\$141K) (Int 2)**
- 3) **Expand 5150 & 5585 capacity to place/release countywide (\$0 Cost) (Int -1)**

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Strategy Actions)

Medium-Term Objectives & Recommendations (6-12 Months)

- 4) **Expand Satellite Urgent Care Clinic Hours & Services**
 - Services targeting SMI/SUD clients
 - Expansion of services to include Nights & Weekends (**\$2M) (Int 0)**

- 5) **Overnight Mobile Crisis Services & Crisis Calls**
 - In person overnight, 7 nights per week, 365 days/year (**\$2.2M) (Int 0)**
 - Regional overnight coverage in South County

- 6) **Expand Forensic Linkage Program at Santa Rita (**\$524K) (Int 3)****

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Strategy Actions)

Medium-Term Objectives & Recommendations (6-12 Months)

- 7) Develop TAY Full Service Partnership (50 Client FSP) (\$1.5M) (Int 0)

- 8) **Overnight Crisis Services & Crisis Calls**
 - In person overnight, 7 nights per week, 365 days/year (**\$2.2M**) (Int 0)
 - Regional overnight coverage in South County

- 9) **Initiate Feasibility Study to explore Capital Expansion for Acute Inpatient Treatment (General & Forensic) (\$TBD) (Int 0)**

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Strategy Actions)

Long-Term Objectives & Recommendations (12+ Months)

1) Prioritize the care of “high utilizers” of county behavioral health and forensic services to ensure that they are connected to appropriate treatment and facilities (**\$0 Cost**) (Int 4)

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2) Co-locate TAY behavioral health services (**\$15K, Int -2**) & Develop Forensic TAY Programming targeting African American Youth:

- New 50-Client TAY FSP (**\$1.4M**) (Int -1)
- Youth Prevention Program (**\$380K**) (Int -2)
- Expansion of TAY Clinical Treatment & Outreach Services (**\$450K**) (Int -2)

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Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Strategy Actions)

Long-Term Objectives & Recommendations (12+ Months)

3) Significantly increase the capacity of residential treatment beds countywide

- Crisis Stabilization Unit (CSU; 14-bed) (**\$4.5M**) (Int 0)
- 6-Bed Crisis Residential Treatment (CRT) facility (**\$1.1M**) (Int 0)
- 12-Bed CRT (MH & SUD) (**\$2.2M**) (Int 0)
- 16-Bed Psychiatric Hospitalization Facility (**\$5.5M**) (Int 0)
- 10 Additional Board & Care Beds (Forensic beds) (**\$1M**) (Int 4)

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4) Adult Residential Co-Occurring Forensic Treatment facility with direct linkage from Santa Rita

- Co-Occurring (MH & SUD Treatment) Residential 10-Bed (**\$1.05M**) (Int 4)

90

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Strategy Actions)

Long-Term Objectives & Recommendations (12+ Months)

- 5) Expand Short Term & Permanent Housing; Board & Care Facility Options
(\$2.2M) (Int -2)
- 6) Develop (2) Multi-disciplinary Re-Entry Teams (MRTs) (\$1.08M) (Int 4)
 - Continuity of care from Santa Rita
- 7) (6) Bed Forensic Peer Respite (from Santa Rita Jail, on Probation, or at-risk)
(\$1M) (Int 0)

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Strategy Actions)

Long-Term Objectives & Recommendations (12+ Months)

8) Expand Crisis Services:

- Embedded Clinicians with Law Enforcement locations (Regional South County Expansion) **(\$480K) (Int 1)**
- Countywide CATT Expansion – 6 New Teams **(+\$6.6M*) (Int 0)**
- Mobile Evaluation Team – Fremont **(\$75K) (Int 1)**

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9) Expand 24/hour Crisis Services Call Center:

- Peer-based & Clinical Warmline **(\$670K) (Int -1)**
- Overnight Call Center capacity **(\$12K) (Int -1)**

92

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (Strategy Actions)

Long-Term Objectives & Recommendations (12+ Months)

10) Competency Restoration & Diversion:

- Develop New 16-Bed Psychiatric Health Facility (PHF) (**\$5.5M**) (Int 5)
- Develop New 25-Bed Sub-Acute Facility (**\$4M**) (Int 5)

93

11) Develop (2) Substance Use Mobile Outreach Teams (**\$1.2M**) (Int -1)

12) Re-design & Create New Outpatient Service Team(s) Model (**\$1.5 M**) (Int -1)

- 10) Shift from Office Based care to Trauma Informed, forensic & co-occurring treatment model

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Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Estimated Cost Summary – Duration

<u>Short-Term</u> (>6 Months) 6 Recommendations	<u>Medium-Term</u> (6-12 Months) 9 Recommendations	<u>Long-Term</u> (12+ Months) 12 Recommendations
\$150,000	\$8,565,000	\$41,912,000
Total Estimated Costs \$50,627,000		

Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Estimated Cost Summary – By Intercept

Intercept -2 Prevention	Intercept -1 Early Intervention	Intercept 0 Hospital, Crisis Respite, Peer & Community Services	Intercept 1 Law Enforcement & Emergency Services	Intercept 2 Initial Detention & Initial Court Hearings	Intercept 3 Jails & Courts	Intercept 4 Reentry	Intercept 5 Community Corrections & Community Supports
\$3.045M	\$4.882M	\$28.8M	\$555K	\$141K	\$524K	\$3.18M	\$9.5M

Total Estimated Costs \$50,627,000

A Systems Approach & Plan to Reduce Forensic Involvement with Behavioral Health Clients:

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Next Steps

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Forensic Services System Redesign & Stakeholder Planning: Next Steps

- Board of Supervisor Review (October 27, 2020) – Pending Approval
- Departmental Implementation Planning & Consultation (3, 5, 10 Year Workplan)
- Forensic Services System Redesign:
 - 1) Intradepartmental Forensic Services Redesign Taskforce
 - 2) JIMH Taskforce – Stage 2 (Interagency Planning thru June 30, 2021)
 - 3) Mental Health Advisory Board, Criminal Justice Committee (Regulatory Oversight)
- Ongoing BOS & MHAB Progress Updates

Thank you



From: [Wendy Alfsen](#)
To: [Berkeley/Albany Mental Health Commission](#)
Subject: Re: Mental Health Commission in session? supporting expansion of mobile response teamt
Date: Thursday, November 12, 2020 2:33:16 PM

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

I am writing to learn if the MHC is again meeting? if not, when is it projected to do so? please send a notice of Dec. mtg to set 2021 work plan.

I am working with a Friends committee interested in supporting expansion (to include Tuesday & Saturday) and outreach/increasing public awareness of the Mobile Response Team and its role in responding to mental health calls for service (including police).

We assume that budget decisionmaking will begin early in 2021 and want to be notified of and to engage in overall allocation of City \$ for mental health services, overall budget of DMH as well as specifics on MRT.

Thanks, Wendy

--

Wendy Alfsen
PO Box 13143
Berkeley, CA 94712
510-684-5705
wendyalfsen@gmail.com

From: [kelly hammargren](#)
To: [All Council](#); [Berkeley City Council Policy Committee](#); [Bartlett, Ben](#); [Kesarwani, Rashi](#); [Hahn, Sophie](#); [Davila, Cheryl](#); [Robinson, Rigel](#); [Williams-Ridley, Dee](#); [Terrones, Roberto](#); [Carnegie, Brittany](#); [Katz, Mary-Claire](#); [Bryant, Ginsi](#); [Goldman, Nina](#); [Berkeley/Albany Mental Health Commission](#)
Cc: [Sustainable Berkeley Coalition](#)
Subject: Re: Effective Use of Commissions, Committees, Staff, City Finances & 11/10 Council Item 12.
Date: Tuesday, November 10, 2020 12:02:13 AM

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

To All, My apologies,
proof positive multi-tasking does not work, it looks like I attempted to pull up the wrong link for today's policy meeting and didn't catch my error until it was too late to join. Setting that aside, I stand by using our existing commission system rather than creating new working committees/groups and the notes within the email. I will listen to the meeting recording as soon as it becomes available.

Additionally, technology is not the solution to every problem. A better solution for deterring crime is addressing the underlying problems rather than covering parts of our city with security/surveillance cameras.

kelly hammargren

- > On Nov 9, 2020, at 6:46 PM, kelly hammargren <hammargrenkelly@gmail.com> wrote:
- >
- > Dear Mayor, Council, City Manager, City Management, City Staff, Commissions and Community,
- >
- > On Saturday evening we heard Joe Biden our President elect speak about the highest priorities of the coming new administration: the pandemic COVID-19, the economy, climate and systemic racism.
- >
- > I was disappointed in the cancellation of today's City Council Policy Committee: Health, Life Enrichment, Equity & Community. Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley was on the agenda. Taking action today would have placed Berkeley in alignment with the priorities of our President elect. The opportunity is not lost, at least not yet. Declaring Racism as a Public Health Crisis is not only timely, it places Berkeley as a leader.
- >
- > Just as President-elect Biden asked what kind of country are we, we can ask what kind of city do we want to be. People of color tell us systemic racism is alive and well in the city of Berkeley. Do we sweep messy difficult problems under the rug, ignore them, perpetuate racism through surveillance, declare racism doesn't exist here or do we say yes Berkeley will work on making our city a better place.
- >
- > Racism is in the core of this country from its inception, racism played into the election, racism rides under the division we see in the country and racism always ran through the presidency that is coming to an end. Making the declaration is the first and foremost important task for our City Council.
- >
- > The documents supporting the declaration of racism as a public health crisis are dense with many proposals for action and references justifying the need. Tackling racism is a big bite.
- >
- > There is one piece in the proposal with which I am making an alternative suggestion and that is instead of creating yet another working group let us utilize the system we already have in place, the commissions. Racism runs deep and doing the work is a long haul and ongoing not the function of a temporary working group.
- >
- > Before you groan, commissions cannot possibly take on such an enormous task, take a pause and think instead of how commissions can take on pieces of this proposal. Additionally, commissions should look to which pieces of the proposal assigned to the City Manager could be taken on by a commission.
- >

> Using the existing commissions provides a structure that is ready, supports community participation and is filled with commissioners who volunteer their time and expertise. Five commissions have missions that align with the declaration and membership beyond nine appointees which provides a broader community base, the Human Welfare and Community Action Commission, the Community Health Commission, the Mental Health Commission, Peace and Justice Commission and Youth Commission. The Homeless Commission and Homeless Services Panel of Experts should be poised for support.

>

> Being a commissioner is not an indefinite appointment. Being a commissioner is a commitment to perform the work and reevaluation by both existing commission members and council members who appointed them should be supported. Effective work by commissions may (I would say should) involve some changes in membership plus filling vacant positions.

>

> Addressing systemic racism and the devastation that flows from it is a better use of City funds than spending \$500,000 to \$1,000,000 on security cameras that carry the potential to bury the city in mountains of senseless surveillance and multiplies the message of racism.

>

> Please consider how effective utilization and direction to existing commissions can move action forward.

>

> kelly hammargren

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From: [kelly hammargren](#)
To: [All Council](#); [Berkeley City Council Policy Committee](#); [Bartlett, Ben](#); [Kesarwani, Rashi](#); [Hahn, Sophie](#); [Davila, Cheryl](#); [Robinson, Rigel](#); [Williams-Ridley, Dee](#); [Terrones, Roberto](#); [Carnegie, Brittany](#); [Katz, Mary-Claire](#); [Bryant, Ginsi](#); [Goldman, Nina](#); [Berkeley/Albany Mental Health Commission](#)
Cc: [Sustainable Berkeley Coalition](#)
Subject: Effective Use of Commissions, Committees, Staff, City Finances & 11/10 Council Item 12.
Date: Monday, November 9, 2020 6:46:48 PM

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

Dear Mayor, Council, City Manager, City Management, City Staff, Commissions and Community,

On Saturday evening we heard Joe Biden our President elect speak about the highest priorities of the coming new administration: the pandemic COVID-19, the economy, climate and systemic racism.

I was disappointed in the cancellation of today's City Council Policy Committee: Health, Life Enrichment, Equity & Community. Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley was on the agenda. Taking action today would have placed Berkeley in alignment with the priorities of our President elect. The opportunity is not lost, at least not yet. Declaring Racism as a Public Health Crisis is not only timely, it places Berkeley as a leader.

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Racism is in the core of this country from its inception, racism played into the election, racism rides under the division we see in the country and racism always ran through the presidency that is coming to an end. Making the declaration is the first and foremost important task for our City Council.

The documents supporting the declaration of racism as a public health crisis are dense with many proposals for action and references justifying the need. Tackling racism is a big bite.

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Being a commissioner is not an indefinite appointment. Being a commissioner is a commitment to perform the work and reevaluation by both existing commission members and council members who appointed them should be supported. Effective work by commissions may (I would say should) involve some changes in membership plus filling vacant positions.

Addressing systemic racism and the devastation that flows from it is a better use of City funds than spending

\$500,000 to \$1,000,000 on security cameras that carry the potential to bury the city in mountains of senseless surveillance and multiplies the message of racism.

Please consider how effective utilization and direction to existing commissions can move action forward.

kelly hammargren

From: [Works-Wright, Jamie](#)
To: [Works-Wright, Jamie](#)
Subject: FW: Alameda County Care Connect Partner Update OCTOBER 2020
Date: Monday, November 2, 2020 9:00:47 AM

Hello Commissioners,

Please see the information below from commissioner Opton.

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

From: Edward Opton [<mailto:edoption1@gmail.com>]
Sent: Friday, October 30, 2020 12:26 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Cc: boonache@aol.com
Subject: Fwd: Alameda County Care Connect Partner Update OCTOBER 2020

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

10.29.20

I'd appreciate it if you would forward the e-mails and text below to the members of the Mental Health Commission and to Berkeley's Behavioral Health management. Following the e-mails, I'll add some comments and questions for discussion.

THE E-MAILS

----- Forwarded message -----

From: Joe Rose <joerose@namiacs.org>
Date: Wed, 28 Oct 2020 22:37:46 -0700
Subject: Fwd: Alameda County Care Connect Partner Update OCTOBER 2020
To: "Brian Bloom, Public Defender" <Brian.Bloom@acgov.org>, JULIET LEFTWICH <leftwichjuliet@gmail.com>, LD Louis <l.d.louis@acgov.org>, Mas Morimoto <mas.morimoto@namiacs.org>, "Heintz, Lisa, Probation" <lheintz@acgov.org>
Cc: "Dr. Candace Yano" <yano@ieor.berkeley.edu>, Edward Opton <edoption1@gmail.com>

Hi Brian, Juliet, LD, Mas, Lisa, and Candi (Faculty Advisor, Industrial Engineering & Systems Research, UC Berkeley) To me, it looks like there are at least 3 groups addressing the reduction of people with a mental illness in the criminal justice system.

- * The Mental Health Advisory Board via the Criminal Justice Committee. (Specifically the Santa Reta Jail)
- * The JIMH (Justice Involved Mental Health) effort as part of the "Stepping Up Initiative." via the SIM model.
- * Alameda County Care Connect's Whole Person Care Pilot. (see 4th bullet -- efforts to improve the reentry process are underway.)

In my opinion, there is an intersection of these three groups that need to be addressed.
Hence, I am cc'ing:

* Candi on this email and I have provided her with information on the SIM model as background information for the Nov. 18, 2020, Criminal Justice Committee meeting.

* Edward Opton, Berkeley/Albany Mental Health Commissioner

Regard,
Joe Rose

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

SUBJECT:
Alameda County Care Connect Partner Update OCTOBER 2020

DATE:
2020-10-28 18:00

FROM:
"Kathleen Clanon, Medical Director, MD" <accareconnect@acgov.org>

TO:
joerose@NAMIfacs.org

REPLY-TO:
accareconnect@acgov.org

Programs Represent Care Management, Housing, Mental Health, Primary Care, Substance Use Treatment, and Health Plans

An Initiative of Alameda County Health Care Services Agency | A Whole Person Care Pilot

October 2020

Partner Update

Dear Partner,

Welcome to our September Partner Update.

This issue includes highlights from our October Steering Committee meeting and updates on recent activities that support the delivery of whole person care across Alameda County.

If you are new to our mailing list and would like to review prior issues, you can find them here [1]. You can also sign up to receive future issues of the Partner Update using the link at the bottom of this newsletter.

AC Care Connect Website [2]

Highlights of the October Steering Committee Meeting

During the October Steering Committee meeting, attendees received updates on efforts to improve care coordination for consumers experiencing or at risk for behavioral health crises, and reentry populations:

* Alameda County's Community Assessment and Transport Teams (CATT) are providing care and services that best meet the needs of the client, while avoiding ambulance transport which is costly and often unnecessary. Claudia Hein, Senior CATT clinician with Bonita House, gave an overview of the Community Assessment and Transport Teams (CATT), a pilot project to respond to behavioral health emergencies that was launched in July. Dr. Karl Sporer, Emergency Medical Services (EMS), and Bridget Satchwell, System Outreach Manager with AC Care Connect, and partners from Alameda County Behavioral Health, Bonita House, and Falck Alameda County, have played significant roles in making this project a reality. Each team has a licensed behavioral health clinician and an emergency medical technician (EMT) who assess behavioral health, substance use, and other issues on scene while

triaging the client's resource needs rather than transporting them to an emergency room or John George Psychiatric Hospital's emergency services unit. CATT can make referrals and assist with transport to a shelter, sobering center, mental health facility, or other designated destinations. There are currently five teams: one each in San Leandro, Hayward, and Oakland, and two in Fremont. The goal is to deploy up to twelve teams throughout the county. Dispatched through 911, the team arrives at the scene within 15 minutes and may stay for several hours to deescalate the situation and assess the consumer's needs. In the majority of cases the consumer needs crisis stabilization and the most common disposition site is Amber House where the consumer may stay for a period of time and get connected to needed services. To date, this approach has been effective in reducing involuntary hospitalizations and 5150s. Hein stressed the importance of sharing information about the project and encouraging people to request CATT when contacting 911.

* Crisis Connect helps consumers prevent behavioral health crises. The Crisis Connect project is a partnership between Alameda County Behavioral Health (ACBH) and AC Care Connect. The project offers non-high utilizing consumers a phone call within 24-48 hours after discharge from John George Psychiatric Hospital's (JGPH's) emergency services unit, a Crisis Stabilization Unit, or the mobile crisis team.

The objective is to help prevent another crisis by assessing the consumer's needs post-discharge and connecting them with needed services and resources. The Crisis Connect team is largely staffed by peers and family members and has served 89 people in the nine-month period between January - September 2020. The team has faced some challenges in connecting with consumers due to inaccurate or missing phone numbers and JGPH staff are working to improve the capture of phone numbers.

* efforts to improve the reentry process are underway. Next steps include:

* Convening a cross-sector planning group to discuss improving re-enrollment in Medi-Cal and warm hand-offs to care;

* Creating a plan for jail discharge summary information to be included in the consumer's record and to provide items, such as cell phones, needed for smooth reentry; and

* Determining what additional data can be included in the SHIE and CHR such as family contacts and service utilization history along with how to obtain and share information about social services, housing, and other needs at release.

Those interested in participating in the planning group may contact Jennifer Martinez, AC Care Connect Program Development Director:

Jennifer.Martinez@acgov.org

Updates on Efforts to Reduce Homelessness

Efforts continue to transition Safer Ground hotel guests to permanent housing. Occupancy rates remain high at Alameda County's Safer Ground hotels and the current focus is on helping guests secure permanent housing. This work is supported by CARES Act and Emergency Solutions Grant funding. Alameda County's Office of Homeless Care and Coordination and partner organizations are conducting centralized landlord recruitment to increase housing options. Property owners who have units available to lease are encouraged to call 510-777-2100 or email ACHomes@acgov.org. Benefits for landlords/ property owners include guaranteed on-time monthly payments, resident support services, and additional financial incentives.

Operation Comfort hotels will remain in operation well into 2021. These hotels serve persons who have tested positive for COVID-19, have symptoms of COVID-19, have been tested and are waiting for their results, or have had close contact with someone who has COVID-19. In addition to those experiencing homelessness, any community member who meets the above criteria and who lives in a residence with so many people that they cannot safely isolate may qualify for Operation Comfort hotels.

The Community Health Record (CHR) is playing a role in connecting hotel guests to needed services. Recently Dr. Alexis Chettiar, co-interim medical director at Alameda County's Project Roomkey hotels, described how the CHR is supporting coordination of care for hotel guests: "In the past, we'd have to dig through backpacks to find scraps of paper that might have information on where an individual had received medical care or on any conditions they might have. Having access to the CHR is like turning on a lightbulb--you can see so much about the person's conditions and use of services and help ensure that they will be connected to healthcare in the community when they leave the

hotel."

SHIE / CHR Updates

The Community Health Record (CHR) is one year old! Please see the special edition [1] of our October CHR User newsletter for highlights of the evolution of the CHR since its launch on September 25, 2019. The numerous enhancements over the past year are largely due to CHR users' feedback; this has helped increase the value and impact of the CHR as a tool for care coordination and delivery of whole person care.

Over the next several months we expect to add many new data sources to the SHIE and/or CHR. These include:

- * EMS encounter data and various data attributes including where clients were transported after being picked up from the emergency call location;
- * Inpatient, ED, and outpatient clinical record and discharge summaries for consumers seen at AHS facilities, St. Rose Hospital, and Sutter Hospitals;
- * Clinical records including admission, discharge, and transfer notification for AC Care Connect's "ever eligible" population who are patients at Community Health Center Network (CHCN) clinics; and
- * Clinical record and lab test data for HealthPAC patients.

CHR users are urged to work with consumers to obtain signed Information Sharing Authorization (ISA) forms to maximize the CHR's value to providers. The ISA enables essential information to be viewable and shared among members of the consumer's care team. At the Steering Committee meeting Cristi Iannuzi, Director of Strategy and Implementation with AC Care Connect's Data Exchange Unit (DEU), gave a demo of the CHR. This overview highlighted the value of having a signed ISA in the CHR, which enables CHR users to have a more comprehensive view of the consumer's situation and needs, and connects the various providers who are engaged with the consumer in creating a shared care plan.

Trends in AC Care Connect's Whole Person Care dashboard metrics remain consistent with those of recent months.

AC Care Connect launches Mam Community Outreach Team

To address the high levels of COVID-19 infections, morbidity, and mortality in Alameda County's Mam community, AC Care Connect's Consumer Engagement team launched the Mam Community Outreach Team. Consumer Engagement Project Manager, Rebecca Alvarado, leads the team and brings more than 20 years' experience in connecting the Mam-speaking community with health care and other social services. Team members include three recently-hired Health Services Trainees; all are trilingual in Mam, Spanish, and English and have strong ties to Oakland's Mam community.

These ties have been very helpful in establishing the trust that is key to achieving the project's objectives, which are:

- * Provide Mam community members equal access to fact-based information regarding COVID-19 and COVID-19 prevention strategies;
- * Reduce and prevent new COVID-19 infections;
- * Reduce morbidity and mortality; and
- * Support Mam community members in implementing isolation and quarantine efforts to halt COVID-19 outbreaks.

In just two months, the team has engaged with 26 families. Referrals come from a variety of sources with the outreach collaboration between the City of Oakland Department of Violence Prevention and the Oakland Fire Department being the most common. The team is also using the SHIE to identify and inform outreach efforts. The needs are multiple and include connecting family members to testing and explaining contact tracing and its role in preventing the spread of COVID-19. In this work the team engages closely with the Division of Communicable Disease Control and Prevention, which does the actual contact tracing.

Future of AC Care Connect: Update on 1115 Waiver Extension Proposal

In September, the California Department of Health Care Services (DHCS) submitted a proposal to the Centers for

Medicare and Medicaid Services

(CMS) for a 12-month extension of the Section 1115 waiver, which funds AC Care Connect. DHCS staff has expressed optimism that CMS will approve the extension but is unsure when a decision will be made. AC Care Connect's staff is hopeful that the extension will be approved while planning contingencies in case it is not extended or a decision is not made before the end of the calendar year.

For more information on AC Care Connect, click here [2].

Thank you for your ongoing dedication and support of Care Connect, Alameda County's Whole Person Care initiative. Please feel free to share this newsletter by forwarding to friends and colleagues.

Your partner in connecting consumers for better health,

Kathleen A. Clanon, MD
Director, Alameda County Care Connect and Medical Director Alameda County Health Care Services Agency

Did you receive the Partner Update from a colleague? Click here [3] to join our mailing list.

AC Care Connect Steering Committee Members Aaron Chapman, Alameda County Behavioral Health Care Services | Kathleen Clanon, M.D., Alameda County Care Connect | Scott Coffin, Alameda Alliance for Health | Lori Cox, Alameda County Social Services Agency | Elaine de Coligny, Everyone Home | Delvecchio Finley, Alameda Health System | Colleen Chawla, Health Care Services Agency | Beau Hennemann, Anthem | John Jones III, East Oakland Black Cultural Zone and Just Cities | Karl Sporer, M.D., Alameda County Emergency Medical Services | Wendy Peterson, Senior Services Coalition | Ralph Silber, Alameda Health Consortium | Wendy Still, Alameda County Probation | Suzanne Warner, Housing and Community Development

www.accareconnect.org [4]

QUESTIONS

1. Does Berkeley participate in the Alameda County services described in the above e-mail?
2. If not, does Berkeley provide services equivalent to those described in the e-mail?
3. If Berkeley does provide equivalent services, what are they?

I'd like to put these questions on the agenda for the Commission's December meeting. In the meantime, I'd welcome any on-line discussion via this e-mail link, the Commission's public e-mail forum.

Edward Opton, Ph.D., JD
Member, Mental Health Commission

From: [Works-Wright, Jamie](#)
To: [Andrea Prichett](#)
Subject: RE: Announcements from the City of Berkeley for 10/29/2020
Date: Thursday, October 29, 2020 12:42:00 PM

Yes I will put it in the packet.

From: Andrea Prichett [mailto:prichett@locrian.com]
Sent: Thursday, October 29, 2020 8:42 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Fwd: Announcements from the City of Berkeley for 10/29/2020

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

Good morning Jamie,

Can you please be sure to include this in our packet for next month? I would like to have this on the agenda for discussion. I will send you more agenda items very soon.

Thanks,

Andrea

----- Forwarded Message -----

Subject: Announcements from the City of Berkeley for 10/29/2020
Date: Thu, 29 Oct 2020 14:01:26 +0000
From: Berkeley Considers <support@opengov.com>
Reply-To: Berkeley Considers <support@opengov.com>
To: prichett@locrian.com

Updates from the City of Berkeley about Berkeley Considers

Is this email not displaying correctly?
[View it in your browser.](#)



Announcements from the City of Berkeley

Berkeley Considers survey: Help improve, expand mental health services for the unhoused

Oct 28, 2020 04:45 pm | The City of Berkeley

Help us imagine new ways to meet the mental health needs of our unhoused community - specifically, those not served by existing services. We're asking for your ideas in a Berkeley Considers survey, open through 5pm Sunday, November 1.

Berkeley Mental Health is seeking new ways to build on our long legacy of targeted services for homeless individuals. Outreach workers, intensive wraparound services, and mobile crisis teams have benefitted many, but unmet needs remain among Berkeley's 1,100 unhoused residents - [49 percent of whom reported psychiatric or emotional problems](#).

We know that many of these individuals are eligible for existing programs but choose not to engage in them. We're looking for new strategies to meet their needs. We hope residents will join us for this important conversation.

We have seen that when homeless individuals engage with mental health services, their lives often improve through obtaining housing, decreased criminal justice involvement, improved physical health, and increased income. By helping us identify new ways to meet these needs, all Berkeleyans can play a role in improving the health, wellness, and stability of some of our most vulnerable residents. In turn, this enhances the well-being of our entire community.

Leveraging State and Federal resources to support Berkeley's unique needs

As one of only two state-funded Mental Health agencies that aren't counties, the City of Berkeley receives funds for services more tailored to our needs. This funding, known through the acronym MHSA, has in the past supported:

- a [Homeless Outreach and Treatment Team](#), which provides outreach, supports and linkages for individuals who are homeless and have mental health needs
- an expanded [Mobile Crisis Team](#), which pairs mental health professionals with police officers to respond to mental health crises
- [high intensity treatment teams](#) providing wraparound services for those with high levels of

need

In the coming year, MHSA will bring about six million dollars of funding to Berkeley.

Survey will inform use mental health service innovation funds

This survey does not address how to create more housing or expand existing services. The survey will be used to help inform how we use state funds for innovative mental health services. This funding source can only be used for new mental health services. Services funded must be different than what has already been provided in the mental health system.

Please share your ideas, and [complete the survey](#) by 5pm Sunday, November 1.

[Read More](#)



Recent Posts

[Berkeley Considers survey: Help us make Berkeley's land use rules easier to understand](#)

[Berkeley City Council 1/21/20: Establishing an Outdoor Emergency Shelter](#)

[Give input on creating a comprehensive policy for bike lanes, pedestrian improvements](#)

[Give input on locations for managed RV parking on City property](#)

[Give input on investment criteria for designated areas](#)

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From: [Works-Wright, Jamie](#)
To: [Works-Wright, Jamie](#)
Subject: FW: Mental Health Advisory Board Criminal Justice Committee Meeting - October 28, 2020 from 12:30 pm - 2pm
Date: Tuesday, October 27, 2020 4:28:55 PM
Attachments: [2020 MHAB CJ Agenda 10-28-20.pdf](#)
[MHAB CJC Meeting Minutes 9-30-2020 UNAPPROVED.pdf](#)

Please see attachments and information below

Subject: Mental Health Advisory Board Criminal Justice Committee Meeting - October 28, 2020 from 12:30 pm - 2pm

WARNING: This email originated outside of City of Berkeley.

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

Please find attached the agenda and last meeting minutes from September (unapproved).

Criminal Justice Committee Meeting

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/770722253>

You can also dial in using your phone.

United States (Toll Free): [1 866 899 4679](tel:18668994679)

United States: [+1 \(571\) 317-3116](tel:+15713173116)

Access Code: 770-722-253

Join from a video-conferencing room or system.

Dial in or type: 67.217.95.2 or inroomlink.goto.com

Meeting ID: 770 722 253

Or dial directly: [770722253@67.217.95.2](tel:770722253@67.217.95.2) or 67.217.95.2##770722253

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starts: <https://global.gotomeeting.com/install/770722253>

Thank you.



Alameda County
Mental Health Advisory Board

Mental Health Advisory Board Agenda Criminal Justice Committee

Wednesday, October 28, 2020 ♦ 12:30 PM – 2:00 PM
 2000 Embarcadero Cove, Oakland, CA, Suite 400, Alvarado Niles Room
(space is limited due to physical distancing requirements)
 Teleconference: 1-866-899-4679, Access Code: 770-722-253

Committee Members:	Brian Bloom <i>(Co-Chair, District 4)</i> ; Juliet Leftwich <i>(Co-Chair, District 5)</i>
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- 12:30 PM Call to Order _____ Chair **Brian Bloom**
- 12:30 PM I. Roll Call
- 12:35 PM II. Approval of Meeting Minutes
- 12:40 PM III. Discussion Regarding Board of Supervisors October 27 Meeting/Reducing Number of Mentally ill individuals at Santa Rita Jail
 - A. How Can We Increase the Chances that the BOS Will Implement Our Recommendations for Reducing the Mentally III Population at Santa Rita Jail?
 - B. Public Outreach/Education? Lobbying of Supervisors?
 - C. Other Ideas?
- 1:50 PM IV. Next Steps
- 2:00 PM V. Adjournment

Contact the Mental Health Advisory Board at ACBH.MHBCommunications@acgov.org



Alameda County
Board of Supervisors

Alameda County ac bh
Behavioral Health Care Services



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

Meeting called to order @ 12:35 PM by Chair Brian Bloom.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll Call completed.	
Approval of Minutes	August minutes approved.	
Discussion	<p>Strategy Discussion Re MHAB Recommendations to Board of Supervisors (BOS)</p> <p>A. How Can We Increase the Chances that the BOS Will Implement Our Recommendations for Reducing the Mentally Ill Population at Santa Rita Jail?</p> <p>The Committee reviewed the recommendations presented by the Justice Involved Mental Health (JIMH) Taskforce at the previous full board meeting on September 21st, which will be submitted through a report to Alameda County Behavioral Health. It is the Committee's understanding that the recommendations presented by JIMH will also be included in Behavioral Health's presentation to the Board of Supervisors (BOS).</p> <p>The MHAB will send a letter requesting the attention of the BOS, the Committee decided to send a letter, electronically and hard copy, with their recommendations to each Board of Supervisors' Offices, informing them that members of the MH Board will reach out to them to schedule a one on one meeting. The MHAB will send a letter to the Clerk of the Board's Office, so they could include it in the BOS agenda packet.</p>	<p>Action Items:</p> <ul style="list-style-type: none"> • Send letter to Alameda County Board of Supervisor Offices and Clerk of the Board • Lobby Alameda County Agency and Department Heads and local police agencies to support the MH Board recommendations.

ITEM	DISCUSSION	DECISION/ACTION
	<p>B. Public Outreach/Education? Lobbying of Supervisors?</p> <p>In addition to sending the recommendations to the Board of Supervisors, The MHAB agreed to lobby the support of other local and state elected offices and Alameda County Agency and Department Heads.</p>	
Other Discussion Items	None.	
Adjournment	Adjourned at 2:00 PM	

Minutes submitted by A. Gums