



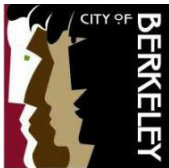
Health, Housing & Community Services  
Mental Health Commission

To: Mental Health Commissioners  
From: Jamie Works-Wright, Commission Secretary  
Date: January 19, 2023

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Health, Housing & Community  
Service Department  
Mental Health Commission

## Berkeley/ Albany Mental Health Commission

**Regular Meeting**  
**Saturday, January 28 2023**

**Time: 10:00 a.m. - 2:00 p.m.**      **Zoom meeting** <https://us06web.zoom.us/j/85337202554>

**Public Advisory:** Pursuant to Government Code Section 54953(e) and the state declared emergency, this meeting of the City Council will be conducted exclusively through teleconference and Zoom videoconference. The COVID-19 state of emergency continues to directly impact the ability of the members to meet safely in person and presents imminent risks to the health of attendees. Therefore, no physical meeting location will be available.

**To access the meeting remotely:** Join from a PC, Mac, and iPad, iPhone or Android device: Please use the URL: <https://us06web.zoom.us/j/85337202554>

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 853 3720 2554. 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

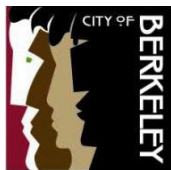
### 1. Roll Call

### 2. Preliminary Matters

- a. Action Item: Approval of the January 28, 2023 agenda
- b. Public Comment (non-agenda items)
- c. Action Item: Approval of the October 27, 2022 minutes

A Vibrant and Healthy Berkeley for All

Office: 2640 Martin Luther King Jr. Way • Berkeley, CA 94704 • (510) 981-7721  
(510) 486-8014 FAX • [bamhc@cityofberkeley.info](mailto:bamhc@cityofberkeley.info)



**Health, Housing & Community  
Service Department  
Mental Health Commission**

3. Opening
4. Work Plan Goal 2023 – Session 1 Discussion – 40 minutes:  
Mapping Out How to Engage Youth by Welcoming Them as Stakeholders in their Mental Health Advocacy – Youth Subcommittee, Monica Jones, Judy Appel, Mary-Lee Kimber Smith
5. Work Plan Goal 2023 – Session 2 Discussion – 40 minutes:  
Developing and Implementing an Overarching Diversion Plan for People Living with Serious Mental Illness and Substance Use Issues and Disorders—Reducing Enforcement and Increasing Services – Diversion Subcommittee - Mary-Lee Kimber Smith, Andrea Pritchett, Ned Opton, Glenn Turner
6. Work Plan Goal 2023 – Session 3 – 40 minutes:  
Evaluating the Division of Mental Health and public mental health and substance use services and developing the relationship with the Division Manager – Andrea Pritchett, Ned Opton
7. Work Plan Goal 2023 – Session 4 – 40 minutes:  
Building a Diverse Membership, including People with Lived Experience from Diverse Demographic and Identity Groups – Glenn Turner, Margaret Fine
8. Overview of Commissioners’ Manual, Brown Act, Roberts’ Rules – 15 minutes
9. Developing Annual Report 2022 – Session 5 – 30 minutes (to create subcommittee), Reviewing workplan 2022 and Alameda County Advisory Board Annual Report 2022
10. Closing

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



*Communication Access Information: This meeting is being held in a wheelchair accessible*

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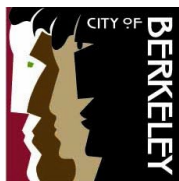


**Health, Housing & Community  
Service Department  
Mental Health Commission**

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

**SB 343 Disclaimer**

*Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Adult Clinic at 2640 MLK Jr. Way, Berkeley, CA 9470*



Department of Health,  
Housing & Community Services  
Mental Health Commission

## Berkeley/Albany Mental Health Commission Drafted Minutes

7:00pm  
Zoom Webinar

Regular Meeting  
October 27, 2022

**Members of the Public Present** Andrea Prichett, Andrew Phelps, Rosina Keren, George Lippman, Sima Sardhara, Haley Goetting, Leslie Berkler, Moni Law, Otis Ward, Carole Marasovic, Heter Malvido, Lily Kung, Paul Kealoha-Blake

**Staff Present:** Jeff Buell, Jonathan Maddox, Lisa Warhuus, Jamie Works-Wright

### 1) Call to Order at 7:04pm –

**Commissioners Present:** Judy Appel, Margaret Fine, Monica Jones, Edward Opton (7:05), Mary Lee Kimber-Smith, Glenn Turner, **Absent:** Tommy Escarcega, Terry Taplin

### 2) Preliminary Matters

#### a. Approval of the October 27, 2022 Agenda

**M/S/C (Appel, Kimber- Smith)** Motion to approve the agenda

**PASSED**

**Ayes:** Appel, Fine, Jones, Opton, Kimber- Smith, Turner **Noes:** None; **Abstentions:** None,

**Absent:** Escarcega, Taplin

#### b. Public Comment – 7 public comments

#### c. Approval of the September 22, 2022 Minutes

**M/S/C (Kimber- Smith, Jones)** Motion to approve the minutes

**PASSED**

**Ayes:** Appel, Fine, Jones, Opton, Kimber- Smith, Turner **Noes:** None; **Abstentions:** None,

**Absent:** Escarcega, Taplin

### 3) SCU, Bridge & SCU public education and community engagement plan update– Dr. Lisa Warhuus

No Motion Made

### 4) Mental Health Resources & Services for Children & Youth provided by Division of Mental Health for the City of Berkeley

**Presenter: Berkeley Mental Health Division CYF Program Supervisor, Jonathan Maddox, MFT with Commissioner discussion and public comment**  
No Motion Made

**5) Youth Mental Health Subcommittee Report – Vice-Chair Monica Jones**

No Motion Made

**6) Commission Secretary Recognition for Distinguished Contribution to the Berkeley Mental Health Commission**

No Motion Made

**7) Review and Vote on Dates for Commission meetings for year 2023**

- a. Review potential dates for 2023

**M/S/C (Jones, Appel)** Motion to approve the calendar that has been set forth  
**PASSED**

**Ayes:** Appel, Fine, Jones, Opton, Kimber- Smith, Turner **Noes:** None; **Abstentions:** None,  
**Absent:** Escarcega, Taplin

Motion to extend the meeting to 9:15

**M/S/C (Appel, Jones)** Motion to extend the meeting to 9:15  
**PASSED**

**Ayes:** Appel, Fine, Jones, Opton, Kimber- Smith, Turner **Noes:** None; **Abstentions:** None,  
**Absent:** Escarcega, Taplin

**8) Retreat Training Discussion for January 2023**

**M/S/C (Jones, Turner)** Motion to change the January 26 meeting date to January 28<sup>th</sup> Saturday from 10 am to 2 pm and we will wait to hear from the council approval to meet in person but for now it will be on zoom.

**PASSED**

**Ayes:** Appel, Fine, Jones, Opton, Kimber- Smith, Turner **Noes:** None; **Abstentions:** None,  
**Absent:** Escarcega, Taplin

- a. **M/S/C (Fine, Kimber-Smith)** Motion to set up a retreat sub-committee that includes Judy Appel, Glenn Turner, and Margaret Fine

**PASSED**

**Ayes:** Appel, Fine, Jones, Opton, Kimber- Smith, Turner **Noes:** None; **Abstentions:** None,  
**Absent:** Escarcega, Taplin

**9) Stiavetti Case and Incompetency to Stand Trial – Commissioner Ned Opton**  
Tabled item for next meeting

**10) Diversion Discussion and Possible Action – Commissioner Mary-Lee Kimber Smith**

- a. Diversion Discussion, including MHC presentation, 9/22/22, and related topics  
b. Address Subcommittee Status

**M/S/C (Kimber-Smith, Turner)** Create a Diversion sub-committee chaired by Mary Lee Kimber-Smith staffed with Edward Opton, Glenn Turner and the meeting will be recorded

**PASSED**

**Ayes:** Appel, Fine, Jones, Opton, Kimber-Smith, Turner **Noes:** None; **Abstentions:** None, **Absent:** Escarcega, Taplin

Move to extend the meeting for 5 more minutes to 9:30

**M/S/C (Kimber-Smith, Appel)** Motion to extend the meeting for 5 more minutes to 9:30

**PASSED**

**Ayes:** Appel, Fine, Jones, Opton, Kimber-Smith, Turner **Noes:** None; **Abstentions:** None, **Absent:** Escarcega, Taplin

- c. Possible Resolution to Berkeley City Council about Care First Jails Last (including CARES Navigation Center) (see Agenda Packet)

**M/S/C (Kimber-Smith, Fine)** Motion to pass the resolution

**PASSED**

**Ayes:** Appel, Fine, Jones, Opton, Kimber-Smith **Noes:** None; **Abstentions:** None, **Absent:** Escarcega, Taplin, Turner

#### **11) Mental Health Manger's Report -Did not get to item**

- a. MHC Manager report September 2022
- b. MH Caseload stats August 2022

#### **12) Adjournment – Motion to adjourn the meeting (9:16)**

**M/S/C (Opton, Kimber-Smith)**

**PASSED**

**Ayes:** Appel, Fine, Jones, Opton, Kimber-Smith, **Noes:** None; **Abstentions:** None; **Absent:** Escarcega, Taplin, Turner

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

Jamie Works-Wright, Commission Secretary





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

## MEMORANDUM

**To:** Mental Health Commission  
**From:** Jeffrey Buell, Mental Health Division Manager  
**Date:** 1/18/2023  
**Subject:** Mental Health Manager Report

### Mental Health Services Report

Please find the attached report on Mental Health Services for January 2023.

### Information Requested by MHC

The MHC Co-Chairs have not requested any specific information for this time period. The request was granted and carried out for the Commission to schedule site visits at each of the two Berkeley Mental Health Clinic facilities: 2640 Martin Luther King Jr Way and 1521 University Ave. The Mental Health Manager lead two tours of the two Berkeley Mental Health Clinic facilities with a third tour scheduled.

### Mental Health Division Updates

The Mental Health Division, like many other mental health programs and jurisdictions, has struggled with recruitment to fill vacancies. The Division has faced vacancy rates of almost 40% in the last several years, and has only recently been making some headway in turning these numbers around to less than 30% vacancy in this new year. Several structural changes are being considered, including dedicated recruitment/retention support, to continue to fill and maintain these vital positions.

*A Vibrant and Healthy Berkeley for All*

## Berkeley Mental Health Caseload Statistics for December 2022

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Previous 12 Months	Fiscal Year 2023 (July '22-June '23) Demographics as of December 2022
Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	5 Clinicians, 1 Clinical Supervisor	62	\$8,037	Clients: 59 API: 1 Black or African-American: 32 Hispanic or Latino: 1 White: 25 American Indian: 0 Other/Unknown: 0 Male: 32 Female: 25 Missing Gender ID: 1 Prefer Not to Answer Gen ID: 1 Multiple Gender ID: 0 Heterosexual: 45 Missing Sex Orient: 5 Bisexual: 3 Prefer Not to Answer Sex Orient: 3 Multiple Sex Orient: 2 Gay: 1 Lesbian: 0
Adult FSP Psychiatry (December Stats)	1-100	.75 FTE	52		
<b>AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>				\$2,037,600	
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	3 Clinicians, 0 Clinical Supervisor	32	\$7,250	Clients: 34 API: 2 Black or African-American: 17 Hispanic or Latino: 1 Other/Unknown: 0 White: 14 Male: 24 Female: 8 Missing Gender ID: 2 Prefer No to Answer: 0

## Berkeley Mental Health Caseload Statistics for December 2022

						Multiple Gender Identities: 0 Heterosexual: 27 Missing Sex Orient: 4 Bisexual: 2 Gay: 1 Multiple Sex Orient: 0 Prefer Not to Answer: 0 Lesbian: 0
<b>HFPS Psychiatry (December Stats)</b>	1-100	.0 FTE	20	TBD		
<b>HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>						
<b>Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)</b>	1-20	7 Clinicians 0 Team Lead 1 Clinical Supervisor	159	\$2,633		Clients: 166 American Indian: 3 API: 16 Black or African-American: 65 Hispanic or Latino: 5 Other/Unknown: 3 White: 74 Male: 84 Female: 77 Multiple Gender Identities: 2 Missing Gender ID: 1 Non-Conforming Gender ID: 1 Queer: 1 Prefer Not to Answer Gender ID: 0 Female to Male: 0 Other Gender ID: 0 Queer Gender ID: 0 Heterosexual Sex Orient: 130 Missing Sexual Orient: 18 Bisexual Sex Orient: 5 Lesbian Sex Orient: 5 Gay Sex Orient: 4 Prefer Not to Answer Sex Orient: 2 Multiple Sexual Orient: 1 Queer Sexual Orient: 1 Other Sexual Orient: 0

## Berkeley Mental Health Caseload Statistics for December 2022

<b>CCT Psychiatry (December Stats)</b>	1-200	1 FTE	120	
<b>CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>				
<b>Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)</b>	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non- Degreed Clinical	1 Licensed Clinician 1 CHW Sp./ Non- Degreed Clinical, 1 Clinical Supervisor	88	\$1,217
				Clients: 90 API: 7 Black or African American: 33 Hispanic or Latino: 4 Other/Unknown: 0 White: 46 Male: 52 Female: 36 Intersex: 1 Missing Gender ID: 1 Other Gender ID: 0 Heterosexual: 78 Missing Sexual Orient: 7 Prefer Not to Answer Sexual Orient: 3 Gay: 1 Multiple Sexual Orient: 1 Questioning: 0
<b>FIT Psychiatry (December Stats)</b>	1-200	.5	81	
<b>FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)</b>				
			\$900,451	

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Last 12 months	Fiscal Year 2023 (July '22-June '23) Demographics as of December 2022
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician, 1 Clinician	9	\$5,557	Clients: 10 American Indian: 0 API: 0 Black or African-American: 4 Hispanic or Latino: 6 Other/Unknown: 0 White: 0 Female: 4 Male: 4 Missing Gender ID: 2 Non-Conforming Gender ID: 0 Heterosexual: 6 Missing Sexual Orient: 4 Gay: 0 Other Sexual Orient: 0 Questioning Sexual Orient: 0
CFSP Psychiatry (December Stats)	1-100	0	1		
<b>CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>					
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	1.5 Clinicians, 1 Clinical Supervisor	43	\$2,279	Clients: 50 American Indian: 2 API: 3 Black or African-American: 19 Hispanic or Latino: 11 Other/Unknown: 1 White: 14 Female: 19 Male: 19 Missing Gender ID: 8 Multiple Gender ID: 3 Non-Conforming Gender ID: 1 Female to Male: 0 Other Gender ID: 0 Heterosexual: 21

							Missing Sexual Orient: 19 Gay: 4 Multiple Sexual Orient: 3 Bisexual: 2 Prefer Not to Answer: 1 Other Sexual Orient: 0 Queer Sexual Orient: 0 Questioning Sexual Orient: 0
ERMHS/EPSTD Psychiatry (December Stats)	1-100	0	9				
<b>EPSDT/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>							
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	3.5 Clinicians, 1 Clinical Supervisor	Drop-in: 12 Externally referred: 12 Ongoing tx: 48 Groups: 4 Offered/ 4 Conducted				N/A
<b>HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>							
\$396,106							

Crisis and ACCESS Services	Staff Ratio	Clinical Staff Positions Filled	Total # of Clients/Incidents	MCT Incidents Detail	Calendar Year 2022 (Jan '22- Dec '22) Demographics – From Mobile Crisis Incident Log (through December 2022)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	<ul style="list-style-type: none"> <li>66 - Incidents</li> <li>11- 5150 Evals</li> <li>2 - 5150 Evals leading to involuntary transport</li> </ul>	<ul style="list-style-type: none"> <li>42 - Incidents: Location - Phone</li> <li>20 - Incidents: Location - Field</li> <li>1 - Incidents: Location - Home</li> </ul>	Clients: 743 API: 35 Black or African-American: 130 White: 182 Hispanic or Latino: 24 Other/Unknown: 372 Female: 307 Male: 339 Transgender: 10 Unknown: 87
<b>MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>					
\$771,623					
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	<ul style="list-style-type: none"> <li>10 – Incident(s)</li> </ul>	N/A	Clients: 43 API: 4 Black or African-American: 13 White: 17 Hispanic or Latino: 3 Other/Unknown: 6 Female: 25 Male: 15 Transgender: 1 Unknown: 2
<b>TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)</b>					
\$272,323					
Community Assessment Team (CAT)	N/A	3 Non-Licensed Clinicians, .5 Licensed Clinician, 1 Clinical Supervisor	<ul style="list-style-type: none"> <li>95 - Incidents</li> </ul>	N/A	Clients: 618 API: 23 Black or African-American: 136 White: 145 Hispanic or Latino: 30 Other/Unknown: 284 Female: 232 Male: 291 Transgender: 5 Unknown: 90

**CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs  
(FY22 not yet available)**

\$735,075

Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support. In demographics, other/unknown is used both when a client indicates that they are multi-racial and when demographic info is not known.

\*Average System Costs come from Yellowfin, and per ACBH include all costs to mental health programs, sub-acute residential programs, hospitals, and jail mental health costs.





**Alameda County  
Mental Health Advisory Board**

Contact the Mental Health Advisory Board at:

ACBH.MHBCcommunications@acgov.org

**Members:** September 19, 2022

**Lee Davis,**  
*Chair*  
(District 5)

Alameda County Board of Supervisors  
1221 Oak Street, #536  
Oakland, CA 94612

**L.D. Louis,**  
*Vice Chair*  
(District 4)

**Re: Mental Health Advisory Board Annual Report FY 2021-22**

**Christina Aboud**  
(District 1)

Dear Alameda County Board of Supervisors:

**Terry Land**  
(District 1)

The Alameda County Mental Health Advisory Board (MHAB) is pleased to provide this Annual Report for FY 2021-2022. As discussed below, the MHAB has worked diligently over the last year to carry out its statutory duties. In accordance with its primary role as an oversight and advisory body, the MHAB sets forth ten recommendations to the Board of Supervisors in this report. These recommendations are the culmination of numerous regular and special MHAB board and committee meetings and are informed by the extensive input of experts and community members. The MHAB urges the Board of Supervisors to seriously consider and publicly discuss these recommendations.

**Grant Quinones**  
(District 2)

**Thu Quach**  
*Co-chair, Adult Committee*  
(District 2)

**Warren Cushman**  
*Co-chair, Adult Committee*  
(District 3)

**MHAB Statutory Authority and Expertise**

**Loren Farrar**  
(District 3)

The MHAB's authority is established by California Welfare and Institutions Code Section 5604 *et seq.* In accordance with Welfare and Institutions Code Section 5604.2, the Board is statutorily required, among other things, to:

**Ashlee Jemmott**  
(District 3)

**Brian Bloom**  
*Co-chair,*  
*Criminal Justice Committee*  
(District 4)

**Thu A. Bui**  
(District 5)

**Juliet Leftwich**  
*Co-chair,*  
*Criminal Justice Committee*  
(District 5)

- Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county where mental health evaluations or services are provided, including but not limited to, schools, emergency departments, and psychiatric facilities.
- Advise the Board of Supervisors and the Alameda County Behavioral Health Care Services Director as to any aspect of the local mental health program.
- Review any county agreements entered into pursuant to Welfare and Institutions Code Section 5650 and make recommendations regarding concerns identified within those agreements.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Submit an annual report to the Board of Supervisors on the needs and performance of the county's mental health system.

- Perform such additional duties as may be assigned to the Board by the Board of Supervisors.<sup>1</sup>

The MHAB is composed of a diverse group of individuals with differing backgrounds and expertise who bring unique perspectives to the complex issues associated with the provision of behavioral health services in Alameda County.<sup>2</sup> As we have in prior years, the MHAB is again providing a variety of recommendations to the Board of Supervisors for their thoughtful consideration and implementation.<sup>3</sup>

The MHAB appreciates the invitation to present the preliminary findings of its Ad Hoc Data Committee, discussed below, at the joint hearing of the Board of Supervisors' Health Committee and Public Protection Committee on October 24, 2022. The MHAB hopes that the upcoming hearing, together with the recommendations contained in this report, will help create the opportunity for increased engagement between the Board of Supervisors and the MHAB moving forward.

### **Overview of MHAB Activities in FY 2021-2022**

Much of the MHAB's work over the last year focused on ways to help implement the Board of Supervisors' directive to reduce the number of seriously mentally ill (SMI) individuals at Santa Rita Jail. The MHAB commends the Board of Supervisors for its public commitment to shift priorities from incarceration to evidence-based behavioral health treatment, as embodied in its "Care First, Jail Last" resolution. The MHAB is represented on the Care First, Jail Last Task Force and looks forward to its monitoring role once the Task Force's work is completed.<sup>4</sup>

In addition to the regular monthly meetings the MHAB held last year, it convened two special meetings, an annual strategy meeting/retreat, and monthly meetings of its Executive Committee, Criminal Justice Committee and Adult Committee.<sup>5</sup> The MHAB also formed two new ad hoc committees: the Ad Hoc Data Committee, to gather and analyze data about the SMI population at Santa Rita Jail, and the Ad Hoc Legislation Committee, to create a process for the MHAB to consider recommending that the Board of Supervisors take positions on

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<sup>1</sup> State law also authorizes the MHAB to review and make recommendations on applicants for the appointment of the Alameda County Behavioral Health Care Services Director, review and comment on the county's performance outcome data, and assess the impact of the realignment of services from the state to the county on services delivered to clients and on the local community.

<sup>2</sup> Short bios of each member of the MHAB, as well as their committee assignments, can be found at: <https://www.acbhcs.org/mental-health-advisory-board/>

<sup>3</sup> As noted by the Alameda County Civil Grand Jury in their most recent annual report:

"The MHAB has written thoughtful letters to the BOS over the last several years about relevant issues, such as the Santa Rita Jail issues and the need for more transparent data, but the BOS has not responded to those letters nor invited members to present at a BOS meeting. Thoughtful communications deserve a response." (See Alameda County Grand Jury Final Report (2021-2022) ("Grand Jury Report") at p. 25). The report also notes that "[t]he Mental Health Advisory Board, which has strong, knowledgeable, and experienced members and generates excellent ideas, is not used effectively by the Board of Supervisors." (See Grand Jury Report at p. 27.)

<sup>4</sup> In addition to the Care First, Jail Last Task Force, the MHAB was also represented on the county's Justice Involved Mental Health Task Force (JIMH), which concluded its work in early 2021. The MHAB is also currently represented on Alameda County's MHSA Stakeholder Committee, the MHSA Community Program Planning Process Committee, and ACBH's Budget Stakeholder Advisory Committee.

<sup>5</sup> Each month, the MHAB full board meets on the third Monday 3:00-5:00; the Executive Committee meets on the second Thursday 3:30-5:00; the Adult Committee meets on the fourth Tuesday 4:00-5:30, and the Criminal Justice Committee meets on the third Wednesday 4:30-6:00. All of these meetings are open to the public and public comment and participation are encouraged. Past agendas, minutes, and presentations at these meetings can be found at: <https://www.acbhcs.org/mental-health-advisory-board/>

behavioral health-related state legislation.<sup>6</sup>

The COVID pandemic has underscored how existing inequities are further exacerbated during times of crisis. Accordingly, the MHAB has discussed exploring ways to consider behavioral health issues with an equity lens, emphasizing how factors such as cultural, language and disability barriers further impact access to quality mental health services. The MHAB also discussed concerns regarding the unprecedented mental health provider shortage in the midst of significant growing demand for mental health services, both in terms of people needing such services and the depth of services needed for untreated illnesses, caused in large part by the pandemic and increasing violence. Lastly, the specific recommendations set forth below are aimed at improving behavioral health care outcomes for county residents, to satisfy unmet needs, and to fill gaps in the continuum of care. Current ACBH-funded programming that is effectively providing behavioral health care treatment services should not in any way be diminished or compromised in order to implement the additional services recommended herein.

Summaries of the work of the MHAB's Criminal Justice, Adult and Ad Hoc Data Committees are provided below.

### **MHAB Committee Work**

#### **Criminal Justice Committee**

Last year's meetings of the Criminal Justice Committee meetings were well attended and included robust participation by a variety of groups, including mental health care providers from the County as well as from Community Based Organizations (CBOs); family members of those suffering from serious mental illness; and members of various law enforcement agencies. Discussion topics included, among other things, litigation against Alameda County alleging appalling conditions for mentally ill people incarcerated at Santa Rita Jail, increased opportunities for diverting defendants out of the criminal justice system and into the medically appropriate level of community-based mental health treatment, and the need for better discharge planning when defendants leave Santa Rita Jail and/or John George Psychiatric Hospital and re-enter the community.

The Committee appreciated the variety of expert speakers who helped inform these discussions, including, but not limited to:

- Kara Janssen, lead counsel for plaintiffs in the *Babu v. Ahern et al* litigation, who discussed the Consent Decree and subsequent expert monitoring reports filed in the case;
- Dr. Noha Aboelata, CEO of Roots Community Health Center, who spoke about the Safe Landing Project, a program that offers services to newly released inmates via a trailer parked outside of the jail;
- Juan Taizan and Yvonne Jones, Director and Associate Director, respectively, of ACBH Forensic, Diversion and Re-Entry Services, who discussed forensic and non-forensic Full-Service Partnerships in Alameda County.
- Department of Justice Attorney Jessica Polansky, who spoke about the April 22, 2021 Report of the U.S. Department of Justice Civil Rights Division, "Investigation of Alameda County, John George Psychiatric Hospital and Santa Rita Jail," which describes serious gaps in the County's mental health care system and details the unsafe conditions at Santa Rita Jail.
- Francesca Tannenbaum, director of Patients Rights Advocates in Alameda County, and her colleagues, who discussed the treatment of mentally ill Santa Rita inmates who are "5150'd" to John George, the impact "Murphy" conservatees have on county resources, and the potential for LPS conservatorships to be a "diversion route" out of jail and into long-term, community-based mental health treatment.

The Criminal Justice Committee also dedicated one of its meetings to a discussion of important mental health-related state legislation, leading to the creation of the MHAB's new Ad Hoc Legislation Committee, and another meeting to formulating some of the recommendations set forth in this report.

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<sup>6</sup> The MHAB Children's Committee is currently on hiatus.

## **Adult Committee**

The MHAB Adult Committee focuses on adult and/or older adult systems of care. The Committee's monthly meetings over the last year included discussions of a variety of topics, including:

- State legislation to establish "Care Courts;"
- Pathways to Wellness Clinic's history and current services;
- Deaf Community counseling services;
- California Advancing & Innovating Medi-Cal (CalAIM);

The Adult Committee was grateful for the informative presentations it received by Kate Jones, ACBH's Adult and Older Adult System of Care Director, and by leaders of NAMI (National Alliance of Mental Illness) Alameda County. The different presentations have highlighted a key theme around equity, and how disability and cultural and linguistic factors impact access to and receipt of quality mental health services. The Committee is exploring how to incorporate an equity framework in its ongoing discussions, analysis and recommendations, to ensure equitable mental health services for vulnerable populations, including but not limited to communities with disabilities, limited English proficient individuals, and communities of color.

## **Ad Hoc Data Committee**

Alameda County's efforts to reduce the population of seriously mentally ill individuals at Santa Rita Jail will not be successful unless it understands the unmet treatment needs of those individuals, particularly the group of "high utilizers" who cycle in and out of jail, John George Psychiatric Hospital and homelessness. The MHAB Ad Hoc Data Committee was formed to gather and analyze information about this group, with the ultimate goal of using the information to: (1) evaluate the efficacy of existing programs intended to reduce recidivism; and (2) create a dashboard allowing public access to the data.

ACBH and other Alameda County agencies collect a tremendous amount of data. Although there are gaps in the data, and information has historically been siloed within different agencies, what is most notably missing is robust data analysis. Tough questions are not being asked, and meaningful connections are not being made between the data that exists. The data is also not made public and transparent so that the community can participate in the process of systemic improvement.

At the committee's request, ACBH provided de-identified individualized data on the high utilizer population as defined by the Committee.<sup>7</sup> The Committee's work is ongoing, but some initial observations are clear: the data reflects key gaps in access to services for African Americans and individuals with a dual diagnosis of substance abuse disorder and mental illness (so-called co-occurring disorders). This de-identified data also suggests barriers to treatment access for those incarcerated at Santa Rita Jail and in need of psychiatric crisis stabilization at John George Psychiatric Hospital.

Aggregate data allows us to see broad trends, but asking the right questions about de-identified individualized data could provide a key to seeing disparities in a tangible way and, as a result, allow for systemic changes that could lead to better outcomes. This kind of data analysis could be used, for example, to explore the efficacy of different FSPs, the relationship to housing status on outcomes, or be applied to any number of different queries. This data could allow us to assess not only where we are currently, but track potential improvements over time.

The MHAB found several areas in which ACBH could not provide data. It appears that currently ACBH and Santa Rita Jail do not effectively track housing status for high utilizers. ACBH also was not provided data from the Jail on the severity of charges for these individuals. The MHAB Ad Hoc Committee found these gaps

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<sup>7</sup> The Committee greatly appreciates the invaluable ongoing assistance it has received from Chet Meinzer of Alameda County Data Services, who assisted the Committee in providing requested data and refining the Committee's data requests.

significant in evaluating solutions. Accordingly, housing status should be collected at intake and discharge from the jail and from John George.

The Ad Hoc Committee's work to date has informed several of the recommendations set forth below.

### **MHAB Recommendations**

The MHAB urges the Board of Supervisors to do the following:

#### **1. Conduct a comprehensive needs assessment and evaluation of existing programs serving the seriously mentally ill in Alameda County.**

An overarching concern of the MHAB - one it has expressed repeatedly over the last year and in years past - is the lack of data regarding county-wide service gaps in the full continuum of behavioral health care, as well as the efficacy of current programming for those suffering from serious mental illness. With a thorough knowledge of where the gaps in service are and which needs are currently not being met, the county will be able to more accurately assess both what resources are necessary to fund a full continuum of care, and how services can be provided in the most cost-effective manner.

This concern was echoed in the Grand Jury report which concluded that "there is not a recent broad-based, Alameda County mental health needs/gaps assessment that explores where in the county there are service needs, equity disparities [including but not limited to race/ethnicity, language and disability barriers, immigration status], successful interventions, and that reviews current best practices and gaps in service availability, both inside and outside MHSA. One witness described funding choices by ACBH as shooting in the dark."<sup>8</sup>

An assessment of unmet needs must be conducted through an equity lens so that the county can eliminate the unjust disparities in mental health services for African Americans and other marginalized communities in the high utilizer category. Specifically, the county should evaluate the extent to which these individuals were receiving appropriate, clinically indicated services prior to incarceration, and if so, what was lacking in the treatment that contributed to the individual becoming justice-involved. Similarly, the county must assess, and improve where necessary, the quality of discharge planning and re-entry services both from jail and from John George.

The county should also provide data regarding the economic cost of high utilizers in the behavioral health system. The cost of frequent incarceration in Santa Rita Jail and multiple, recurring stays at John George Hospital amongst the high-utilizers should be quantified and compared to the cost of upstream investments in services and infrastructure to fill the identified gaps in the full continuum of behavioral health care. The incarceration of so many mentally ill individuals is not only morally objectionable but also is arguably not cost-effective.

The MHAB is aware that the Board of Supervisor's "Reimagining Adult Justice Initiative (RAJI)" is currently in the process of acquiring and analyzing some, but not all, of the data referred to herein. By way of a public-facing "dashboard," and other such transparent means, the county should promptly make available to the public the work of the RAJI, as well as the study of unmet needs and cost-effectiveness recommended above.

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<sup>8</sup> See Grand Jury Report at p. 21. The Grand Jury Report also noted that the problems it identified were with the system and not with the people working within it. The MHAB agrees completely. Our meetings and communications with a wide variety of mental health providers and ACBH personnel have consistently shown them to be dedicated, hard-working professionals who care deeply about the people they serve.

## 2. Fully fund ACBH's Forensic Plan.

The MHAB was encouraged when, at the budget hearings in June 2022, the County Administrator was directed to bring to the Board of Supervisors a proposal for fully funding ACBH's "Forensic Plan" to "reduce forensic involvement with behavioral health clients" As reported in the Grand Jury report, the county appears to have sufficient available funds from MHSA, CalAIM and other sources to fund Dr. Tribble's thoughtful and comprehensive request. As documented by the Grand Jury Report, as well as by various lawsuits and legal settlements, we suffer in Alameda County from a shortage of services to prevent, respond to, manage, and support recovery and stability for persons with serious mental illness and substance use disorders. The situation will not improve without focused attention from the Board of Supervisors and additional funding. ACBH's Forensic Plan now before the Board of Supervisors is a necessary first step, and will help the county serve the unmet needs of those who are suffering.

## 3. Expand the capacity of court-based and other diversion programs.

As the Board of Supervisors has acknowledged by unanimously passing the Care First, Jail Last resolution last year, jails are no place for people who suffer from serious mental illness and/or substance abuse disorders. Yet, because the county has not devoted necessary resources to fund a full continuum of behavioral health care for all county residents, the Santa Rita Jail has become one of the largest providers of mental health treatment in the county.<sup>9</sup>

Data received from ACBH reveals that people diagnosed with a serious and persistent mental illness make up over 20% of the incarcerated population and the county spends an increasing amount of its resources to improve jail-based mental health services. Notably, the burden of incarcerating mentally ill individuals disproportionately impacts the African-American population in the county. While comprising approximately 10% of the county's population, African-Americans constitute almost half of the incarcerated population that are receiving mental health services.

The MHAB recognizes that the county must provide top quality mental health care to those who are incarcerated in Santa Rita Jail. However, the MHAB recommends that rather than focus on jail-based mental health care, the county should significantly reduce the number of seriously mentally ill people who are incarcerated at the jail (thereby reducing the need to spend resources on jail-based behavioral health care). In addition to various "upstream" solutions described below, one means of accomplishing this goal is for criminal defendants who suffer from serious mental illness and/or substance abuse disorders to be diverted out of jail and into medically appropriate treatment facilities that can effectively treat their underlying behavioral health needs. Accordingly, capacity in all of the county's various diversion programs, set forth below, should be expanded.

- As the Grand Jury noted in its 2021-22 Final Report, the Behavioral Health Court ("BHC") in Alameda County is underutilized. The BHC has reduced recidivism and improved mental health outcomes for those who have participated in the program.<sup>10</sup> However, the BHC only has capacity for approximately 100 participants at any one time due to resource limitations. With approximately 2,200

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<sup>9</sup> In its 2021 Investigation and Report ("DOJ Report"), the U.S. Dept. of Justice (DOJ) noted that the MHAB has consistently reported to the Board of Supervisors that Alameda County places seriously mentally ill people at heightened risk of incarceration due to the lack of alternative appropriate treatment options: "the [MHAB] observed in 2015 that 'Police officers in the field responding to individuals with mental illness have few options other than bringing them to Santa Rita or John George.'" (See DOJ Report at p. 10, fn. 8). The DOJ Report further noted that since 2015, the MHAB has alerted the Board of Supervisors that "Santa Rita Jail has become a warehouse for people with mental illness. Since there is nowhere to place individuals with mental health disabilities, they languish in jail, often isolated in jail cells. We need to develop a system so that this population can be diverted out of the criminal justice system and into treatment." (See DOJ Report at p. 19, fns. 21 & 22.)

<sup>10</sup> See "Unrecognized and Underutilized Potential: The Behavioral Health Court of Alameda County" (Urban Strategies Council, 2021) at p. 18.

people in jail and over 20% of them diagnosed with a serious mental illness, the BHC is clearly not meeting the current demand. Capacity of BHC should be significantly expanded. To accomplish this, the county must increase funding for the community-based and appropriate medical treatment programs with which BHC partners.

- In addition to the BHC, the county supports eight separate “Collaborative” Courts (two drug courts, a Veterans’ court, two re-entry courts, and three treatment courts in the family dependency department of the court system) which together are currently diverting from jail and treating approximately 170 participants. These collaborative courts, like the BHC, have proven successful in reducing recidivism, increasing positive health outcomes, and re-unifying families. To thrive and expand, however, these collaborative courts need stable, predictable, and sustained funding. The MHAB recommends that the county make a commitment to fully fund all of the Collaborative Courts.
- The C.A.R.E.S. Navigation Center redirects individuals engaging in low-level criminal offenses into support services, mental health and/or substance use treatment and away from incarceration and the criminal justice system. As of now, it is the only point-of-arrest diversion program in Alameda County allowing police officers to bring clients directly to the Center to connect to services and keep people with mental illness and/or substance use disorder out of jail and the criminal justice system. These Navigation Centers should be expanded and fully funded so that residents in all areas of the county have access to them.
- The I.S.T. Diversion Programs diverts in-custody felony defendants who have been found by the court to be Incompetent to Stand Trial (“IST”) and who currently languish in jail for up to six months or longer waiting for a treatment bed to become available at the State Hospital. To help reduce the size of the waiting list for state hospital beds, Alameda County received significant funding from the Dept. of State Hospitals to divert these individuals into local treatment. However, as reported to the MHAB, very few of the in-custody defendants who are eligible for this program have actually been diverted. Accordingly, the MHAB recommends that the Board of Supervisors make it a priority to address this problem so that the state monies the county is receiving are used effectively to provide these defendants with the appropriate level of acute or sub-acute treatment in the community.

#### **4. Create Full-Service Partnerships (“FSPs”), Collaborative Courts, and other programs focused specifically on the needs of those who suffer from Co-Occurring Disorders.**

Frequently, an individual’s substance abuse issues are too severe for BHC and conversely, their mental health needs are too pronounced for Drug Courts or other Collaborative Courts. In fact, over 50% of the high utilizers of county services are diagnosed with co-occurring disorders. The MHAB recommends that the county invest in the kinds of treatment programs which can effectively address the unique needs of this population of people who often fall between the cracks in the existing diversion and other treatment programs.

#### **5. Expand the services and capacity of the Safe Landing Project.**

The Safe Landing Project (SLP), located in a recreational vehicle parked on the grounds outside of Santa Rita Jail, began in June of 2020. Operated by Roots Community Health Center, SLP provides re-entry support services to newly released inmates. One impetus for the creation of the project was the tragic 2018 death of Jessica St. Louis, an inmate who was released at 1:30 a.m. without transportation or other services and found dead at the Dublin/Pleasanton BART station 4 hours later. SLP currently operates from 2:00-10:00 p.m. and seeks to connect individuals leaving Santa Rita with a variety of services, including transportation. Based on discussions with, and a presentation by, Roots CEO Dr. Noha Aboelata, the MHAB recommends that SLP be expanded to: 1) provide services 24/7; 2) operate out of a permanent structure; and 3) have a presence inside the jail so staff has an opportunity to engage with inmates prior to their release.

## **6. Expand Effective Full-Service Partnerships (“FSPs”).**

FSPs, which stay faithful to an Assertive Community Treatment model, support people with the highest mental health needs in the county. Almost all of the FSPs in the county are provided for, on a contract basis, by various CBOs. The county must ensure that all FSP clinical teams are available 24/7, that the clinician-to-client ratio allows for as much face-to-face contact as necessary for the clients’ recovery and stabilization, and that there are effective means for keeping clients in treatment and compliant with their medications as necessary. Moreover, FSPs must be able to respond to crises, including coordination of services if a client is 5150’d or incarcerated in jail. FSPs can serve the crucial function of reducing arrest and incarceration, lengthy institutionalization, and emergency room use. However, the FSP capacity in Alameda County is far from sufficient. Currently, Alameda County has funded capacity for approximately 1,000 adults in FSPs at any given time. The MHAB believes the need is far greater, perhaps four times this amount. The MHAB urges the Board of Supervisors to assess the need and increase the capacity of FSPs as appropriate. This assessment should include a quality-of-care review of the various FSPs in the county as well as a review of whether the length of time a client is in FSP services is sufficient to maintain long-term mental health stability and reduce recidivism.

## **7. Significantly increase the capacity of residential treatment beds countywide (including those at Villa Fairmont) 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 acute crisis facilities to treatment at sub-acute facilities, crisis residential facilities and licensed board and cares – each with the capacity to provide the clinically indicated type and length of treatment. Without the expansion of residential treatment capacity, Santa Rita Jail will remain the county’s primary locked mental health treatment facility.

In the immediate term, the MHAB recommends that the county expand capacity at the Villa Fairmont Mental Health Rehabilitation Center (MHRC). Villa Fairmont provides intensive sub-acute mental health and psychiatric treatment services for those in the community who are in need of that level of mental health care. Villa Fairmont is operated by Telecare and is licensed for 97 beds.<sup>11</sup> However, Alameda County purchases only 70 of these beds, leaving the remaining 27 beds unavailable to county residents. The MHAB urges the Board to buy back these 27 beds so that the sub-acute treatment portion of the continuum of behavioral health care is sufficient to provide this level of care for those who need it. Specifically, the MHAB recommends that the county consider whether these additional beds could be used to divert those in jail mentioned above who are eligible for IST and other court-based diversion programs but, for lack of a clinically appropriate treatment facility, are languishing in jail.

## **8. Provide better treatment options for incarcerated individuals who are “5150’d” from Santa Rita Jail to John George Psychiatric Hospital.**

According to data acquired by MHAB’s Ad Hoc Data Committee, in the 2020 calendar year 131 unique individuals incarcerated at Santa Rita were suffering so severely from mental illness that they met 5150 criteria (gravely disabled, a threat to themselves, and/or a threat to others) and had to be transferred to John George for treatment and care.<sup>12</sup> Of these 131 individuals, 68 were admitted to a unit at John George hospital.

In contrast, during the same time period, 956 high utilizers were admitted from the community to John

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<sup>11</sup> The county’s only other MHRC for the treatment of those diagnosed with serious mental illness is the Gladman MHRC. However, the 39 available beds at Gladman are used primarily for long term patients who are on so-called “Murphy” and regular LPS conservatorships.

<sup>12</sup> Data concerning average length-of-stay is still outstanding. For instance, the MHAB does not know the extent to which these individuals received necessary lasting treatment in an acute or sub-acute facility as opposed to being quickly returned to Santa Rita Jail.



George PES, with 65 high utilizers being admitted to John George PES more than 10 times during 2020. This data raises the question: are high utilizers treated differently if they are 5150'd from jail as opposed to if they are coming from the community? And if so, why? Since the jail is not a licensed 5150 treatment facility and has no ability to provide involuntary treatment, there is no clear rationale for why John George would treat a referral from the jail would be treated any differently than a referral from the community.

As reported to the MHAB, while at John George, incarcerated people must remain in a locked room under armed guard, and therefore are not provided with the milieu therapy and other treatments that are available to all other patients at the hospital. Moreover, it appears that too many of these individuals are simply medicated and returned immediately to the jail without receiving the necessary treatment that would be provided to a non-incarcerated person suffering from serious mental illness and in need of acute treatment. The MHAB recommends that the county assess the quality of the care provided to incarcerated persons sent to John George, including continuity of care between John George and the jail, the types and the quality of services provided to incarcerated clients and subsequent outcomes including any subsequent suicide attempts or further 5150s.

#### **9. Support the repeal of the IMD (Institution for Mental Disease) Medicaid Exclusion.**

The IMD exclusion is the federal law that prohibits Medicaid reimbursement for treatment provided in a mental health treatment facility of more than 16 beds. Since the 1960s, this law has effectively denied patient care, disproportionately discriminating against poor and other marginalized communities. Medicaid reimbursement for inpatient care for our most ill citizens should be available no differently from inpatient care for heart disease, cancer, and other severe illnesses. The IMD exclusion, which discriminates against persons with mental illness, should end immediately. The MHAB urges the Board of Supervisors to support federal legislation, such as H 2611, which calls for the outright repeal of the IMD Exclusion. Moreover, we urge the Board of Supervisors to encourage its state partners to apply for the "IMD waiver" which would develop federal funding for the more acute levels of care needed by county residents who suffer from the most advanced stages of serious mental illness.

#### **10. Prioritize strategies to address the mental health workforce shortage.**

In the midst of the greatest demand for mental health services, our state is experiencing the greatest provider shortage. While there are efforts at the state and local levels to overhaul our mental health system, it would be hard to create transformative change if we do not address this crippling provider shortage. The workforce crisis was happening well before the pandemic, and has since worsened significantly. Training programs are not producing enough accredited providers, many providers are leaving jobs at county mental health departments and community-based organizations (CBOs) to go to higher-paying jobs or create their own private practice. Even if they remained, there are not enough providers to meet the significant increase in demand. Those providers who remained have increased workload, leading to burnout.

This urgent situation requires both long-term and short-term solutions. Salary increases for both county providers and those at CBOs are necessary for recruitment and retention. Additionally, there needs to be more investment in training programs at all stages of career development that would produce more therapists, especially culturally and linguistically competent trainees who can provide such care to vulnerable populations. Furthermore, we need to consider team-based models that move away from sole reliance on licensed therapists, but also includes case managers, peer providers, community health workers and others, who can help support in the comprehensive mental health care for the clients. While some CBOs have been using these team-based models, the payment structure does not always (sufficiently) reimburse for services provided by these lay mental health professionals. CalAIM is just beginning to recognize the work of community health workers, including providing some reimbursements for their services. We need to expand on this concept to help spread the work in caring for each client. Not only will this meet the increasing demand in services, but will also help to balance out the workload for existing mental health providers, and help to reduce their risks of burnout.

### Conclusion

The MHAB is proud of its work over the last year and appreciates the opportunity to be of service to the Board of Supervisors and to the community. As noted in the Grand Jury Report, the Board of Supervisors should better utilize the expertise and perspective of the MHAB. Most important, at this juncture, the MHAB urges the Board of Supervisor to fill the vacant MHAB positions, including the position of the Board of Supervisors' representative to the MHAB, so that the MHAB is in the best position to exercise its statutory obligations.<sup>13</sup> The MHAB looks forward to working more collaboratively with the Board of Supervisors in the future, and asks that the Board provide a response to the recommendations contained in this report.

Sincerely,



Lee Davis, MHAB Chair



L.D. Louis, MHAB Vice-Chair

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<sup>13</sup> In addition to the vacant slot for the Board of Supervisor's representative (which is mandatory pursuant to Welfare and Institutions Code section 5604(a)(1), Supervisorial Districts 1,2, 4 and 5 all have one opening apiece on the MHAB.

**Works-Wright, Jamie**

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**From:** Works-Wright, Jamie  
**Sent:** Thursday, January 19, 2023 7:56 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Return to In-Person Meetings - Commissions  
**Attachments:** Memo to Commissioners re In Person Meetings.pdf

Please see the memo. Very important information about the meetings in person

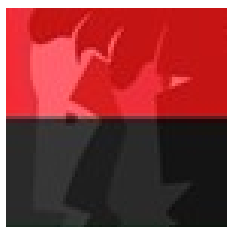
**Jamie Works-Wright**

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



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**From:** Numainville, Mark L.  
**Sent:** Thursday, January 19, 2023 4:16 PM  
**To:** Numainville, Mark L. <MNumainville@berkeleyca.gov>  
**Subject:** Return to In-Person Meetings - Commissions

**Internal**

Commission Secretaries,

Please share this memo regarding the return to in-person meetings in March with your commissioners and place it in your next agenda packet as a communication.

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



City Clerk Department

January 19, 2023

To: Members of Berkeley Boards & Commissioners  
From: Mark Numainville, City Clerk  
Subject: Update – Return to In-Person Meetings

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This memo provides an update on the return to in-person meetings for City boards and commissions.

The Governor stated that the Declaration of Emergency by the State of California for COVID-19 will end on February 28, 2023. The end of the Declaration of Emergency means that the exemptions to the Brown Act that allowed for virtual-only meetings of legislative bodies will also end. Starting on March 1, 2023, all legislative bodies in the State of California must meet in-person. There is no authority for any local jurisdiction to override or appeal this requirement in state law.

The responses from commissioners in the November 2022 survey regarding in-person meetings have been very helpful in determining the primary concerns of commissioners and what the City may be able to do to accommodate them. There was a range of responses and the City will not be able to accommodate every preference.

At this time, the City does not have the technical capabilities for commissions to meet in a hybrid format. All participation will be in-person at a physical meeting location. Information was provided to all commission secretaries regarding meeting locations that have large rooms in order to facilitate distancing and air flow. Larger meeting spaces was one of the top requests in the commissioner survey. Some commissions will have a new meeting location from where they met pre-pandemic. In addition, the North Berkeley Senior Center is serving as a warming center for unhoused persons through April and is not available for commission meetings until May.

More information will be provided at a later date regarding the recommended health and safety protocols for in-person commission meetings. These protocols will take into

account the responses of the survey, the recommendations of the Public Health Officer, and the protocols that have been used for recent in-person meetings of the City Council.

Ad-hoc subcommittees of City commissions are not considered legislative bodies under the Brown Act. Subcommittees do not have noticing requirements and may continue to meet virtually.

We understand that this is a significant change from the temporary virtual meeting format and procedures for commissioners, many of which may have joined commissions during the pandemic. The City will support your commission and your secretary in any manner possible within the constraints of state law and available resources.

cc: Department Directors  
Commission Secretaries

**Works-Wright, Jamie**

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**From:** Margaret Fine <margaretcARolfine@gmail.com>  
**Sent:** Thursday, January 19, 2023 12:24 PM  
**To:** Berkeley/Albany Mental Health Commission  
**Subject:** Re: FW: Hope you enjoyed the holidays - Retreat Agenda

Hi Jamie,

Thanks so much for sending along what I wrote and especially, for outlining the agenda.

We are attempting to ask other Commissioners to take on parts of the agenda and thus it seems we need to modify our agenda. I am truly hoping that everyone can pitch in because I am handling many details related to our mother's death and also grieving as well.

Do you want to talk at the beginning of the week about the fundamentals for the Commissioners' Manual, Brown Act, Roberts' Rules, MHC statutory duties?

It would be great if you're able to explain what you expect from Commissioners in following these rules. We can also send the materials next week. Lisa Warhuus had asked at an earlier date to cover these areas and I believe---and please correct me if I am wrong---there is a need to refresh ourselves about them.

Monica and Judy are working on the youth section and Mary-Lee is working on the diversion part. I can do the alternate responder and crisis stabilization part. I just met with Glenn and she is willing to do the building diverse membership (and potentially collaboration among different perspectives), including lived experience and the statutory requirements for MHC composition. I am thinking we would brain storm the topics for public education forums so the group decides on what is relevant and important.

Just let me know your thoughts. I truly appreciate it. I can write an email for everyone once I hear your input asking Commissioners to participate in developing the retreat.

Best wishes,  
Margaret

Margaret Fine  
Cell: 510-919-4309

Best wishes,  
Margaret

Margaret Fine  
Cell: 510-919-4309

On Thu, Jan 19, 2023 at 10:38 AM Berkeley/Albany Mental Health Commission <[BAMHC@cityofberkeley.info](mailto:BAMHC@cityofberkeley.info)> wrote:  
This is what you sent me in early January

Thank you for your time.

Jamie Works-Wright  
Consumer Liaison & Mental Health Commission Secretary

City of Berkeley  
 2640 MLK Jr. Way  
 Berkeley, CA 94704  
[Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)<mailto:[Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)>  
 Office: 510-981-7721 ext. 7721  
 Cell #: 510-423-8365

[cid:image001.png@01D5EBB7.29F87930]

From: Works-Wright, Jamie  
 Sent: Thursday, January 5, 2023 10:24 AM  
 To: Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
 Subject: FW: Hope you enjoyed the holidays - Retreat Agenda

Internal

Hello Commissioners

Happy New Year! We had a nice break but now it's time to think about our next MHC meeting that will take place on Saturday, January 28.

Please have any topic that you would like to have on the retreat agenda to me by Wednesday, January 11 and anything you want in the packet to me by Friday, January 13th

Please see the message below from Margaret:

Dear Mental Health Commissioners,

I would like to encourage you to begin thinking about agenda items for the Retreat Agenda scheduled for Saturday, January 28, 2023.

I suggest that part of this retreat be committed to exploring notions of lived experience with mental health & substance use, including some testimonies from diverse people who have lived experience--both service users/consumers and family members; developing the work plan 2023; proposing behavioral health recommendations for local policy & law by Subcommittees; topics for public education forums on mental health and substance use topics that involve community members and leaders; and an writing an annual report 2022-2023. It would further be good to review the vacancies for service users/consumers and family members of loved ones with mental illness +/- or substance use issues or SUD and create a strategy for bringing in New Commissioners from diverse demographic and identity groups, particularly people of color and those committed to equity and inclusion.

As far as as lived experience, I want to update you about our mom, Mary Ellen, for those with an interest:

My sisters have been here the last 2 weeks at our home. Our mom was admitted to Kaiser hospice care last Thursday. She's done well with a dreadful brain disease—sporadic CJD. It is undeniably a very rapid, progressive dementia that causes profound mental & physical deterioration in a few months. On 10/10/22 I visited the crisis walk-in clinic at the Adult Mental Health & Chemical Dependency Department at Kaiser Richmond with our mom (Monday-Friday, biz hrs). She had severe depression from experiencing drastic human limitations resulting from sporadic CJD, but we had no notion of it at the time. Since then, I have pursued the Kaiser system until there were neuropsychiatric diagnoses & a finger on what was happening to her. Her wish now is hospice: no life-sustaining treatment or CPR.

Mainly CJD causes irreparable brain damage by abnormal proteins that misfold in a ribbon like chain reaction that happens exponentially. From my experience advocating and supporting her, it feels like you're running on a track trying

to catch up with a disease, but it's lethal, it happens too fast, and there is no cure. Kaiser hospice care is good once the registered nurses tailored your loved ones' comfort to medication for pain relief and to control symptoms. Her neurologist says that CJD does not cause physical pain, but she could have pain from other origins. Our mom has experienced major depression and anxiety. We want her to live comfortably in this process.

Possibly we can consider having one segment of the retreat for Commissioners and community members who have an interest in sharing lived experience and discussing how it can be used for community engagement and as participatory research to develop local law & policy recommendations, including for testifying and giving life narratives. Naturally it would be part of the work plan that is developed as discussed below. It may be possible to collaborate in holding a lived experience listening session to hear about needs.

#### WORK PLAN 2023

It seems Commissioners may use January to prepare presentations by the Youth Subcommittee; the Diversion Subcommittee; the Crisis Stabilization Committee; and other Subcommittees to set forth core values for policy recommendations, discussed what has been transpired including accomplishments, annual goals for work plan given statutory duties and policy and law recommendations, proposing legislative recommendations, other action items, next steps, guest experts—both formal education/occupation and lived experience.

Goals might include proposed recommendations to the Berkeley City Council and advising local government on mental health & substance use policy and law in critical areas: overall diversion; separate, independent 911/311 center; SCU - alternative non-police responder; schools, children & youth; Berkeley polysubstance crisis stabilization center & residential treatment (plus the consideration as to how the City of Berkeley interfaces with Alameda County in public health). And more.

Overall we want to get started so please let Jamie know your agenda items, including by Subcommittee and presentation, and further suggestions for the retreat. Thanks so much.

Best wishes,  
Margaret

Margaret Fine, JD, PhD  
Chair, Mental Health Commission  
Berkeley, CA  
Cell: 510-919-4309  
LinkedIn: Margaret Fine

Jamie Works-Wright  
Consumer Liaison  
[Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)<mailto:[Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)>  
510-423-8365 cl  
510-981-7721 office

[cid:624fd3a6-2599-457d-8cec-f6a785e74212]

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From: Margaret Fine <[margaretcarolfine@gmail.com](mailto:margaretcarolfine@gmail.com)><mailto:[margaretcarolfine@gmail.com](mailto:margaretcarolfine@gmail.com)>>



Sent: Wednesday, January 4, 2023 8:58 PM

To: Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)<mailto:[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>>

Cc: monica jones <[mjberkeleycommissioner18@gmail.com](mailto:mjberkeleycommissioner18@gmail.com)<mailto:[mjberkeleycommissioner18@gmail.com](mailto:mjberkeleycommissioner18@gmail.com)>>

Subject: Hope you enjoyed the holidays - Retreat Agenda

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Hi Jamie,

I hope you're doing well.

Would you be so kind and send this email to the Mental Health Commissioners and let them know the deadline for submitting Retreat Agenda items and materials?

In addition, please let us know any agenda items for the retreat including but not limited to Commission Secretary duties and what you expect from Commissioners during one sement.

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Monday, January 9, 2023 12:51 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Mental Health Advisory Board Meeting (January 9, 2023)  
**Attachments:** 2023 01-09 MHAB (Main) Agenda -Final.pdf; 2022.11.14.MHAB (MAIN) Minutes.UNAPPROVED.pdf; Presentation to the Mental Health Advisory Board Jan 9th 2023 FINAL.pdf; MHAB - John George Presentation Questions (FINAL).pdf

Internal

Please see information below

Thank you for your time.

### Jamie Works-Wright

*Consumer Liaison & Mental Health Commission Secretary*  
 City of Berkeley  
 2640 MLK Jr. Way  
 Berkeley, CA 94704  
[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)  
 Office: 510-981-7721 ext. 7721  
 Cell #: 510-423-8365




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**From:** MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>  
**Sent:** Friday, January 6, 2023 2:49 PM  
**Cc:** MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>  
**Subject:** Mental Health Advisory Board Meeting (January 9, 2023)

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Good afternoon,

Please see attached agenda/materials for the Mental Health Advisory Board meeting scheduled for Monday, January 9, 2023.

#### **Mental Health Advisory Board Meeting**

Time: 3:00 PM – 5:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/87366080958?pwd=YWZaQkd5RWEwZW1sbjRTVTh4Q3pNUT09>

Meeting ID: 873 6608 0958

Passcode: 774947

One tap mobile

+16699006833,,87366080958#,,,,\*774947# US (San Jose)

+12532158782,,87366080958#,,,,\*774947# US (Tacoma)

Dial by your location

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 873 6608 0958

Passcode: 774947

Find your local number: <https://us02web.zoom.us/j/87366080958>

Join by Skype for Business

<https://us02web.zoom.us/skype/87366080958>



Alameda County  
Mental Health Advisory Board

# Mental Health Advisory Board Agenda

34

Monday, January 9, 2023 ♦ 3:00 PM – 5:00 PM

This meeting will be conducted exclusively through videoconference and teleconference

<https://us02web.zoom.us/j/87366080958?pwd=YWZaQkd5RWZlZW1sbjRTVTh4Q3pNUT09>

Teleconference: (669) 900-6833 | Meeting ID: 873 6608 0958 | Passcode: 774947

<b>MHAB Members:</b>	<b>Lee Davis</b> (Chair, District 5) <b>L.D. Louis</b> (Vice Chair, District 4) <b>Christina Aboud</b> (District 1) <b>Terry Land</b> (District 1) <b>Thu Quach</b> (District 2)	<b>Grant Quinones</b> (District 2) <b>Aditi Sharma</b> (District 2) <b>Warren Cushman</b> (District 3) <b>Loren Farrar</b> (District 3) <b>Ashlee Jemmott</b> (District 3)	<b>Brian Bloom</b> (District 4) <b>Anh Thu Bui</b> (District 5) <b>Juliet Leftwich</b> (District 5)
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## Committees

### Adult Committee

Warren Cushman, Co-Chair  
Christina Aboud, Co-Chair

### Children’s Advisory Committee

Vacant

### Criminal Justice Committee

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

### 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.

- 3:00 PM Call to Order \_\_\_\_\_ Chair Lee Davis
- 3:00 PM I. Roll Call
- 3:02 PM II. Chair’s Report
  - A. MHAB Leadership Transitions
  - B. Executive Committee Action
- 3:07 PM III. Approval of Minutes
- 3:09 PM IV. Continue MHAB Meetings by Teleconference Pursuant to AB361
- 3:10 PM V. MHAB Meetings after State of Emergency ends
- 3:15 PM VI. MHAB Retreat – February 4, 2023
- 3:25 PM VII. MHAB Annual Awards Banquet
- 3:30 PM VIII. Director’s Update on MHAB Recommendations
- 3:35 PM IX. Committee Reports
  - A. Adult Committee
  - B. Criminal Justice Committee
  - C. MHSA Stakeholders Committee
  - D. Quality Improvement Committee
  - E. MHAB Data Ad Hoc Committee
  - F. Care First, Jails Last Taskforce
- 3:45 PM X. John George Psychiatric Hospital Presentation  
*Patty Espeseth, LMFT, CAO*  
*Tanuj Sidhartha, MD, Medical Director and Chair of Psychiatry*
- 4:45 PM XI. Public Comment
- 5:00 PM XII. Adjourn

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



Alameda County  
Board of Supervisors

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



<b>MHAB Members:</b>	<input checked="" type="checkbox"/> <b>Lee Davis</b> ( <i>Chair, District 5</i> ) <input type="checkbox"/> <b>Thu Quach</b> ( <i>District 2</i> ) <input type="checkbox"/> <b>Ashlee Jemmott</b> ( <i>District 3</i> ) <input checked="" type="checkbox"/> <b>L.D. Louis</b> ( <i>Vice Chair, District 4</i> ) <input checked="" type="checkbox"/> <b>Grant Quinones</b> ( <i>District 2</i> ) <input checked="" type="checkbox"/> <b>Brian Bloom</b> ( <i>District 4</i> ) <input type="checkbox"/> <b>Christina Aboud</b> ( <i>District 1</i> ) <input type="checkbox"/> <b>Warren Cushman</b> ( <i>District 3</i> ) <input type="checkbox"/> <b>Anh Thu Bui</b> ( <i>District 5</i> ) <input checked="" type="checkbox"/> <b>Terry Land</b> ( <i>District 1</i> ) <input checked="" type="checkbox"/> <b>Loren Farrar</b> ( <i>District 3</i> ) <input checked="" type="checkbox"/> <b>Juliet Leftwich</b> ( <i>District 5</i> )
<b>ACBH Staff:</b>	<input type="checkbox"/> <b>Dr. Karyn Tribble</b> ( <i>ACBH Director</i> ); <input checked="" type="checkbox"/> <b>James Wagner</b> ; <input checked="" type="checkbox"/> <b>Asia Jenkins</b> ; <input checked="" type="checkbox"/> <b>Dainty Castro</b> ( <i>Administrative Liaison</i> ); <input type="checkbox"/> <b>Lorenza Hall</b> ; <input type="checkbox"/> <b>Katherine Jones</b>
<b>Unexcused Absences:</b>	

Meeting called to order at 3:00 PM by **Chair Lee Davis**

ITEM	DISCUSSION	DECISION/ACTION
<b>Roll Call / Introductions</b>  <b>Approval of Minutes</b>	Roll Call completed.  Minutes were approved with one abstention (Loren Farrar).  Due to the global pandemic (COVID 19), the MHAB has been meeting virtually, and due to the state of emergency restrictions, the MHAB meetings will continue to be held virtually at least through February 28, 2023. As a result of the state of emergency, the County buildings are not currently open to the public for meetings at least until February 28, 2023. Vice-Chair Louis asked if the possibility of in-person meetings being held in March be investigated by Dainty and Asia. A vote was taken and unanimously passed. MHAB meetings will remain in emergency status due to the pandemic, and they will continue to use the virtual platform for the December meeting. There will be no meeting in January, 2023.	We will meet virtually again next month (December). The meeting conditions will be a standing agenda item until a resolution for in-person meetings is in place.

ITEM	DISCUSSION	DECISION/ACTION
<p><b>Chair's Report</b></p>	<p>The following is the MHAB Meeting Schedule:</p> <ul style="list-style-type: none"> <li>A. Upcoming MHAB Meeting Schedule               <ul style="list-style-type: none"> <li>1. MHAB Executive Committee – December 8, 2022</li> <li>2. MHAB Regular Meeting Cancelled – December 19, 2022</li> <li>3. MHAB Executive Committee – January 5, 2023</li> <li>4. MHAB Regular Meeting – January 9, 2023</li> <li>5. MHAB Annual Retreat – February 4, 2023</li> <li>6. MHAB Regular Meeting – February 21, 2023</li> </ul> </li> <li>B. John George Presentation Questions(s) Due – December 2, 2022</li> <li>C. In-person MHAB Annual Retreat</li> <li>D. MHAB Annual Banquet – May 11, 2023</li> </ul> <p>Chair Davis asked that Dainty and Asia create a calendar with these upcoming events/dates for distribution to the MHAB.</p> <p>In re: John George questions: It is highly recommended that all questions be submitted to Vice-Chair Louis, Dainty or Asia at least 30 days before the presentation.</p> <p>Discussion ensued regarding the venue for the Retreat, particularly if the retreat should be in person or otherwise. The general consensus is that the Retreat would be in person. A vote was taken as to having the retreat in person. The vote passed with one abstention for an in-person retreat on February 4, 2023.</p> <p>MHAB Banquet: Chair Davis asked for volunteers to assist in planning the banquet. Discussion was held as to the specific planning and previous and upcoming activities surrounding the banquet. Vice-Chair Louis stated that this banquet was originally designed to acknowledge and recognize the community workers for their service and accomplishments. It was agreed that be placed on the upcoming meeting agenda for December 8, 2022 to continue to plan and discuss.</p> <p>MHAB Report on BOS Joint Health/Public Protection Committee          Julie Leftwich stated that the presentation was excellently presented by Brian Bloom and Vice Chair Louis. Julie called in with a public comment. Supervisor Valle expressed a desire to come and speak to the MHAB. There were a lot of community members present in support of the MHAB as well. The Public Protection Committee of the BOS will meet on December 15, 2022. Wendy Still will make her first presentation at this meeting. It was requested that the link to this meeting be sent to the Board members.</p>	
<p><b>Director's Report</b></p>	<p>Presented by James Wagner, ACBH Deputy Director.</p>	<p>36</p>

ITEM	DISCUSSION	DECISION/ACTION
	<p><b>BHCIP Update:</b> The Behavioral Health Continuum Infrastructure Program provided funds to update BH capital within County departments. In May, we won 3 BHCIP awards to fund various facilities: (1) 16-bed crisis residential facility at the Gladman campus for forensic-involved individuals; (2) Fruitvale – La Familia Social rehab facility for transitional age youth to stay from 6 months to 1 year; and (3) Amber House in Hayward for a crisis stabilization unit and crisis residential facility similar to Amber House. Four BHCIP awards were submitted in August, 2022 for children’s continuum of care (Willow Rock) to expand to 16 rooms; La Familia in Hayward for an urgent wellness center for ages 5 to 11 years; Greater New Beginnings near the Oakland Coliseum for a Children’s treatment facility. Additional submissions will be made.</p> <p>Brian Bloom: Q: What is the difference between serving the forensics population and an additional Amber House?</p> <p>A: Crisis residential facilities cannot take people currently incarcerated, treat them and return them to jail, but they can accept them once they are no longer in jail. Amber House will not have a particular criteria of who they can or will serve.</p> <p>Q: Who would you suggest we or the public give support to under these proposals?</p> <p>A: The sole determination of what is funded is dictated by the State (DHCS). We don’t have any strong influence as to what is funded or how much.</p> <p>Kerry Abbott made a presentation related to the CCE.</p> <p><b>Care Courts Update:</b> The Care Courts initiative passed. There is startup money for each county. Alameda County was awarded \$1,000,000. The program startup for pilots is July, 2023; however Alameda County will not start up until July, 2024.</p> <p>MHSA Community Planning: The 3-year plan is out. The deadline for filling out the survey related to the mental health needs of the County is January 31, 2023.</p>	
<p><b>Committee Reports</b></p>	<p><b>A. Criminal Justice Committee:</b> Roberta Chambers from the Indigo Project presented and discussed two MHSA Forensics Innovation projects: Peer-Led Continuum for Forensic and Reentry Services, and Alternatives to Confinement. There is no meeting in November, but will meet in December (12/14). Mark Gales will present on services and operations in Los Angeles County.</p> <p><b>B. Children’s Advisory Committee:</b> CAC is still on hiatus until further notice. Chair Davis asked that the committees that have no activity or representation during the month be removed from the agenda.</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p><b>C. Adult Committee:</b> Thu Quach reported that the meeting was attended by more than 20 stakeholders, and focused on workforce crises. Matt Modal (sp?) was one of the guest speakers. One of the main issues discussed was the salary issues and issues surrounding the CBO workforce and expanding the workforce. It was suggested that this matter be brought before the entire MHAB.</p> <p><b>D. MHSA Stakeholders Committee:</b> Terry Land reported they will be looking at the January 31, 2023 survey results to determine what programs to fund for the next planning cycle. The stakeholders group reviewed the Peer and Family Support Training Certification programs.</p> <p><b>Q:</b> Will there be anything in addition to the survey, i.e. focus groups or listening sessions?  <b>A:</b> Yes, there will be community listening sessions. They also asked for recommendations as to where to send the surveys, and we suggested community colleges and others. Terry will accept additional recommendations. Groups can also request hosting listening forums.</p> <p><b>Q:</b> Are efforts being made to reach out to disability or other communities?  <b>A:</b> So far, No. However they are totally open to include these groups/communities.</p> <p><b>E. Quality Improvement Committee:</b> Currently vacant. Looking for someone to undertake this committee. Chair Davis asked that the committees that have no activity or representation during the month be removed from the agenda.</p> <p><b>F. Data Ad Hoc Committee:</b> A dashboard has been created that will allow for the viewing of different correlations between various data points. This is continually in progress focusing on the mentally ill at Santa Rita Jail.</p> <p><b>Legislative Ad Hoc Committee:</b> This committee has not met since the last meeting. This will more than likely be discussed at the Executive Committee meeting.</p> <p><b>Care First, Jails Last Task Force Update:</b> Brian Bloom reported that the task force is open to the public, and anyone can attend. However, there has not been much forward progress regarding this task force. The hope is that this inactivity will change and the task forces will be more productive in the near future.</p>	
<p><b>Discussion Items</b></p>	<p><b>Office of Homeless Care and Coordination:</b> Kerry Abbott and Jeannette Rodriguez made a presentation, including overview of the Office of Homeless Care and Coordination, Roomkey Outcomes, Homekey, Community Care Expansion (CCE), No Place Like Home (NPLH) and Supportive Housing Community Land Alliance (SCHLA). PowerPoint slides were made available during the meeting. OHCC has made recent</p>	<p>38</p>



ITEM	DISCUSSION	DECISION/ACTION
	<p>collaborative efforts with various entities since being formed in December, 2019. Some of these efforts include the Management Entity for the County’s Coordinated Entry System, coordination of supportive services for current and future homeless housing unities; pandemic response and risk mitigation of Safer Ground and Isolation Quarantine, serving more than 5,000 people, expansion to CalAIM and strategic planning efforts and development of Home Together 2026 Plan. About 50% of clients serviced and served are experiencing some form of mental illness. The estimate of homeless people who are in this system currently in Alameda County is 19,000. However, this is not the full count of homeless individuals in Alameda County. The Homekey project allowed funding to purchase housing (hotels or quick-launch units) for homeless occupancy. Rehabilitation construction will be starting at the former Comfort Inn and the former Days Inn have been purchased for this project, with the goal of permanent supportive housing (240 total units). The total number of unites planned is 711 units. In Oakland, Alameda, Newark and Berkeley, with a budget of \$140.9 million.</p> <p><b>Q:</b> What type of support comes with this project and program?  <b>A:</b> Some have tenancy services, dedicated workforce services, case management with clinical supervision, and there are a number of FSP service recipients. These services also include medical support at some sites. Case managers are also available to assist with needed services, but there is no requirement for the tenants to participate in the various services.</p> <p><b>Q:</b> Re Is Vernon Street Place tied into the current work you are doing?  <b>A:</b> We are not aware of any connection of Vernon Street Place with our program.</p> <p><b>Q:</b> Do you have any idea how much housing is needed for people who would like to take advantage of this opportunity, and what would it cost?  <b>A:</b> We would not approximately 4,000 permanent supportive housing units, plus additional units for special needs clientele. The cost for building the site-based housing is approximately \$1.1 billion over 5 years. The total cost would be approximately \$2.5 billion which would include shelters, medical respite and supportive services, etc.</p> <p><b>Q:</b> Once people are in the supportive housing, what is the average length of stay, and do they take advantage of the services while there?  <b>A:</b> There is about a 98% retention rate, and it is up to the individuals whether they stay or not.</p> <p><b>Q:</b> Where/how do the tiny home module units fit into this program?  <b>A:</b> They usually fall more into the transitional or short-term models, i.e. emergency housing. They would stay here until more permanent housing is secured. There is one tiny home project in Livermore that does not have any term limits.</p>	

ITEM	DISCUSSION	DECISION/ACTION
Public Comment	Public Comment was given.	
Adjournment	Adjourned at 5:03 p.m.	

DRAFT



John George Psychiatric Hospital  
Helping Patients Recover Stabilize

Presentation to the Mental Health Advisory Board

January 9<sup>th</sup>, 2023 Patty Espeseth, LMFT, CAO

Tanuj Sidhartha, MD, Medical Director and

Chair of Psychiatry

**JOHN GEORGE  
PSYCHIATRIC HOSPITAL**

***2060 Fairmont Drive, San Leandro, CA 94578***



***JohnGeorgeAHS.org***





# ABOUT US

John George Psychiatric Hospital(JGPH), located in San Leandro, California, provide psychiatric emergency and acute care service to adults experiencing severe and disabling mental illness. The Hospital provides psychiatric care for nearly 100 percent of all acute psychiatric emergencies in Alameda County.

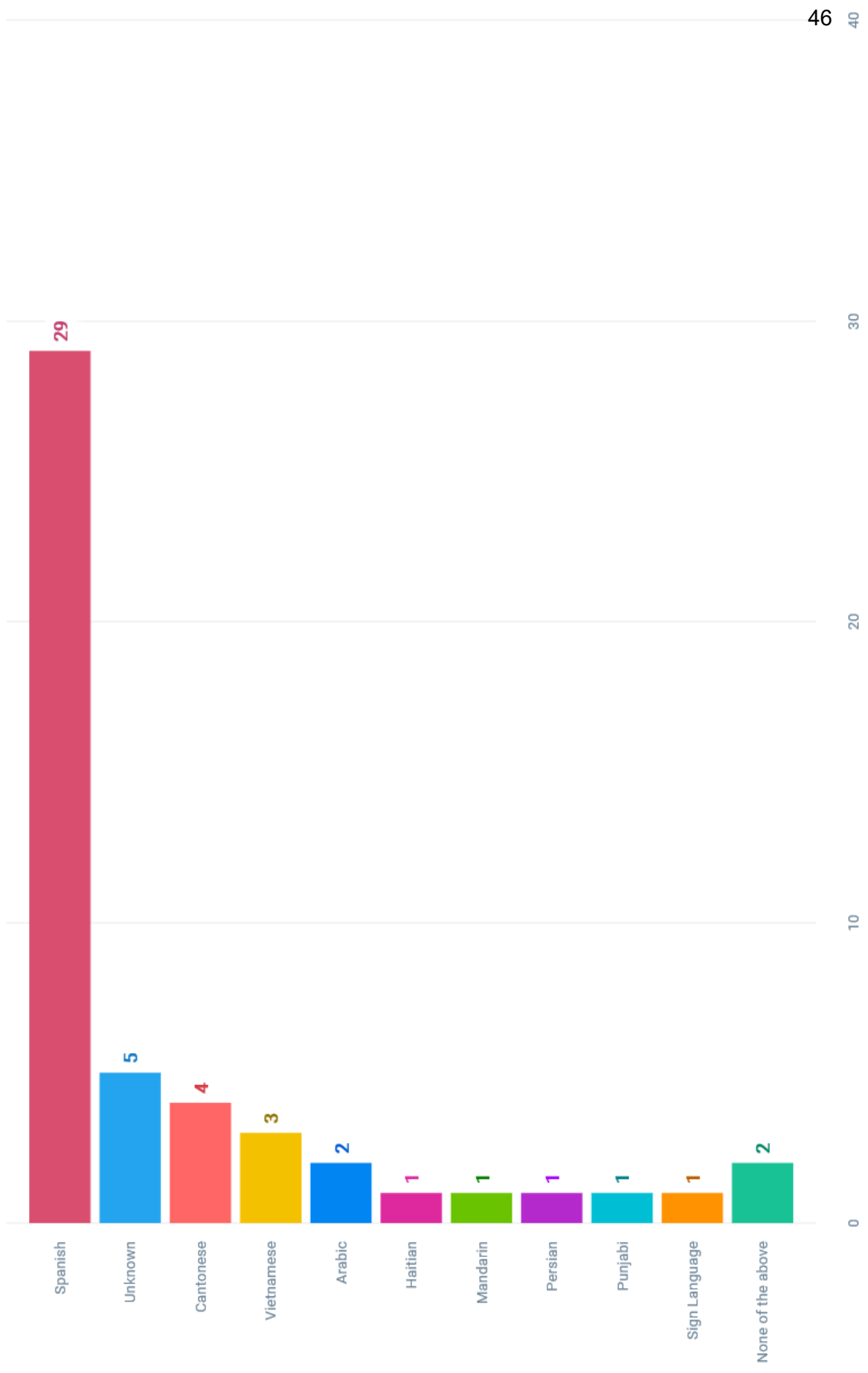
JGPH uses a multi-disciplinary team approach to diagnose and treat patients with acute psychiatric illness. The hospital is a leader in the use of evidence-based medicine and data analytics to formulate effective care decisions. The treatment and management of psychiatric care at JGPH focuses on stabilization of the acute symptoms of Mental Illness that led to the hospitalization with a goal of re-integration in the community.

As a member of the Alameda Health System, John George Psychiatric Hospital has a direct connection to a nationally known institution of medical and educational excellence and its expanded health care services.



# Number of Patients by Language

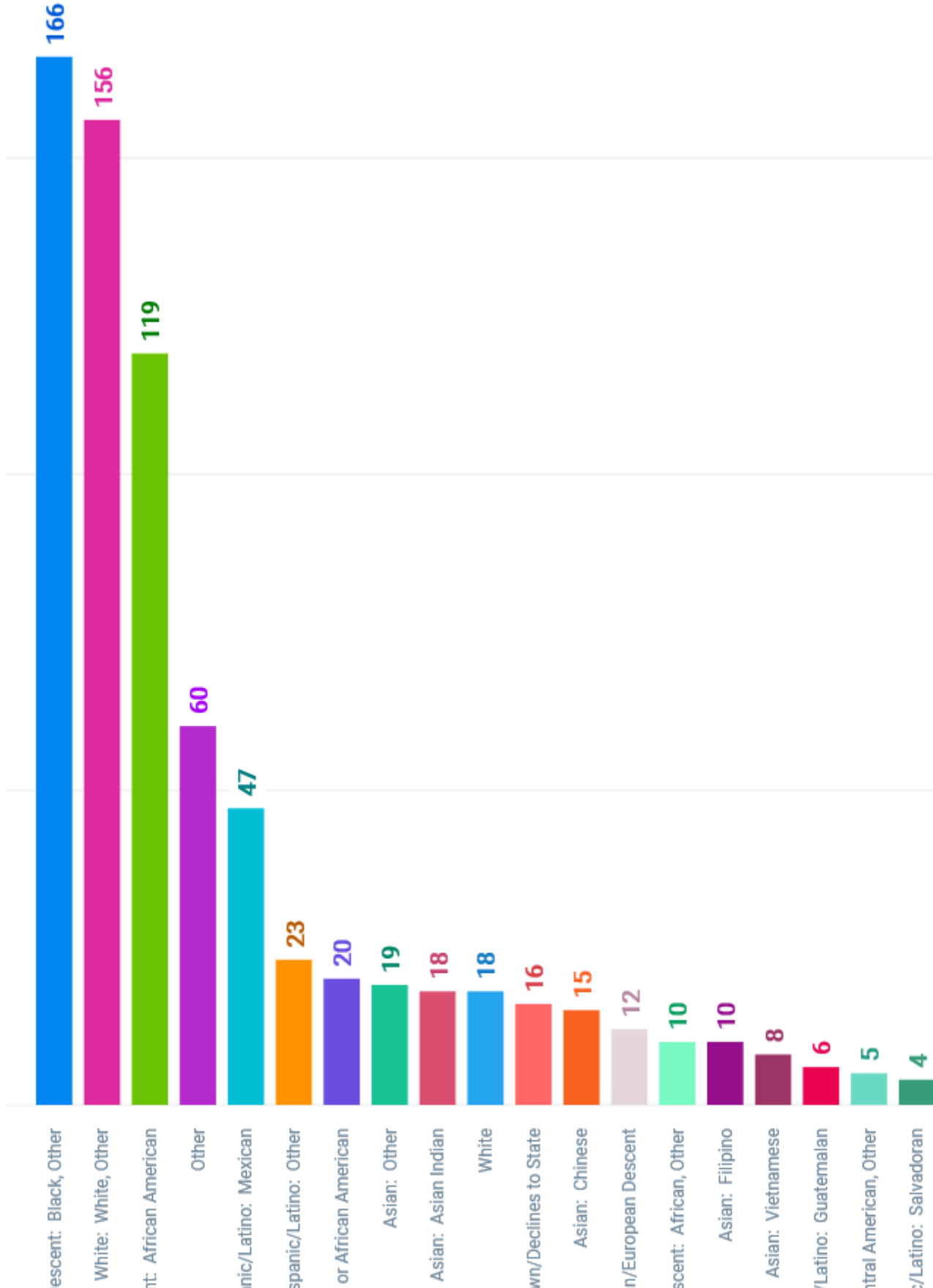
Between 12/1/2022 and 1/6/2023





# Number of Patients by Patient Race

Between 12/1/2022 and 12/31/2022



# SERVICES

JGPH houses several inpatient units for both involuntary and voluntary patients who have an acute psychiatric illness. Treatments include medication, psychotherapy, milieu therapy, group therapy, occupational therapy and activity therapy. Other services include the Peer Mentor Program, chaplain services, pet therapy and community recovery support. All patients are referred to the appropriate level of care upon discharge.

Psychiatric Emergency Services provides psychiatric evaluation, intervention and referral for voluntary and involuntary patients around the clock everyday of the week. Crisis intervention and urgent medication assessments are provided by qualified, multidisciplinary teams of mental health professionals.

JGPH provides psychiatric consultation, 5150 (psychiatric hold) clearance, and referral to appropriate mental health agencies on the Highland and Fairmont Campuses, as well as at the Alameda Health System Wellness Centers.

## Background – John George Psychiatric Hospital

John George  
Psychiatric Hospital  
opened in 1992.

JGPH inpatient units  
serve both involuntary  
and voluntary patients  
who have an acute  
psychiatric illness.

# Background – JGP PES & Inpatient

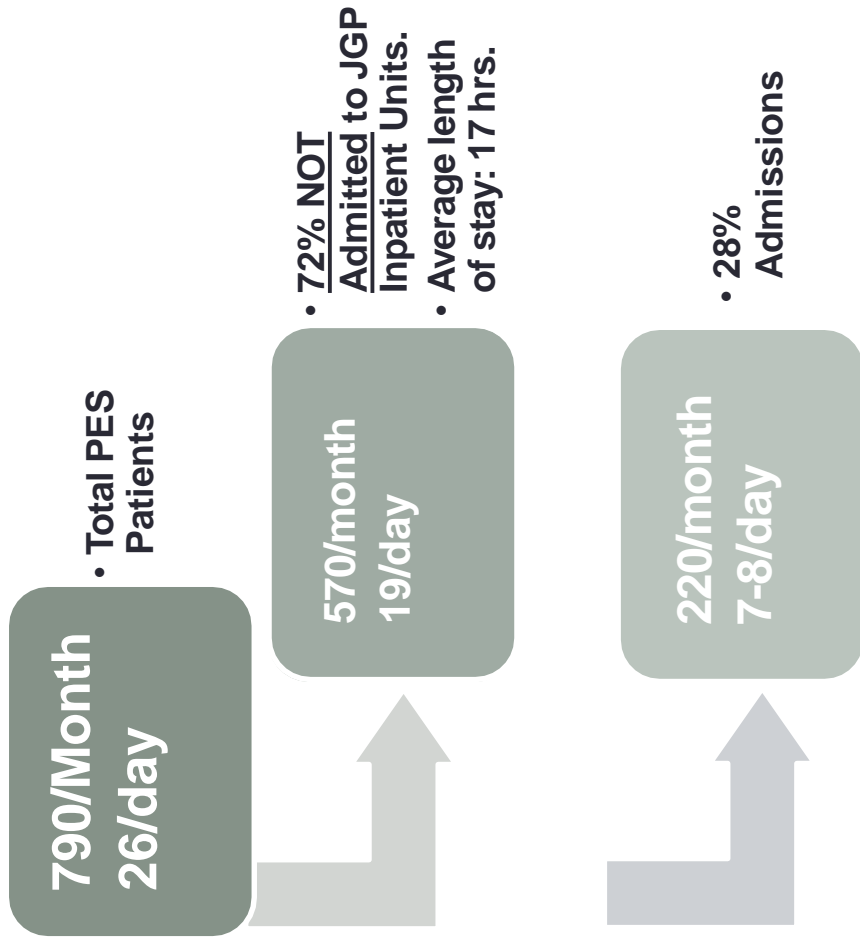
## JGP PES

- **The Psychiatric Emergency Service (PES)** provides psychiatric evaluation, intervention and referral for both voluntary and involuntary patients 24/7. Crisis intervention and urgent medication assessments provided.
- **An individual may stay in PES for up to 24 hours.**

## JGP Inpatient Services

- **The John George Psychiatric Hospital has a capacity of 69 inpatient beds.**
- **Inpatient Discharges in Financial year 2022: 2655**
- **220 /month**
- **7-8/day**
- **(Average Length of stay = 8.3 days)**

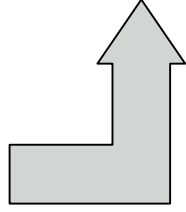
# Background – Acuity and Utilization



# Background – JGP PES Overview

For FY 2022

PES Visits  
790/month  
26/day

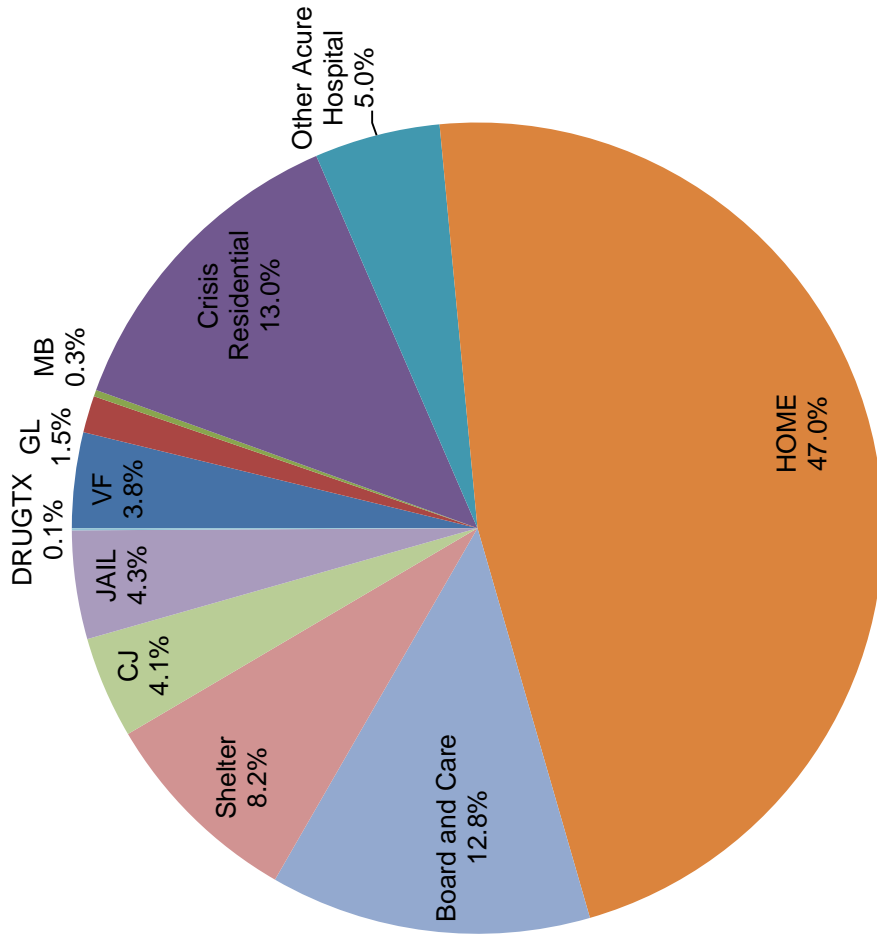


- Approximately 80% on LPS hold and 20% arrive voluntary.
- Involuntary: 630/month or 21/day
- Voluntary 160/month or 6/day



- Of those arriving by ambulance/law enforcement
- Approximately 50% ED screen and transport 315/month or 10/day
  - Other 50% arrive after Field screens. 315/Month or 10/day

# Where Do Patients Go? (July-December 2022)







# People in Custody: Q&A

- All patients coming from Santa Rita Jail receive a full Psychiatric Evaluation for medical necessity for admission based on the MD assessment of danger to self, danger to others or grave disability due to the symptoms of their Mental Illness: they are evaluated based on their presentation: criminal charges that led to incarceration are not relevant and are not know to the staff or physicians.
- Our Goal is to treat patients coming from jail like anyone else struggling under the disabling effects of mental illness
- Everyone is welcome back, whomever is sent to us gets evaluated and admitted if they meet the criteria as above
- Handcuffs and Shackles are not to be used other than during transport: Deputies are required to be present with the patient at all times.
- Law enforcement does not interfere with the Medical Treatment Plan

# Thank you for serving people with mental illnesses

## **JOHN GEORGE QUESTIONS**

Basic Patient Demographics (race, gender, age, etc.)  
 Transitional Housing Services  
 John George interface with Santa Rita Jail and the Courts  
 Hospital Discharge and Discharge Planning  
 Admission Procedures and Patient Eligibility for Hospital Admission

The following are some specific questions that our members and constituents have asked John George answer during its 1-hour presentation. We realize this is a great deal of ground to cover and understand we may need a follow up presentation to cover all the topics.

### **JOHN GEORGE PRESENTATION QUESTIONS:**

1. Please see the attached presentation from 2015. I'd like the data that is set forth on pp. 4, 5, 6, and 10 to be updated with current numbers. Please let me know if this isn't clear, but basically, I'd simply like them to provide the current numbers (say, FY 2021-22 or calendar year 2021) for all the categories and areas listed on those pages. Also, as far as the "average length of stay" number listed on p. 4 of the attached, does the figure include people who go to PES but are never admitted to the hospital or is the average length-of-stay limited to the population that is admitted to the hospital? Again, please let me know if this is not clear.
2. I'd like the presenters to explain what is the policy regarding Santa Rita Jail inmates who are 5150'd to John George. Is there a written policy? Is there a written agreement or M.O.U. with the Sheriff's Dept. regarding the treatment, care and guarding of Santa Rita inmates at John George? If so, can those policies and/or M.O.U.s be provided to us? Who decides whether an incarcerated person who is at John George can come out of his room, can participate in the milieu therapy, can meet with his therapist/doctor in the common areas, etc.? Is it a clinical decision made by John George staff or is it a decision made by the Sheriff's Dept.?
3. What percent of patients at the PES make it to the "units" or to a 5250 instead of being discharged from John George? Different sources have said 15% also 20%.
4. What is the racial makeup of the patients who make it from PES to unites or to a 5250? What is the racial makeup of the patients who get into PES but do not make that cut?
5. Are there any incentives offered to AHS or its employees or contractors for reducing the average stay at John George? In the past there have been.
6. Is there a list of clients, or an indication on some client charts, that they should not be held for further treatment when they are 5150'd?

7. How accessible is a new client's history of hospitalizations, medications, and jail stays? What use is made of past records when a client arrives?
8. What use is made of parents' AB 1424 forms? Who reads them? Are they kept after the client leaves?
9. Could clients be offered a blanket HIPAA waiver form to sign saying when they come in and the chart shows an interested family member?
10. How many difficulties stand in the way of a person at Santa Rite coming to John George PES for better treatment and a chance at a 5250 or other entry into the non-justice-involved mental health system (for example, demands on transportation, apparent requirements for deputies to sit around and watch them at PES)?
11. What if any disincentives to admit a 5150 from Santa Rita Jail to John George exist?
12. What if any policy does John George have regarding PC 4011.6 referrals from the Superior Court?
13. What happens when a patient is released from PES with regard to connection to services? What happens when a patient is admitted for 72 hours of observation then released with regard to connection to follow-up services? Is there a difference between connection to services after a PES visit versus a 72 hour hold?
14. In the last 90 days:
  - a. How many patients have been discharged from John George?
  - b. Of those discharged how many were:
    - 1) placed on and LPS conservatorship
    - 2) connected to an ACBH program
    - 3) released to a family member
    - 4) released to Santa Rita Jail
    - 5) released to nothing
    - 6) released to something not listed here (please give examples)
15. What is the racial/ethnic breakdown of patients served?
16. Are there also data on disability status and limited English proficient or language interpretation utilization?

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Friday, January 6, 2023 10:43 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Locations for In-Person Commission Meetings

Hello Commissioners,

The message below is very important in terms of thinking about meetings in person for March. In the past we meet at 1947 Center St. and we could try going back there or look into one of the other locations. Please let me know what you think and I will start researching what is available.

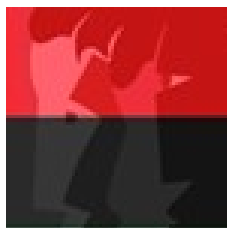
### Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



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**From:** Numainville, Mark L.  
**Sent:** Friday, January 6, 2023 8:19 AM  
**To:** Numainville, Mark L. <MNumainville@berkeleyca.gov>  
**Subject:** RE: Locations for In-Person Commission Meetings

### Internal

Hello Commission Secretaries,

This is an update on the return to in-person meetings. As you know from previous communications, all commissions will return to in-person meetings starting March 1, 2023. These will not be hybrid meetings, they will be in-person meetings held in the same format as pre-pandemic meetings. We are working on guidance for appropriate health and safety protocols and will have more information for you at a later date.

You have likely already started the process to secure meeting locations for your in-person meetings. To assist with this process, I have contacted HHCS and PRW to get the most up to date information on possible locations. Some of you hold your meetings at other department facilities than what is listed below. This is completely OK if the facility suits your needs.

South Berkeley Senior Center – available to book meeting space; MPR is the largest room to allow for distancing

North Berkeley Senior Center – not available until after April 15; currently in use as homeless warming center

Frances Albrier Recreation Center – the Social Hall is available for commission meetings (large room, good for distancing)

James Kenney Recreation Center – Community Room (upstairs; smaller than Albrier social hall, but larger than NBSC classrooms)

Live Oak Recreation Center – Fireside Room or Creekside Room (smaller than Albrier social hall, but larger than NBSC classrooms)

For SBSC, e-mail Lea Rivera, and cc: Katherine Brown, to reserve meeting space.

For the Rec Centers, contact the coordinator at each site by phone or e-mail:

Frances Albrier- Katie Kirk

James Kenney- Loren Rasmussen

Live Oak – Brian Legaspi

Let me know if you have any questions.

Mark Numainville, City Clerk

City of Berkeley

2180 Milvia Street, 1st Floor

Berkeley, CA 94704

(510) 981-6909 direct

[mnumainville@cityofberkeley.info](mailto:mnumainville@cityofberkeley.info)



## Works-Wright, Jamie

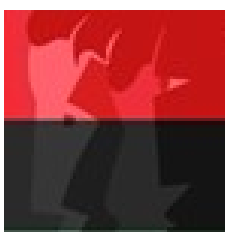
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**From:** Works-Wright, Jamie  
**Sent:** Friday, January 6, 2023 10:41 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: MHC agenda, especially agenda for retreat

Please see the message from Edward below

### Jamie Works-Wright

Consumer Liaison  
[Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)  
 510-423-8365 cl  
 510-981-7721 office



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**From:** Edward Opton <eopton1@gmail.com>  
**Sent:** Friday, January 6, 2023 12:54 AM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** MHC agenda, especially agenda for retreat

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*[Please distribute to MHC and others who may be interested.]*

-----  
 1/5/23

A proposed agenda for the January 28 "retreat" was distributed on January 5. Drafting a proposed agenda is vital; the author of the January 5 proposal deserves our thanks. It's unlikely that any group would make much progress in a one-day meeting without an agreed agenda.

The current memo--the one you now are reading--will urge a substantially different plan for the January 28 meeting.

The problems with the initial proposal, dated January 5, are:

(A) The January 5 proposal attempts too much. For the members of the MHC to discuss even a fraction of the proposed items, even superficially, would take weeks of daily meetings. The Commission would end 2023 as another year of non-accomplishment of its chartered purposes, purposes that are outlined below.

(B) The January 5 proposal does not address the MHC's most important purpose, a duty so important that it comprises the major content of the MHC's charter. That charter was the City Council action that established the MHC many years ago.

The MHC's charter-mandated duty is to advise our city's government--primarily the Mayor, the City Council, and the executives and managers of Berkeley's mental health services. Some examples of advice that the MHC's charter mandates:

1. Should some services be expanded, contracted, reconfigured, assessed more intensely, or less intensely, or via different methods?
2. Does Berkeley's mental health service currently produce meaningful numerical information concerning the services it provides? If not, why not? What more is needed to make the numerical information meaningful?
3. Does Berkeley currently produce meaningful non-numerical information concerning its mental health services? Most municipal services involve physical objects that can be counted: e.g., streets repaved, traffic lights and parking meters installed, revenues collected and payments disbursed.

Evaluation of mental health services is a radically different matter. If Ms. A is so incapacitated by mental infirmity or by self-medication with drugs and/or alcohol that she cannot pay for housing or food, will she be more helped by \$5,000 spent on psychotherapy or by \$5,000 spent on food and housing, or by a combination--and if a combination, what combination?

The elusive answer to that set of questions would be valid only for Ms. A. For Ms. B, C . . . Z and thousands of others, the hypothetical best combination of services will be different and will be inaccessible to any combination of numerical data now extant or likely to be discovered in the foreseeable future.

How, then, should Berkeley divide the funds it takes in from taxpayers?

4. Should Berkeley consider merging some of its mental health services with Alameda County's existing services, or with county services not yet existing but to be created? If so, which services? Within what contractual and financial constraints?

(It might be argued that the City's Council's mandate to the MHC, contained in a charter adopted many years ago, is scarcely relevant today, for we are in the midst of the third decade of the 21st Century. The author of this memo would disagree strongly with any such proposition. The MHC's potential value is unique, it is considerable, and it is unchanged since its 20th Century inception. The facts supporting that judgment could be the basis for another memo, but not today, for the January 28 retreat is less than a month away.)

(C) The practical value of the MHC's work on the issues outlined above depends greatly on the degree to which the City is interested in the MHC's recommendations. Requested advice may be influential. Unrequested advice is more often resented than appreciated. People--including government administrators--tend to be unresponsive to unsolicited advice about what they should do and how they should do it.

The author of this memo recalls no requests to the MHC from our city's mental health administrators during the years of his appointment.

But at the same time, the author of this memo recalls no substantive information or recommendations that the MHC has provided to our mental health services. The MHC's potential value seems to have been equally overlooked by those who could provide information and by the administrators who potentially could benefit from it.



Given these facts, what is to be done? Should not that question be the basis for organizing the MHC's January 28 retreat?

Edward Opton

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Thursday, January 5, 2023 10:24 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Hope you enjoyed the holidays - Retreat Agenda

### Internal

Hello Commissioners

Happy New Year! We had a nice break but now it's time to think about our next MHC meeting that will take place on Saturday, January 28.

Please have any topic that you would like to have on the retreat agenda to me by Wednesday, January 11 and anything you want in the packet to me by Friday, January 13<sup>th</sup>

Please see the message below from Margaret:

Dear Mental Health Commissioners,

I would like to encourage you to begin thinking about agenda items for the Retreat Agenda scheduled for Saturday, January 28, 2023.

I suggest that part of this retreat be committed to exploring notions of lived experience with mental health & substance use, including some testimonies from diverse people who have lived experience—both service users/consumers and family members; developing the work plan 2023; proposing behavioral health recommendations for local policy & law by Subcommittees; topics for public education forums on mental health and substance use topics that involve community members and leaders; and an writing an annual report 2022-2023. It would further be good to review the vacancies for service users/consumers and family members of loved ones with mental illness +/- or substance use issues or SUD and create a strategy for bringing in New Commissioners from diverse demographic and identity groups, particularly people of color and those committed to equity and inclusion.

### **As far as as lived experience, I want to update you about our mom, Mary Ellen, for those with an interest:**

My sisters have been here the last 2 weeks at our home. Our mom was admitted to Kaiser hospice care last Thursday. She's done well with a dreadful brain disease—sporadic CJD. It is undeniably a very rapid, progressive dementia that causes profound mental & physical deterioration in a few months. On 10/10/22 I visited the crisis walk-in clinic at the Adult Mental Health & Chemical Dependency Department at Kaiser Richmond with our mom (Monday-Friday, biz hrs). She had severe depression from experiencing drastic human limitations resulting from sporadic CJD, but we had no notion of it at the time. Since then, I have pursued the Kaiser system until there were neuropsychiatric diagnoses & a finger on what was happening to her. Her wish now is hospice: no life-sustaining treatment or CPR.

Mainly CJD causes irreparable brain damage by abnormal proteins that misfold in a ribbon like chain reaction that happens exponentially. From my experience advocating and supporting her, it feels like you're running on a track trying to catch up with a disease, but it's lethal, it happens too fast, and there is no cure. Kaiser hospice care is good once the registered nurses tailored your loved ones' comfort to medication for pain relief and to control symptoms. Her neurologist says that CJD does not cause physical pain, but she could have pain from other origins. Our mom has experienced major depression and anxiety. We want her to live comfortably in this process.

Possibly we can consider having one segment of the retreat for Commissioners and community members who have an interest in sharing lived experience and discussing how it can be used for community engagement and as participatory research to develop local law & policy recommendations, including for testifying and giving life narratives. Naturally it would be part of the work plan that is developed as discussed below. It may be possible to collaborate in holding a lived experience listening session to hear about needs.

### **WORK PLAN 2023**

It seems Commissioners may use January to prepare presentations by the Youth Subcommittee; the Diversion Subcommittee; the Crisis Stabilization Committee; and other Subcommittees to set forth core values for policy recommendations, discussed what has been transpired including accomplishments, annual goals for work plan given statutory duties and policy and law recommendations, proposing legislative recommendations, other action items, next steps, guest experts—both formal education/occupation and lived experience.

Goals might include proposed recommendations to the Berkeley City Council and advising local government on mental health & substance use policy and law in critical areas: overall diversion; separate, independent 911/311 center; SCU - alternative non-police responder; schools, children & youth; Berkeley polysubstance crisis stabilization center & residential treatment (plus the consideration as to how the City of Berkeley interfaces with Alameda County in public health). And more.

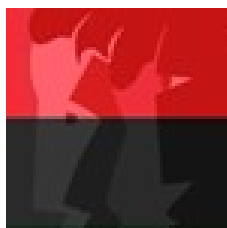
Overall we want to get started so please let Jamie know your agenda items, including by Subcommittee and presentation, and further suggestions for the retreat. Thanks so much.

Best wishes,  
Margaret

Margaret Fine, JD, PhD  
Chair, Mental Health Commission  
Berkeley, CA  
Cell: 510-919-4309  
LinkedIn: Margaret Fine

### **Jamie Works-Wright**

Consumer Liaison  
[Jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)  
510-423-8365 cl  
510-981-7721 office



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**From:** Margaret Fine <margaretcARolfine@gmail.com>

**Sent:** Wednesday, January 4, 2023 8:58 PM

**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>

**Cc:** monica jones <mjberkeleycommissioner18@gmail.com>

**Subject:** Hope you enjoyed the holidays - Retreat Agenda

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Hi Jamie,

I hope you're doing well.

Would you be so kind and send this email to the Mental Health Commissioners and let them know the deadline for submitting Retreat Agenda items and materials?

In addition, please let us know any agenda items for the retreat including but not limited to Commission Secretary duties and what you expect from Commissioners during one sement.

**Works-Wright, Jamie**

---

**From:** kwilliams@byaonline.org  
**Sent:** Wednesday, December 21, 2022 6:31 AM  
**To:** kwilliams@byaonline.org  
**Subject:** BYA SEEKING SPONSORS-- 17th BYA Crab Feed celebrating our Executive Director Emeritus, Nikki Williams; February 23, 2023

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Hello,

The BYA Crab Feed is BACK!

Our 17<sup>th</sup> Crab Feed on Thursday, February 23, 2023 will help us celebrate our Executive Director Emeritus, Nikki Williams, who retired in 2022 upon her 80<sup>th</sup> Birthday. We have an exciting program planned with local artists and dancers and of course, lots of crab.

If you or your organization/company want to sponsor the event, please go to <https://fundraise.givesmart.com/form/c9cWlw> or contact Jessica Adams at 510-850-4517 after we return from Winter Break on January 3, 2023.

Other ways to support this event:

Purchase tickets here: <https://fundraise.givesmart.com/form/EIXQHA>

Make a Donation here: <https://fundraise.givesmart.com/form/j0xJWw>

If you haven't seen it yet, check out our 2022 Impact Report [BYA Impact Report 2022 by Berkeley Youth Alternatives - Issuu](#)

Happy Holidays!

Sincerely,  
Kevin

Kevin Williams, JD, MPH (he, him, his)  
Executive Director  
Berkeley Youth Alternatives  
Serving the Bay Area since 1969!  
1255 Allston Way  
Berkeley, CA. 94702  
510-845-9010 (ph)  
510-849-1421 (fax)

[www.byaonline.org](http://www.byaonline.org)

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**Works-Wright, Jamie**

---

**From:** kwilliams@byaonline.org  
**Sent:** Wednesday, November 30, 2022 2:10 PM  
**To:** kwilliams@byaonline.org  
**Subject:** BYA Begins Cannabis Education and Prevention Program--Berkeley, CA.  
**Attachments:** Press Release 11 2022- Cannabis Education and Prevention 4.0.pdf

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Hello, Please see the attached and spread the word that we are looking for youth to serve as paid peer educators. Thank you.

--Kevin

Kevin Williams, JD, MPH (he, him, his)

Executive Director

Berkeley Youth Alternatives

Serving the Bay Area since 1969!

1255 Allston Way

Berkeley, CA. 94702

510-845-9010 (ph)

510-849-1421 (fax)

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**FOR IMMEDIATE RELEASE  
BERKELEY YOUTH ALTERNATIVES (BYA)**

[www.byaonline.org](http://www.byaonline.org)

1255 Allston Way, Berkeley, California

CONTACT: Kevin Williams, JD, MPH Executive Director

(510) 845-9010 ext 205; [kwilliams@byaonline.org](mailto:kwilliams@byaonline.org)

Patricia Brooks, CEO Upline Solutions, Subject Matter Expert (SME)

510-59-1107 [lawtyme@gmail.com](mailto:lawtyme@gmail.com)

Shola Amherd, Program Coordinator BYA's Squash It Young Adult Services

(510) 845-9010 ext 255 [samherd@byaonline.org](mailto:samherd@byaonline.org)

**BYA Begins Cannabis Education and Prevention Program**

*-Berkeley Youth Alternatives, local community-based non-profit organization, begins youth-led cannabis program to increase community awareness and youth education and prevention-*

**BERKELEY, CA November 30, 2022** – Berkeley Youth Alternatives (BYA) is partnering with Upline Solutions, LLC on a new cannabis education and prevention program for children, youth, and young adults. The partnership was awarded a competitive contract from the City of Berkeley in July 2022 with funding made possible by the State of California through Proposition 64 which was passed in November 2016.

**“Unfortunately, there are a number of youth who believe that cannabis is legal for everyone. We want to ensure that youth are educated about the legal and health implications of early use, especially for anyone under the age of 24,”** says Kevin Williams, JD, MPH, the new Executive Director for BYA. Mr. Williams is also a Lecturer with the UC Berkeley School of Public Health and an Adjunct Professor with the Touro University Public Health Program where he teaches a course on Criminal Justice Law and Public Health Advocacy.

Through the cannabis education and prevention program, twelve youth ages 16-21 who have used cannabis or have been exposed to cannabis will be educated about cannabis so that they can become peer educators. They will have access to BYA's Reach Our



Community (ROC) Counseling Center under the director of Tiffany Lockett, PhD, LMFT as well as BYA's Wahkan Substance Use Prevention program. They will help to inform a messaging campaign designed to reach children and youth who may be tempted to use cannabis. They will also lead workshops throughout the community and present the results of their work to youth peers, community groups, and City officials to increase community awareness around cannabis.

**“The education and intervention criteria will be a combination of the Stanford University Toolkit, Cannabis Decoded, The California Department of Public Health “Weed Can Wait” campaign, Substance Abuse and Mental Health Services Administration (SAMHSA) toolkit, the California Department of Health Surveys, and the Youth Cannabis Initiative with the California Department of Public Health,” says Patricia Brooks, CEO of Upline Solutions, LLC, and Subject Matter Expert (SME) for this contract.** For over 5 years, Ms. Brooks was the Head Cannabis, Hemp, and Technology Senior Policy Advisor for Alameda County. She also previously worked in collaboration with the UC Berkeley Cannabis Research Center which was studying the impacts of Cannabis Producing Communities in California and developed and Chaired the Alameda County Cannabis/Hemp Stakeholders Committee. **Ms. Brooks added, “The program is tailored to detect a model of early intervention for young people who are beginning to struggle with behavioral issues, such as cannabis use, and factors associated with it.”**

BYA and Upline Solutions intend that the work done via this contract will be the basis of a permanent Cannabis Youth Education Prevention and Intervention Program within the City of Berkeley.

In addition to youth engagement in cannabis education and prevention, an important part of this program will be the formation of a Community Care Working Group (CCWG). The CCWG will be established to provide direction on grant funds to support the

prevention and education to middle and high school aged students for cannabis deterrence. CCWG activities will aim to support Code Enforcement Officers so that they have the resources needed to ensure cannabis-related businesses are operating in compliance. Some activities may include providing training for law enforcement on cannabis related laws and surveillance techniques. City Staff as well as members from community-based organizations are being invited to participate in meetings which will be held monthly and facilitated by Upline Solutions, LLC.

**“We are thankful for the support of the Mayor, Councilmember Ben Bartlett, and the City Manager on this project. It’s critical that the City of Berkeley build the infrastructure to support this work. This funding ultimately is about the harm done to black and brown communities through the ill-conceived, racist ‘war on drugs’. It will take more than 20+ months of funding to repair the damage done to generations of people,” added Kevin Williams.**

BYA is actively recruiting youth and young adults ages 16-21 who are residents of the City of Berkeley. Youth must have had prior use of cannabis or been exposed to cannabis to be eligible for paid training and internships. Any youth interested in getting involved should contact Shola Amherd, BYA’s Squash It Young Adult Services Program Coordinator, at 510-845-9010 ext 255 [samherd@byaonline.org](mailto:samherd@byaonline.org)

BYA helps youth and their families address issues and problems via Prevention -- reaching youth before their problems become crises, and Intervention -- providing support services to youth who are entangled in the juvenile justice system. BYA helps build capacity within individuals to reach their innate potential. The organization operates 22 programs and activities for low-income residents from primarily African American and Latino/a households ages 6-24 and their families throughout Alameda County and in some parts of Contra Costa County. The programs are designed to improve Academic Achievement, promote Economic Capacity, and improve the Health and Well-Being of participants.

###

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Monday, November 28, 2022 4:25 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Division of Mental Health Tours - Nov 29 and Dec 17  
**Attachments:** FYC brochure.8.17.22.pdf; FYC brochure.8.17.22.span.pdf; BMH CAT Access brochure\_Sept 2022.pdf

Hello Commissioner

For the tours you will first meet at 2640 MLK at the front door (MLK at Derby) and we will then go to 1521 University afterwards.

Here are some brochures for both the Adult and Family, Youth, and Children's clinics. Commissioners should feel free to review and I'll try to answer any questions I can when we meet.

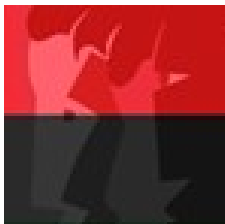
Jeffrey Buell, LCSW  
he/him  
Manager of Mental Health Services  
Health, Housing & Community Services  
[jbuell@berkeleyca.gov](mailto:jbuell@berkeleyca.gov) or [jbuell@cityofberkeley.info](mailto:jbuell@cityofberkeley.info)  
Tel: 510.981.7682  
Fax: 510.981.5265

Please note that I'm out of the office every other Monday.

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### Jamie Works-Wright

Consumer Liaison  
[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)  
510-423-8365 cl  
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**From:** Buell, Jeffrey  
**Sent:** Monday, November 28, 2022 4:04 PM  
**To:** Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
**Subject:** RE: Division of Mental Health Tours - Nov 29 and Dec 17

Internal

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**From:** Buell, Jeffrey  
**Sent:** Monday, November 28, 2022 3:56 PM  
**To:** Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
**Subject:** Re: Division of Mental Health Tours - Nov 29 and Dec 17

Hi Jamie, sorry for the delay. Please let the Commissioners know that fire each date, we will first meet at 2640 MLK at the front door (MLK at Derby) and we will then go to 1521 University afterwards. Thanks so much. When I get the chance, I'll forward a couple of brochures for commissioners as well.

Jeffrey Buell, LCSW  
he/him  
Manager of Mental Health Services  
Health, Housing & Community Services  
[jbuell@berkeleyca.gov](mailto:jbuell@berkeleyca.gov) or [jbuell@cityofberkeley.info](mailto:jbuell@cityofberkeley.info)  
Tel: [510.981.7682](tel:510.981.7682)  
Fax: [510.981.5265](tel:510.981.5265)

Please note that I'm out of the office every other Monday.

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

On Nov 28, 2022, at 12:04 PM, Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)> wrote:

Internal

Hello Jeff,

The commissioners are wanting to know where they should meet you since they will be touring both buildings.

**Jamie Works-Wright**  
Consumer Liaison  
[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)  
510-423-8365 cl  
510-981-7721 office

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**From:** Margaret Fine <[margaretcarolfine@gmail.com](mailto:margaretcarolfine@gmail.com)>  
**Sent:** Monday, November 28, 2022 11:10 AM  
**To:** Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
**Subject:** Fwd: FW: FW: Division of Mental Health Tours - Nov 29 and Dec 17

Hi Jamie,

I hope you're well.

Is there a way to ask Jeff and relay to Monica and Andrea where to meet him?

I also know there are 2 buildings and a need to drive. Potentially Monica could give Andrea a ride between them as Andrea does not drive. She may, however, have a bike. Monica has a truck.

Thanks so much for everything. I very absorbed in settling my mom in.

Best wishes,  
 Margaret

Margaret Fine  
 Cell: 510-919-4309

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

**From:** Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
**Date:** Mon, Nov 28, 2022 at 10:04 AM  
**Subject:** FW: FW: Division of Mental Health Tours - Nov 29 and Dec 17  
**To:** Margaret Fine ([margaretcarolfine@gmail.com](mailto:margaretcarolfine@gmail.com)) <[margaretcarolfine@gmail.com](mailto:margaretcarolfine@gmail.com)>

Jamie Works-Wright  
 Consumer Liaison  
[Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)<<mailto:Jworks-wright@cityofberkeley.info>>  
 510-423-8365 cl  
 510-981-7721 office

[cid:624fd3a6-2599-457d-8cec-f6a785e74212]

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**From:** Glenn Turner <[glennt13@gmail.com](mailto:glennt13@gmail.com)>  
**Sent:** Monday, November 28, 2022 9:20 AM

To: Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
Cc: Buell, Jeffrey <[JBuell@cityofberkeley.info](mailto:JBuell@cityofberkeley.info)>  
Subject: Re: FW: Division of Mental Health Tours - Nov 29 and Dec 17

Jamie - I can do the Saturday Dec 17 tour at 11 am. Please add me to the tour.  
Thanks, Glenn Turner

On Mon, Nov 28, 2022 at 8:52 AM Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)<mailto:[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>> wrote:  
Internal

Please see message below:

Dear Commissioners,

We are having tours on November 29 and December 17 as shown below based on the responses in alphabetical order. Please let our Commission Secretary if you have not signed up for a tour and would like to participate. I have copied Monica and Andrea as this tour will be on November 29.

November 29, 5 pm

Monica Jones

Andrea Pritchett

December 17, 11 am - 2 pm

Margaret Fine

Mary-Lee Kimber Smith

The site visit is an excellent opportunity to see first-hand the design and operation of the Division of Mental Health and the work environments. These tours will allow us to experience the space and have a frame of reference in learning more about the public mental health and substance use system for the City of Berkeley. Please let our Commission Secretary know if you have not signed up and want to participate. Many thanks to Division Manager Jeff Buell for his generosity and thoughtfulness in offering the tours.

We look forward to hearing from you.

Best wishes,

Margaret

Margaret Fine, JD, PhD

Pronouns: she/her

Chair, Mental Health Commission

Berkeley, CA

Cell: 510-919-4309

LinkedIn: Margaret Fine

Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office

[cid:624fd3a6-2599-457d-8cec-f6a785e74212]

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

From: Margaret Fine <[margaretcarolfine@gmail.com](mailto:margaretcarolfine@gmail.com)<mailto:[margaretcarolfine@gmail.com](mailto:margaretcarolfine@gmail.com)>>

Sent: Friday, November 25, 2022 11:19 AM

To: Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)<mailto:[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>>

Cc: Andrea Prichett <[prichett@locrian.com](mailto:prichett@locrian.com)<mailto:[prichett@locrian.com](mailto:prichett@locrian.com)>>; monica jones <[mjberkeleycommissioner18@gmail.com](mailto:mjberkeleycommissioner18@gmail.com)<mailto:[mjberkeleycommissioner18@gmail.com](mailto:mjberkeleycommissioner18@gmail.com)>>

Subject: Division of Mental Health Tours - Nov 29 and Dec 17

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Dear Jamie,

I hope you had a lovely holiday.

Based on the responses for the tours, can you please send this email to the Division Manager Jeff Buell and to the Mental Health Commissioners?

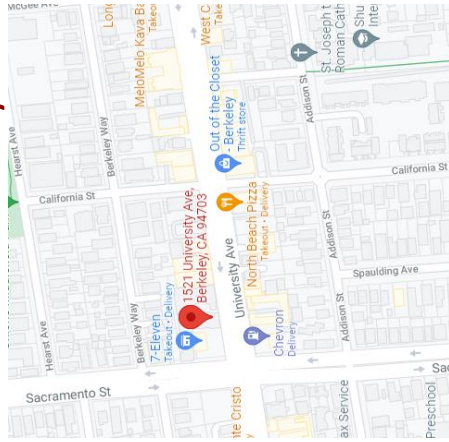
*Berkeley Mental Health  
is the door to high  
quality behavioral health  
care.*

**ACCESS INFORMATION**

- ⌘ Call to schedule an appointment
- ⌘ Meet with a clinician
- ⌘ Individualized treatment planning
- ⌘ Bring your Alameda County Medi-Cal card

**BERKELEY MENTAL HEALTH FAMILY,  
YOUTH, AND CHILDREN CLINIC**

**1521 University Ave**



Nearby public transportation includes



**BART N. Berkeley  
Station** OR

**Bus lines:** 51B, 52, 604, 800

**City of Berkeley Family,  
Youth, and Children  
Services**

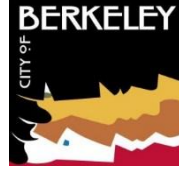
1521 University Ave  
Berkeley, CA 94702

Call us at:  
510-981-5280  
9a to 4p, Monday - Friday

Intakes by Appointment

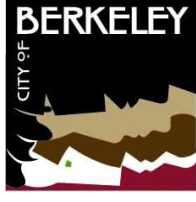
**A VIBRANT AND HEALTHY  
BERKELEY FOR ALL**

The Mental Health Division's Family, Youth and Children Services is a program of the City of Berkeley's Health, Housing & Community Services Department. Our mission is to enhance community life and support health and wellness for all.



[www.CityofBerkeley.info/](http://www.CityofBerkeley.info/)  
Mental Health

- Culturally responsive care
- Services available in English and Spanish



City of Berkeley  
Family, Youth, and Children  
Services

**BERKELEY MENTAL HEALTH  
YOUR CONNECTION TO CARE**

- We provide culturally responsive/client centered care.
- Access to a range of mental health services.

**LOCATION:**

Family, Youth and Children Services  
1521 University Ave  
Berkeley, CA 94702

Phone: 510-981-5280



## Welcome to Berkeley Mental Health

We are the City of Berkeley's family, youth, and children's mental health program. We provide mental health services to children, adolescents and families in Berkeley, who have Alameda County Medi-Cal or are uninsured. We are the entry point to mental health care in this community and will connect you with services.

To access services, call us or come in to our office—so we can schedule an appointment to conduct an intake and connect you to care. **Due to COVID-19, we are providing many of our services virtually or via telephone; feel free to call us to obtain more information about our care model.**

## Access care through our Intake clinician:

Our program offers intakes by appointment, you can call us at (510) 981-7642 or come to our office to schedule one. Please bring a copy of your Medi-cal card.

The parents or legal guardians are required to schedule and conduct the intake appointment.

## Eligibility

To qualify for services, you must live in Berkeley or your child must attend school within the city; and have a mental health concern. Additionally, you must have Alameda County Medi-Cal or be uninsured.

## What to expect during your intake appointment

The intake process is the first step in connecting you to care, whether at our program or elsewhere in the community.

During the intake, you will meet with a mental health professional, who will confirm your eligibility and gather information from you, related to your concerns about your child. The clinician will use that information to refer you to the appropriate service.

## What to expect after an Intake appointment.

Within a week of the completion of your intake, you will be connected to care. Once you are referred, your primary clinician will contact you to schedule a time to meet with you to begin treatment.

- **Easy Access**

- **Culturally Responsive Services**

- **Family Focused Care**

- **Connection to Care in the Clinic and the Community**

*Berkeley Mental Health is the front door to high quality behavioral health care.*

## Frequently Asked Questions

**Q: Can our family access services if we are homeless?**

A: Yes. As long as your child attends school in Berkeley.

**Q: Can you serve my child at school?**

A: Yes. We bring services to your child where it is most convenient..

**Q: Do you accept private insurance?**

A: No. We serve families with Alameda County issued Medi-CAL or the uninsured.

**Q What types of mental health services do you provide?**

A: After the initial assessment, the mental health professional will discuss with you and tailor services based on your child's needs. We provide a range of services that include individual/family therapy, intensive case management, crisis support services and consultation.

**Q: What do I need to bring with me to the intake appointment?**

A: It is helpful to have a copy of your Medi-CAL card and any information to help us better understand your family and needs/concerns.

**Q. Can I refer my friend's child for assessment?**

A. No. the child's legal guardian must schedule an intake and consent to services.

**Q. Can you help me get mental health services from my private insurance?**

A. Yes. We can show you how to access mental health care through your insurance carrier.

*Salud Mental de Berkeley  
es la entrada a atención de  
salud conductual de alta  
calidad*

### INFORMACIÓN DE ACCESO

- ☞ Llame para programar una cita
- ☞ Ver a un profesional de salud
- ☞ Planificación de tratamiento individualizado
- ☞ Traiga su tarjeta de Medi-Cal del Condado de Alameda

Ciudad de Berkeley Servicios  
para Familias, Jóvenes y Niños

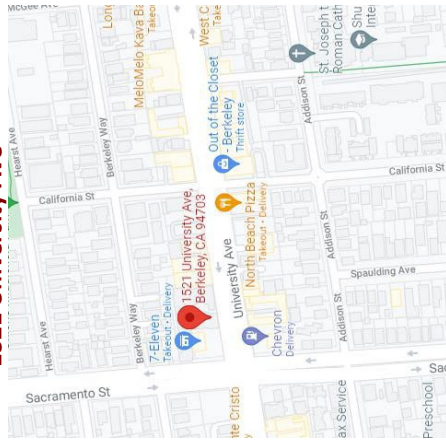
1521 University Ave  
Berkeley, CA 94702

Llámenos al:  
510-981-5280

9 a. m. a 4 p. m., lunes a  
viernes

Admisiones con cita  
previa

### CLÍNICA DE SALUD MENTAL DE BERKELEY PARA FAMILIAS, JÓVENES Y NIÑOS 1521 University Ave



El transporte público cercano incluye



**Estación N.  
Berkeley de  
BART** o

**Líneas de autobús: 51B, 52, 604, 800**



Ciudad de Berkeley  
Servicios para Familias,  
Jóvenes y Niños

### **SALUD MENTAL DE BERKELEY**

#### **SU CONEXIÓN CON LA ATENCIÓN**

- Proporcionamos atención culturalmente receptiva y centrada en el cliente
- Acceso a una variedad de servicios de salud mental

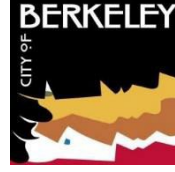
#### **SEDE:**

Servicios para Familias, Jóvenes  
y Niños  
1521 University Ave  
Berkeley, CA 94702

Teléfono: 510-981-5280

### **UN BERKELEY VIBRANTE Y SALUDABLE PARA TODOS**

Servicios para Familias, Jóvenes y Niños de la División de Salud Mental es un programa del Departamento de Servicios de Salud, Vivienda y Comunidad de la Ciudad de Berkeley. Nuestra misión es enriquecer la vida comunitaria y apoyar la salud y el bienestar de todos.



[www.CityofBerkeley.info/  
MentalHealth](http://www.CityofBerkeley.info/MentalHealth)

- Atención culturalmente receptiva
- Servicios disponibles en inglés y español

### Bienvenidos a Salud Mental de Berkeley

Somos el programa de salud mental para familias, jóvenes y niños de la Ciudad de Berkeley. Proporcionamos servicios de salud mental a niños, adolescentes y familias en Berkeley, que tienen Medi-Cal en el Condado de Alameda o que no tienen seguro médico. Somos el punto de entrada a atención de salud mental en esta comunidad y lo conectaremos con servicios.

Para acceder a servicios, llámenos o venga a nuestra sede, para que podamos programar una cita para realizar una admisión y conectarlo a servicios de atención. **Debido a COVID-19, estaremos ofreciendo muchos de nuestros servicios en forma virtual o por teléfono; no dude en llamarnos para obtener más información sobre nuestro modelo de atención.**

### Acceda a la atención a través de nuestro especialista en admisiones:

Nuestro programa ofrece admisiones con cita previa. Puede llamarnos al (510) 981-7642 o venga a nuestra sede para programar una. Por favor, traiga una copia de su tarjeta de Medi-Cal.

Se requiere que los padres o los tutores legales programen y realicen la cita de admisión.

### Elegibilidad

Para calificar para servicios, usted debe vivir en Berkeley o su hijo debe asistir a la escuela dentro de la ciudad, y tener una inquietud de salud mental. Asimismo, usted debe tener Medi-Cal del Condado de Alameda o no tener seguro médico.

El proceso de admisión es el primer paso para conectarlo con servicios de atención, ya sea en nuestro programa o en otro lugar de la comunidad.

Durante la admisión, usted se reunirá con un profesional de salud mental, que confirmará su elegibilidad y tomará su información relacionada con sus inquietudes sobre su hijo. El profesional usará esa información para referirlo al servicio adecuado.

### Qué esperar después de una cita de admisión.

Dentro de una semana de haber completado la admisión, se lo conectará a servicios de atención. Una vez que haya sido referido, su profesional principal se comunicará con usted para programar una cita para reunirse con usted y comenzar el tratamiento.

- **Acceso fácil**
- **Servicios culturalmente receptivos**
- **Atención centrada en la familia**
- **Conexión a atención en la clínica y la comunidad**

*Salud Mental de Berkeley es la puerta de entrada a una atención de salud conductual de alta calidad*

**P: ¿Puede nuestra familia acceder a servicios si no tenemos vivienda?**

A: Sí. Siempre y cuando su hijo asista a la escuela en Berkeley.

**P: ¿Pueden atender a mi hijo en la escuela?**

A: Sí. Llevamos servicios a su hijo donde sea más conveniente.

**P: ¿Aceptan seguro privado?**

A: No. Prestamos servicios a las familias con Medi-Cal emitido por el Condado de Alameda o las personas sin seguro.

**P ¿Qué tipos de servicios de salud mental ofrecen?**

A: Después de la evaluación inicial, el profesional de salud mental hablará con usted y adaptará los servicios basándose en las necesidades de su hijo. Ofrecemos una variedad de servicios que incluyen terapia individual y familiar, coordinación asistencial/intensiva, servicios de apoyo y consultas de apoyo en crisis.

**P: ¿Qué tengo que llevar a la cita de admisión?**

A: Es útil tener una copia de su tarjeta de Medi-Cal y cualquier información para ayudarnos a entender mejor a su familia, así como sus necesidades e inquietudes.

**P. ¿ Puedo referir al hijo de mi amigo para una evaluación?**

A. No, el tutor legal del menor debe programar cita de una admisión y consentimiento para recibir servicios.

**P. ¿ Pueden ayudarme a obtener servicios de salud mental de mi seguro privado?**

A. Sí. Podemos mostrarle cómo acceder a servicios de atención de salud mental a través de su compañía de seguros.

• **TAKE ACTION...**

• **GET ASSESSED...**

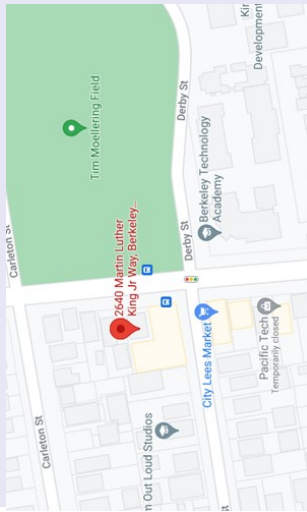
• **CONNECT WITH MENTAL HEALTH CARE**

### WALK-IN INFORMATION

- Walk-in hours four days a week
- 10 AM to 1 PM, Monday - Thursday
- Come as you are, no required papers

### BERKELEY MENTAL HEALTH ADULT CLINIC

2640 Martin Luther King Jr. Way  
(at Derby St.)



Nearby public transportation  
Includes

**Ashby BART**  
or **Bus line: 12**



City of Berkeley

Mental Health Division

Adult Services Program

Crisis Assessment and Triage Team

2640 Martin Luther King Jr. Way  
Berkeley CA 94704

510.981.5244 (CAT Team)  
510.981.5290 (clinic main number)

Call us :

10 AM to 5:00 PM, Monday - Friday

Walk-in hours:

10 AM to 1:00 PM, Monday - Thursday



### A VIBRANT AND HEALTHY

#### BERKELEY FOR ALL

The Mental Health Adult Services clinic is a program of the City of Berkeley's Health, Housing & Community Services Department. Our mission is to enhance community life and support health and wellness for all.



City of Berkeley  
Adult Mental Health  
Services Program

Crisis Assessment and Triage

**BERKELEY MENTAL HEALTH**  
**YOUR CONNECTION TO CARE**

- No appointment necessary
- Walk-in hours available for people seeking services four days a week
- Screenings and assessments available during walk-in hours with licensed clinicians and experienced mental health staff
- We connect you to local care within a week

**LOCATION:**  
Adult Services  
2640 MLK Jr. Way

<https://berkeleyca.gov/safety-health/mental-health>



## Welcome to Berkeley Mental Health

We are the City of Berkeley's Adult Mental Health Program, providing mental health screenings and assessments to adults in Berkeley who are uninsured or have Medi-Cal. We are the entry point to mental health care in this community and will connect you with services.

Take action to contact us or come in to our office—we can do a screening or assessment and connect you to local services within a week.

## Connect to Care with out Walk-In Hours

Our program offers walk-in hours four days a week, with no appointment necessary. Nothing is needed to get a screening/assessment other than to show up during these times.

We are located at 2640 MLK Jr., Way and are available Monday — Thursday from 10am to 1pm.

## What to expect during a mental health screening

The mental health screening during our walk-in and phone hours is the first step in connecting you to care, whether at our program or elsewhere in the community.

During the screening, you will meet with a mental health professional for about an hour. During the meeting, we'll confirm eligibility and ask a series of questions, similar to a doctor's appointment. If you meet our eligibility requirements, we will then have you meet with a licensed clinician to complete an assessment. This can sometimes be done on the same day.

## What to expect after a mental health assessment

Within a week, you will hear from us and be connected to care, whether at our location or through other community services. We refer about three quarters of those screened/assessed to community-based services.

## Eligibility

For a mental health assessment, you must live or be unhoused in Berkeley and have a mental health concern that meets the criteria set by Alameda County Behavioral Health Care Services. Additionally, you must be uninsured or have Medi-Cal, and be 18 years old or older.

## Frequently Asked Questions

### ◆ Do you help homeless people?

Yes. As long as you are staying in Berkeley, have a mental health concern, and are either uninsured or have Medi-Cal, we can assess your needs and connect you to services.

### ◆ What if I'm worried about a friend or family member's mental health?

Call us at 510.981.5244 or drop in to talk to one of our staff members during our walk-in hours if you have any questions or would like to talk with our staff.

### ◆ Do I need to bring anything with me for the walk-in hours or the screening?

No. Nothing is required to be seen. These items are helpful to have, but we will do an assessment without them: ID, documentation of residency, any insurance, proof of income.

### ◆ I believe I am eligible for services. Do you have any tips for accessing care?

It is helpful to call ahead. We can confirm your eligibility by phone, which can save you time at our office.

### ◆ I'm with an agency and want to refer someone to Berkeley Mental Health.

You can send or bring in the person to our office during walk-in hours and/or feel free to call if you have questions or want to consult.

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Monday, November 21, 2022 12:50 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Division of Mental Health - Site Visits - Please Reply ASAP with Availability

Please see the message below from Margaret.

Thank you for your time.

### Jamie Works-Wright

*Consumer Liaison & Mental Health Commission Secretary*

*City of Berkeley*

*2640 MLK Jr. Way*

*Berkeley, CA 94704*

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

*Office: 510-981-7721 ext. 7721*

*Cell #: 510-423-8365*




---

**From:** Margaret Fine <margaretcARolfine@gmail.com>  
**Sent:** Sunday, November 20, 2022 9:07 AM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** Fwd: Division of Mental Health - Site Visits - Please Reply ASAP with Availability

Dear Mental Health Commissioners,

The Division Manager, Jeff Buell, will be offering 2 tours of the Division of Mental Health (and SUD) for the City of Berkeley in late November +/- or early-mid December 2022. If you would like to tour the Division, please swiftly reply with all available dates/times before Thanksgiving day.

Jeff and his staff have generously offered to conduct the tours after business closes or on the weekend to protect client confidentiality and to very kindly recognize some Commissioners cannot be available during the business / school day.

There will be 2 tours as there cannot be a quorum at any gathering, particularly as we anticipate questions and discussion.

The Division tour will include 2 different buildings, 2640 MLK Blvd. and 1521 University Ave., and require traveling between buildings. The proposed dates/times are:

Tuesday 11/29, 5pm  
Thursday 12/1, 5pm  
Sunday 12/4, at a time between 12p-5pm  
Friday 12/16 at 5pm  
Saturday, 12/17 at a time between 11a-2pm

The Division's website is below. Please review carefully and send any inquiries that would be relevant for the tour to the Commission Secretary. The Division Manager and his staff are planning the tour and your inquiries are appreciated.

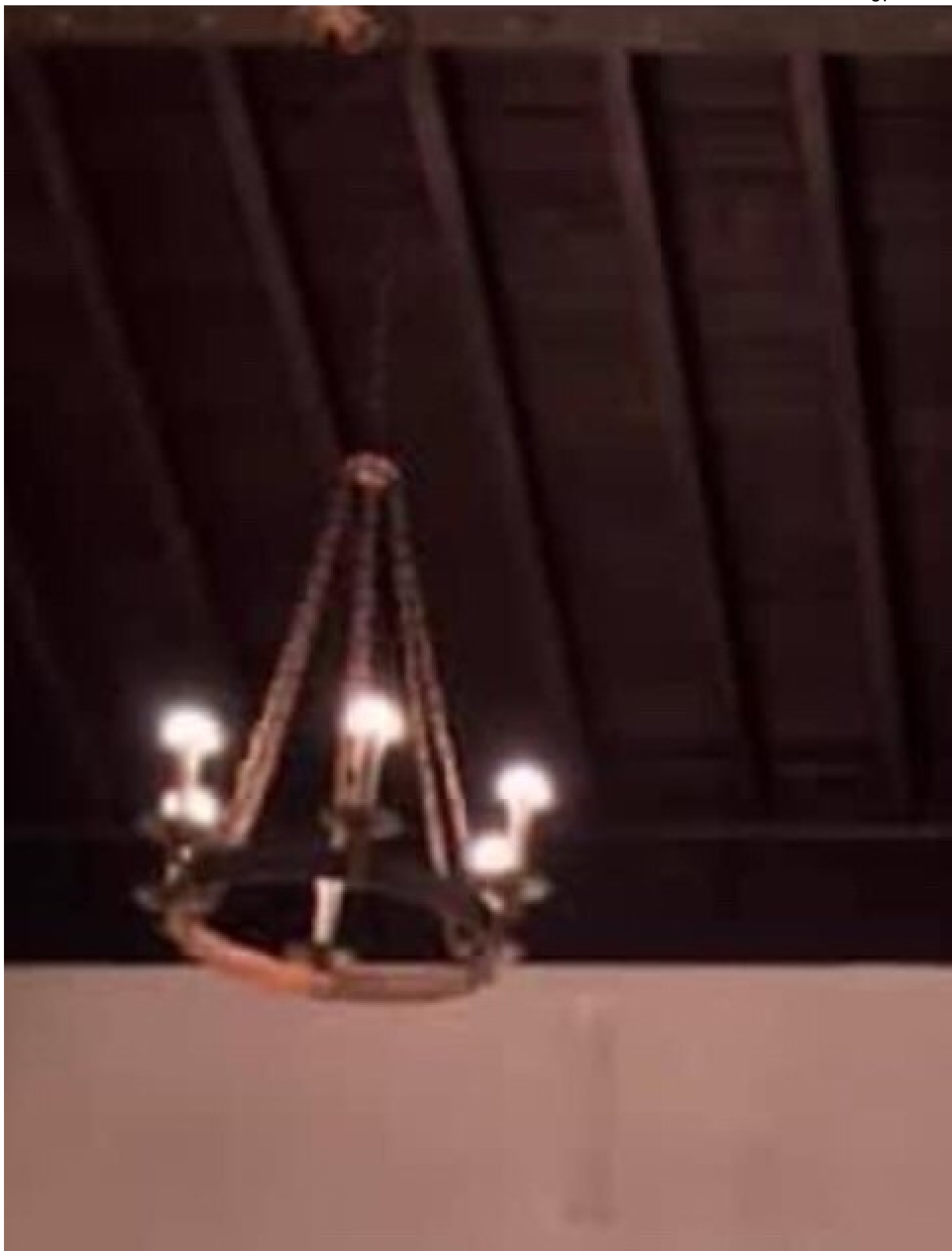
<https://berkeleyca.gov/safety-health/mental-health>

The Adult and Older Adult Services are located in a newly renovated historic building at 2640 MLK Blvd. near the famous Iceland and now Sports Basement. The conference room photo below shows how the design team preserved some of the architectural highlights. This building is also a demonstration site to develop statewide standards for Zero Net Energy retrofits for small commercial buildings, and a Berkeley Lab has been studying it.

Division Adult Services - 2640 MLK Blvd, Berkeley







HISTORY - 2640 MLK Blvd.

My first Mental Health Commission meeting was Thursday, June 22, 2017. The Division building at 2640 MLK Blvd. then closed on June 27 due to flea infestation. The Berkeley side article dated July 18, 2022 is here--and now this building is newly renovated.

<https://www.berkeleyside.org/2016/07/18/berkeley-mental-health-clinic-closed-due-to-flea-infestation>

We look forward to hearing from you in the near future.

Best wishes,  
Margaret

Margaret Fine, JD, PhD  
Pronouns: she/her  
Chair, Mental Health Commission  
Berkeley, CA  
Cell: 510-919-4309  
LinkedIn: Margaret Fine  
Twitter: @margaretfinephd

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Monday, November 14, 2022 9:42 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Mental Health Advisory Board Meeting (November 14, 2022)  
**Attachments:** 2022 11-14 MHAB Agenda FINAL.pdf; 2022.10.17.MHAB (MAIN) Minutes.UNAPPROVED.pdf; OHCC Presentation 11.14.2022.pdf; MHSA Community Program Planning Process Flyer and Survey Link.pdf

Please see the information attached

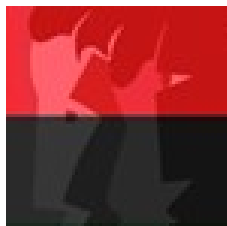
### Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



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**From:** MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>

**Sent:** Friday, November 11, 2022 3:19 PM

**Subject:** Mental Health Advisory Board Meeting (November 14, 2022)

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Good afternoon,

Please see attached agenda/materials for the Mental Health Advisory Board meeting scheduled for Monday, November 14<sup>th</sup>.

### Mental Health Advisory Board Meeting

Time: 3:00 PM – 5:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/87366080958?pwd=YWZaQkd5RWEwZW1sbjRTVTh4Q3pNUT09>

Meeting ID: 873 6608 0958

Passcode: 774947

One tap mobile

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+12532158782,,87366080958#,,,,\*774947# US (Tacoma)

Dial by your location

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+1 346 248 7799 US (Houston)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 873 6608 0958

Passcode: 774947

Find your local number: <https://us02web.zoom.us/j/87366080958>

Join by Skype for Business

<https://us02web.zoom.us/j/87366080958>



This meeting will be conducted exclusively through videoconference and teleconference

<https://us02web.zoom.us/j/87366080958?pwd=YWZaQkd5RWwZW1sbiRTVTh4Q3pNUT09>

Teleconference: (669) 900-6833 | Meeting ID: 873 6608 0958 | Passcode: 774947

<b>MHAB Members:</b>	<b>Lee Davis</b> (Chair, District 5) <b>L.D. Louis</b> (Vice Chair, District 4) <b>Christina Aboud</b> (District 1) <b>Terry Land</b> (District 1) <b>Thu Quach</b> (District 2)	<b>Grant Quinones</b> (District 2) <b>Aditi Sharma</b> (District 2) <b>Warren Cushman</b> (District 3) <b>Loren Farrar</b> (District 3) <b>Ashlee Jemmott</b> (District 3)	<b>Brian Bloom</b> (District 4) <b>Anh Thu Bui</b> (District 5) <b>Juliet Leftwich</b> (District 5)
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## Committees

### Adult Committee

Warren Cushman, Co-Chair  
Christina Aboud, Co-Chair

### Children’s Advisory Committee

Vacant

### Criminal Justice Committee

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

### 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.

- 3:00 PM** Call to Order \_\_\_\_\_ **Chair Lee Davis**
- 3:00 PM** I. Roll Call
- 3:02 PM** II. Approval of Minutes
- 3:04 PM** III. Continue MHAB Meetings by Teleconference Pursuant to AB361
- 3:05 PM** IV. Chair’s Report
  - A. Upcoming MHAB Meeting Schedule
    1. MHAB Executive Committee– December 8, 2022
    2. MHAB Regular Meeting Cancelled – December 19, 2022
    3. MHAB Executive Committee – January 5, 2023
    4. MHAB Regular Meeting – January 9, 2023
    5. MHAB Annual Retreat – February 4, 2023
    6. MHAB Regular Meeting – February 21, 2023
  - B. John George Presentation Question(s) Due (December 2, 2022)
  - C. In-person MHAB Annual Retreat (*Action Item*)
  - D. MHAB Annual Banquet (Ad hoc Committee)
- 3:10 PM** V. MHAB Report on BOS Joint Health/Public Protection Committee
- 3:25 PM** VI. Director’s Report
  - A. BHCIP & CCE Update
  - B. Care Courts Update
  - C. MHSA Community Planning
  - D. Governor Newsom’s Homelessness Funds
- 3:35 PM** VII. Committee Reports
  - A. Adult Committee
  - B. Criminal Justice Committee
  - C. Children’s Advisory Committee (*on hiatus*)
  - D. MHSA Stakeholders Committee (Terry Land)
  - E. MHAB Data Ad Hoc Committee
  - F. MHAB Legislative Ad Hoc Committee
  - G. Care First, Jails Last Taskforce
- 3:45PM** VIII. Office of Homeless Care and Coordination Presentation
- 4:45 PM** IX. Public Comment
- 5:00 PM** X. Adjourn





<b>MHAB Members:</b>	<input checked="" type="checkbox"/> <b>Lee Davis</b> ( <i>Chair, District 5</i> ) <input checked="" type="checkbox"/> <b>L.D. Louis</b> ( <i>Vice Chair, District 4</i> ) <input type="checkbox"/> <b>Christina Aboud</b> ( <i>District 1</i> ) <input checked="" type="checkbox"/> <b>Terry Land</b> ( <i>District 1</i> )	<input checked="" type="checkbox"/> <b>Thu Quach</b> ( <i>District 2</i> ) <input checked="" type="checkbox"/> <b>Grant Quinones</b> ( <i>District 2</i> ) <input type="checkbox"/> <b>Warren Cushman</b> ( <i>District 3</i> ) <input type="checkbox"/> <b>Loren Farrar</b> ( <i>District 3</i> )	<input type="checkbox"/> <b>Ashlee Jemmott</b> ( <i>District 3</i> ) <input checked="" type="checkbox"/> <b>Brian Bloom</b> ( <i>District 4</i> ) <input type="checkbox"/> <b>Anh Thu Bui</b> ( <i>District 5</i> ) <input checked="" type="checkbox"/> <b>Juliet Leftwich</b> ( <i>District 5</i> )
<b>ACBH Staff:</b>	<input checked="" type="checkbox"/> <b>Dr. Karyn Tribble</b> ( <i>ACBH Director</i> ); <input checked="" type="checkbox"/> <b>Asia Jenkins</b> ; <input type="checkbox"/> <b>Dainty Castro</b> ( <i>Administrative Liaison</i> )		
<b>Unexcused Absences:</b>	Christina Aboud; Warren Cushman; Ashlee Jemmott; Anh Thu Bui		

Meeting called to order at 3:00 PM by **Chair Lee Davis**

ITEM	DISCUSSION	DECISION/ACTION
<b>Roll Call / Introductions</b>  <b>Approval of Minutes</b>	Roll Call completed.  Minutes were approved unanimously.  Due to the global pandemic (COVID 19), the MHAB has been meeting virtually, and due to the state of emergency, it is recommended that the MHAB meetings continue to be held virtually. In addition, the County buildings are not currently open to the public for meetings. A vote was taken in favor of this practice. The issue unanimously passed. MHAB meetings will remain in emergency status due to the pandemic, and they will continue to use the virtual platform for the November meeting.  This topic will be added to the Exec Committee agenda for discussion regarding future in-person meetings, and the effects of the Brown Act on the meeting status. There was no public comment regarding this matter.	November meeting will be held virtually
<b>Chair's Report</b>	Aditi Sharma is the newest MHAB member. However, she is not present at this meeting.  There will be a presentation before the BOS Joint Health and Public Protection Committee by the MHAB (L.D., Brian and Lee) on October 24, 2022 at 9:30 a.m. Everyone is encouraged to attend and support.	92

ITEM	DISCUSSION	DECISION/ACTION
	<p>The MHAB Annual Retreat will take place in January 2023.</p> <p>There will be a presentation focusing on John George at the November meeting. Questions will be accepted via email and should be sent to ACBH admin support team. Brian Bloom will send documentation for distribution to assist with potential topics for the presentation. Since the November meeting will be earlier in the month due to the Thanksgiving holiday, it was recommended that questions be submitted no later than October 31, 2022 in order to give John George ample time to prepare their presentation.</p>	
<p><b>Director's Report</b></p>	<p><b>Correction:</b> The BOS Joint Health and Public Protection Committee meeting on October 24, 2022 begins at 9:30 a.m. instead of 9:00 a.m. ACBH will also be presenting, including ACBH Departmental initiatives, updates to Forensics Diversion Reentry Plan, BHCIP and other updates.</p> <p>There will also be a presentation regarding AB 988 co-presented by Stephanie Lewis and Narges Dillon.</p> <p>Imo Momoh will be transitioning to San Francisco to become the Director of Managed Care.</p>	
<p><b>Committee Reports</b></p>	<p><b>Criminal Justice Committee:</b> Gavin O'Neal and Danielle Gary from the Office of Collaborative Courts joined the last meeting to discuss the Diversion Courts (substance abuse, mental illness, reentry and drug court) and the procedures to keep individuals out of the various court systems. There are also three courts in the Family Division that offer treatment options to help reunify families. The information is on the website. The next meeting will be October 16, 2022. Roberta Chambers from the Indigo Project will present and discuss two MHSA Forensics projects. Mention was also made that Yvonne Jones will be retiring from the County. Julie Leftwich mentioned that the committee meeting schedule might need to be discussed due to the upcoming holiday schedule.</p> <p><b>Children's Advisory Committee:</b> Still on hiatus until further notice.</p> <p><b>Adult Committee:</b> Thu Quach reported that during the last meeting, a session/presentation was held on the AB 988 plan. There were more than ten individuals who made public comments. The next committee meeting will focus on the mental health workforce.</p> <p><b>MHSA Stakeholders Committee:</b> Terry Land stated that the meeting has not taken place as of this meeting. The last MHSA meeting was cancelled. The work has been ongoing for the survey in order to host the listening sessions, specifically who the audience might</p>	<p>83</p>

ITEM	DISCUSSION	DECISION/ACTION
	<p>be and what the survey questions should entail. The goal is to begin the listening sessions by the end of October or no later than the beginning of November.</p> <p><b>Quality Improvement Committee:</b> Currently vacant. Looking for someone to undertake this committee.</p> <p><b>Data Ad Hoc Committee:</b> The committee is planning a presentation in collaboration with ACBH. A dashboard is being created that will allow for the viewing of different correlations between various data points. This is continually in progress focusing on the mentally ill at Santa Rita Jail.</p> <p><b>Legislative Ad Hoc Committee:</b> HCSA Policy Director Eileen Ng and Senior Policy &amp; Legislative Analyst, Jessica Blakemore provided a presentation on the legislative process. It was recommended that the entire MHAB should have an opportunity to hear and see the presentation in order to be informed of the legislative policies and the matters that would be important to the MHAB.</p> <p><b>Care First, Jails Last Task Force Update:</b> Brian Bloom reported that the task force is open to the public, and anyone can attend. The current focus is on the strategic map from an agency perspective related to the data that is not currently in the strategic map. It was determined that there are multiple gaps in the data, and this was discussed at the last meeting. Brian Bloom will continue to report back to the MHAB regarding progress. Dr. Tribble stated that the task force will be required to update and move forward with the recommendations that are currently in place, as well as addressing the newer recommendations based on the collected data.</p>	
<p><b>Discussion Items</b></p>	<p><b>Alameda County HCSA:</b> Eileen Ng, Policy Director and Jessica Blakemore, Senior Policy &amp; Legislative Analyst made an overview presentation regarding the Legislative and Policy Advocacy Process. The PowerPoint slide presentation covered are as follows:</p> <ol style="list-style-type: none"> <li>1) HCSA Strategic Initiatives &amp; Public Affairs (SIPA)</li> <li>2) Personnel/Administration/Legislation Committee (BOS PAL)</li> <li>3) County Legislative Platform and Legislative Priorities</li> <li>4) 2022 Legislative Recap</li> <li>5) Status of Key Legislation</li> <li>6) 2022 Advocacy Highlights</li> <li>7) Next Legislative Session (FY 2023-2024)</li> <li>8) Guidelines for MHAB</li> <li>9) Advocacy – Activities to Influence or Change Policy</li> <li>10) How to Participate as a Board or Commission</li> <li>11) HCSA &amp; Alameda County Policy and Legislative Process</li> </ol>	



ITEM	DISCUSSION	DECISION/ACTION
	12) Key State Timelines 13) Proposed Collaboration  Chair Davis suggested that MHAB members receive a copy of the legislative list of proposed bills so that it can be discussed in detail at the annual retreat in January 2023. Public comment was given.	
<b>Public Comment</b>		
<b>Adjournment</b>	Adjourned at 4:59 p.m.	

Office of Homeless Care and Coordination

# Program and Planning Update

Mental Health Advisory Board  
11/14/2022

# Overview of Topics

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- Overview and Updates of the Office of Homeless Care and Coordination
- Roomkey Outcomes
- Homekey
- Community Care Expansion (CCE)
- No Place Like Home (NPLH)
- Supportive Housing Community Land Alliance (SCHLA)

# OHCC Overview and Updates



# OHCC Recent Collaborative Efforts

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- Office of Homeless Care and Coordination (OHCC) formed in December of 2019
- Since inception, consolidation of homeless efforts include:
  - Lead role as the Management Entity for the County’s [Coordinated Entry System](#), with oversight of all system-wide activities and performance
  - Coordination of supportive services for current and future homeless housing units in the pipeline - addition of **new PSH sites**
  - Pandemic response and risk mitigation of **Safer Ground** and **Isolation Quarantine** served more than 5,000 people
  - HHIS contracts and staff transitioned under OHCC; expansion to **CaAIM**
  - Strategic planning efforts and development of [Home Together 2026](#) plan

# Home Together 2026

## Goals + Strategies

- Center Racial Equity in every activity
- Use Needs Analysis data to inform pathways
- Ensure system works to end homelessness

### 1 Prevent homelessness for our residents

1. Address racial disparities in mainstream/upstream systems to prevent racially disproportionate inflow into homelessness
2. Focus resources for prevention on people most likely to lose their homes
3. Rapidly resolve episodes of homelessness through Housing Problem Solving
4. Prevent racially disproportionate returns to homelessness

### 2 Connect people to shelter and needed resources

1. Expand access in key neighborhoods and continue improvements to Coordinated Entry
2. Lower programmatic barriers to crisis services such as prevention, problem solving, and shelter
3. Prevent discharge from mainstream systems to homelessness
4. Significantly increase the availability of shelter, especially non-congregate models, to serve vulnerable adults and families with children and to reduce unsheltered homelessness
5. Provide accessible behavioral health services to people with serious mental illness or substance use needs and who are unsheltered, in shelter, or in supportive housing programs

### 3 Increase housing solutions

1. Add units and subsidies for supportive housing, including new models for frail/older adults
2. Create dedicated affordable housing subsidies for people who do not need intensive services
3. Create shallow subsidies for those who can exit or avoid homelessness with more limited assistance
4. Add new slots of rapid rehousing for those who can pay full rent over time
5. Ensure new housing funding is distributed across the county according to need
6. Reduce entry barriers to housing and ensure racial equity in referrals and placements

### 4 Strengthen coordination, communication and capacity

1. Use data to improve outcomes and track racial equity impacts
2. Improve messaging and information availability
3. Build infrastructure to support and monitor new and expanded programs

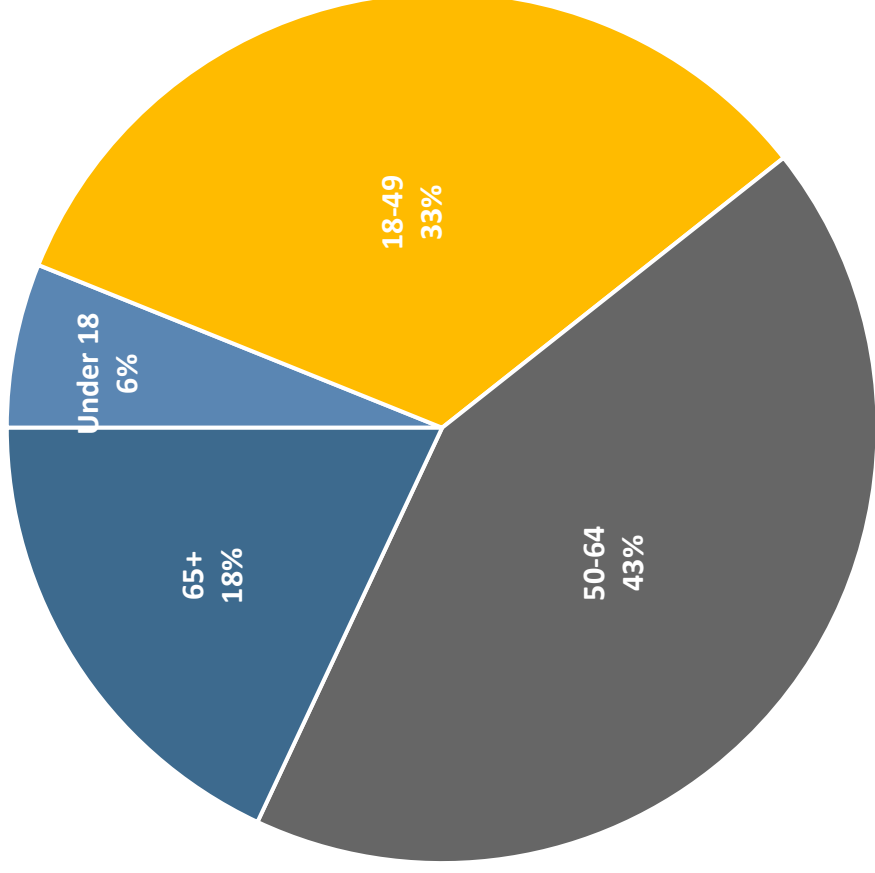
100



# Roomkey Outcomes

# Safer Ground: Ages of Clients Served

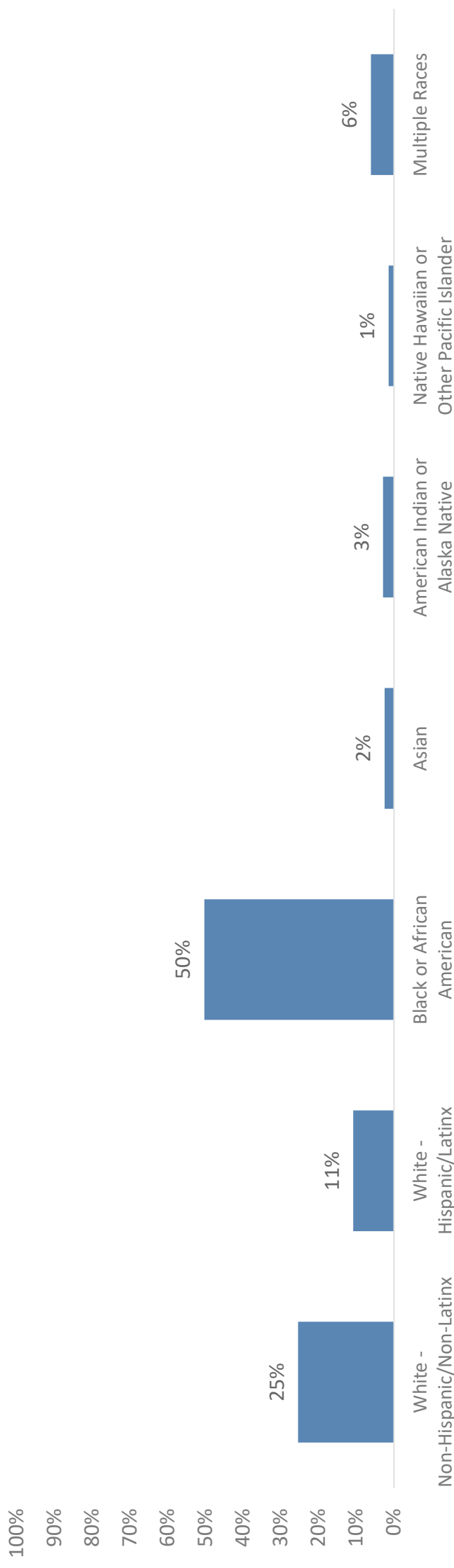
As of 9.30.22





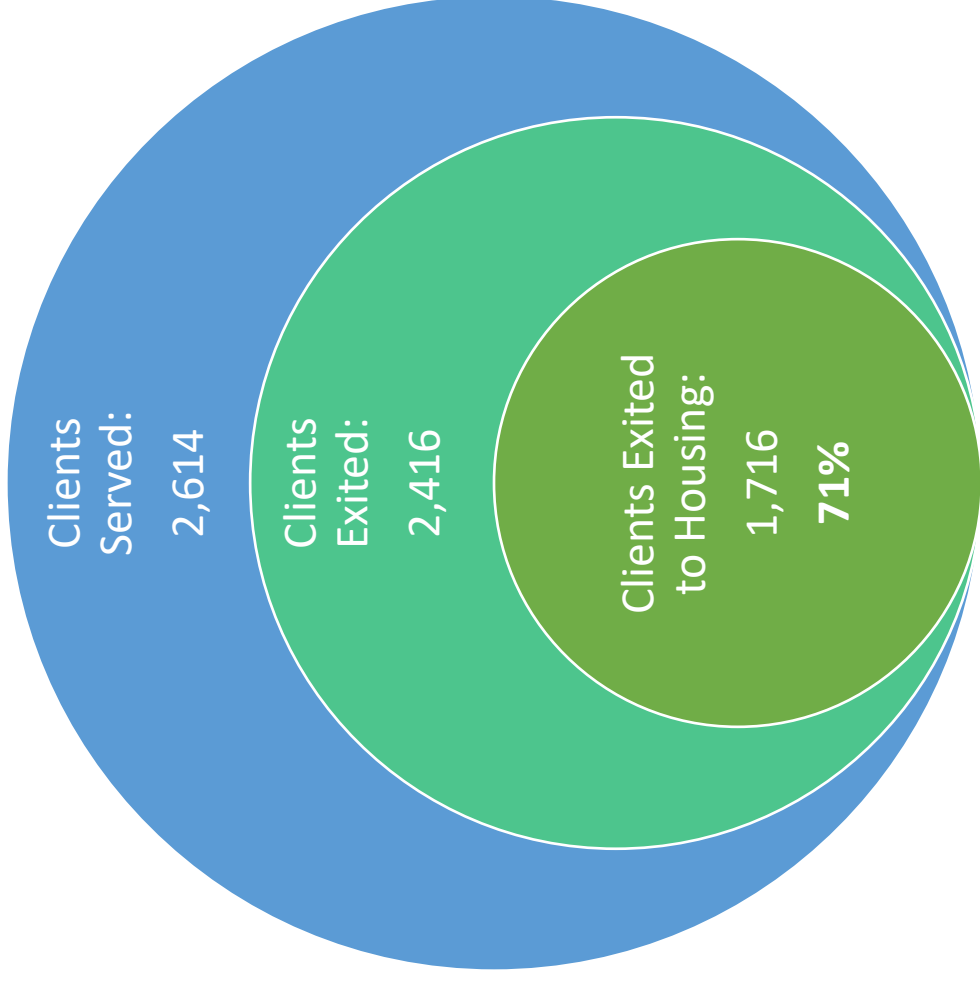
# Safer Ground: Demographics – Combined Race and Ethnicity\*

As of 9.30.22



\*Race category “White” split into mutually exclusive “White – Non-Hispanic/Non-Latinx” and “White – Hispanic/Latinx” based on self-identified Ethnicity

# Safer Ground: Overview of Clients Served 9.30.22



196 current HomeKey residents reflected as exited to housing.



# Homekey

# Homekey

Distributed by CA Dept of Housing and Community Development (HCD)

- Funding allows municipalities to **purchase** and **rehabilitate** hotels, motels, vacant apartment buildings and other properties, and convert them into permanent, long-term housing
- Partnership of
  - General Services Agency, Community Development Agency, and HCSA
- Two county-owned sites transitioning to permanent supportive housing

Comfort Inn (Homekey Site #1)	OakDays (Homekey Site #2)
102 units	138 units
No Place Like Home (NPLH) Round 4 submission	Currently operates 40 Safer Ground shelter rooms for medically fragile clients with complex physical and mental health care needs

# Homekey Award Summary



Dignity Village

Homekey Round	Award Recipient	Project Name	Location	# Units Created
Round 1 Awardees	Alameda County	OakDays/HK #2	Oakland	138
	Alameda County	Comfort Inn/HK #1	Oakland	102
	BACS	Project Reclamation	Oakland	89
	City of Oakland	Oakland Homekey 4	Oakland	21
	City of Oakland	Clifton Hall/Oakland Homekey 1	Oakland	63
Round 2 Awardees	City of Alameda	Dignity Village	City of Alameda	47
	City of Oakland	Piedmont Place	Oakland	45
	City of Oakland	Inn At Coliseum	Oakland	37
	City of Berkeley	Golden Bear Inn	Berkeley	44
	City of Newark	Cedar Community Apartments	Newark	125
<b>TOTAL</b>				<b>711 units</b>

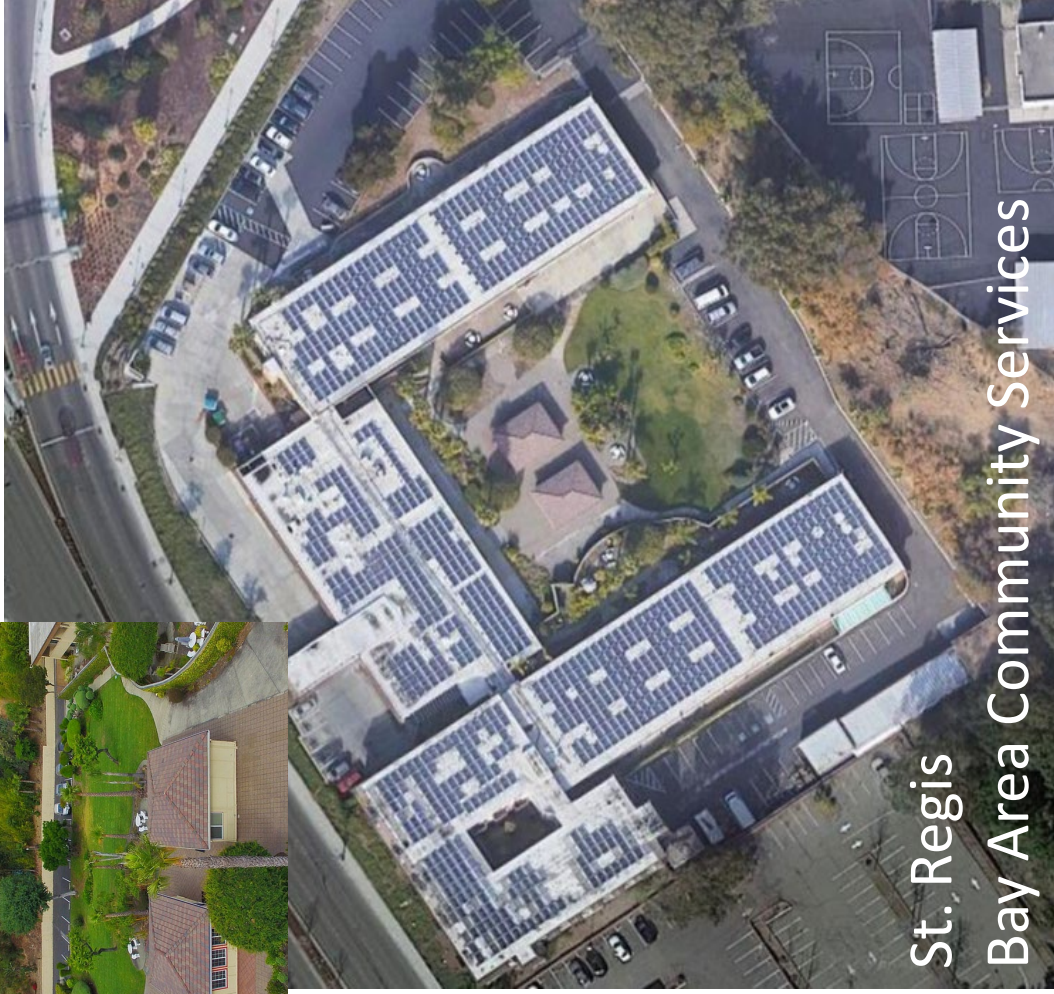
Represents \$140.9 million awarded in Alameda County - 20% of statewide awardees are within Alameda County



# Community Care Expansion (CCE)



# CCE Awardees



## Distributed by State Dept of Social Services

- Focus on acquisition, construction, and rehab of adult and senior care facilities
- includes expansion of permanent housing
- Supporting homeless or at-risk of
- Unprecedented opportunity
- 100% of Bay Area CCE awardees are within Alameda County (\$32M)
- Awards to date represent 300+ units

# CCE Alameda County – Alameda Wellness Center



## Alameda Wellness Center

Alameda Wellness Center  
Adjacent to Crab Cove



# No Place Like Home (NPLH)



# No Place Like Home (NPLH)

Distributed by CA Dept of Housing and Community Development (HCD)

- Enacted in 2016; Funding awarded to developers to support development and operational costs of **permanent supportive housing**
- PSH unit eligibility: **SMI** and experiencing **homelessness**
- County commitment requirement of **20 years of supportive services** available to NPLH unit tenants

NPLH	Projects Funded	Units Funded	Awarded Funding
		Total	
Round 1	9	507	\$42,765,680
Round 2	4	347	\$54,366,789
Round 3	3	202	\$32,000,975
Round 4	6	553	\$65,331,551
<b>Total</b>	<b>22</b>	<b>1,609</b>	<b>\$194,466,995<sup>12</sup></b>

# Newly Leased / Coming Online

- **The Starling Alameda**  
*(formerly Alameda Point Family)*
  - 21 NPLH units
- **Foon Lok West Oakland**
  - 26 NPLH units (Brooklyn Basin)
- **City Center Apartments Fremont**
  - 16 NPLH units
- **Jordan Court Berkeley**
  - 12 NPLH senior units
- **Doug Ford Senior Apartments Fremont**
  - 45 NPLH senior units
  - *Lease-up referrals in process*



# Supportive Housing Learning Collaborative (SCHLA)

# SCHLA

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- MHSA Innovation Project in Alameda County
  - funding to support start-up of new entity
- Form a new non-profit focused on preserving and creating supportive housing for individuals connected to mental health services
- Northern California Community Land Trust serving as an incubation and support agency
- Executive Director hired; Board of Directors formalized
- Starting conversation to explore acquisitions of licensed board and cares
- Stakeholder/focus groups part of organization formation
- Innovations – ownership models, mixed use properties, nonprofit ownership of licensed care homes, specialized property management
- Evaluator selected to measure pilot outcomes

# Thank you

Kerry Abbott, Director

Office of Homeless Care and Coordination

Jeannette Rodriguez, Housing Services Director

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# WE WANT TO HEAR FROM YOU!

Help shape and impact Alameda County's mental health system!



## Community Program Planning Process

for the Alameda County Mental Health Services Act Three-Year Plan FY23/26



MHSA INVITES YOU TO TAKE THE COMMUNITY INPUT SURVEY  
VISIT [WWW.ACMHSA.ORG](http://WWW.ACMHSA.ORG)

SURVEY IS AVAILABLE IN THREE LANGUAGES

English Spanish Chinese

[CLICK HERE TO TAKE THE SURVEY](#)

**Works-Wright, Jamie**

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**From:** kwilliams@byaonline.org  
**Sent:** Wednesday, November 2, 2022 8:32 AM  
**To:** 'Moni Law'; 'Edward Opton'; 'Margaret Fine'; 'Mary-Lee Smith'; Taplin, Terry; Warhuus, Lisa; Works-Wright, Jamie; Berkeley/Albany Mental Health Commission; 'monica jones'  
**Cc:** 'Anatasia Kim'; 'Anu Orebiyi'; 'Eva Adams'; Gingerboswell7@gmail.com; 'Haley Goetting'; Harrison, Kate; 'Héctor Malvido'; 'Lily Mei Kung'; 'Paul Kealoha Blake'; anavasudeo@berkeley.net; 'boona cheema'; maryjcalderonsanchez@gmail.com; minakwilson@gmail.com; Martin Trejo  
**Subject:** RE: Mental Health Resource Guide for Berkeley Youth (Proposal and Request)--BYA FISCAL SUPPORT

**WARNING:** This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Hello,

Thank you for the link to the article. Just a quick note that BYA has committed to offering Fiscal support for this important work.

Please have the youth get in direct contact with Martin Trejo, our Accounting Assistant, who can get them onto our payroll ASAP. He can be reached at [mtrejo@byaonline.org](mailto:mtrejo@byaonline.org) 510-845-9010 ext 213.

In service,

--Kevin

Kevin Williams, JD, MPH (he, him, his)

Executive Director

Berkeley Youth Alternatives

Serving the Bay Area since 1969!

1255 Allston Way

Berkeley, CA. 94702

510-845-9010 (ph)

510-849-1421 (fax)

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**From:** Moni Law <monilaw7@gmail.com>

**Sent:** Thursday, October 27, 2022 6:53 PM

**To:** Edward Opton <eopton1@gmail.com>; Margaret Fine <margaretcarolfine@gmail.com>; Mary-Lee Smith <mkimbersmith@gmail.com>; Taplin, Terry <ttaplin@cityofberkeley.info>; Warhuus, Lisa



<lwarhuus@cityofberkeley.info>; Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>; bamhc@cityofberkeley.info; monica jones <mjberkeleycommissioner18@gmail.com>  
**Cc:** Anatasia Kim <akim@wi.edu>; Anu Orebiyi <aorebiyi@wi.edu>; Eva Adams <adamseva2004@gmail.com>; Gingerboswell7@gmail.com; Haley Goetting <haleygoetting22@gmail.com>; Harrison, Kate <kharrison@cityofberkeley.info>; Héctor Malvido <hectormalvido@gmail.com>; Kevin Williams - BYA <kwilliams@byaonline.org>; Lily Mei Kung <lilymeikung@icloud.com>; Paul Kealoha Blake <vid3699@gmail.com>; anavasudeo@berkeley.net; boona cheema <boonache@aol.com>; maryjcalderonsanchez@gmail.com; minakwilson@gmail.com  
**Subject:** Re: Mental Health Resource Guide for Berkeley Youth (Proposal and Request)

<https://www.berkeleyside.org/2022/07/15/berkeley-high-death-students-mental-health-services-busd>

Here is an article link above featuring the five youth stepping up to move Mental Health to the forefront and into action mode. They are referenced in the 3 page document 'Mental Health Resource Guide for Youth in Berkeley,' a project to complete in 3 months for \$15,000. Your guidance, ideas, recommendations and support are a part of our anticipated success. Please see proposal in separate email attachment.

I'd also like to share my condolences and prayers for Jazy and Angel's mother, siblings and friends for their loss of beautiful souls to inane gun violence. I lost my aunt and cousin to gun violence when they were killed in my grandmother's home in Mississippi.

We must join together in love, peace and healing for our leaders of the future. And assist those who grieve with culturally supportive therapy. Young people deserve all the help that we can provide - now. Urgently.

Sincerely,

Moni T. Law, J.D.

On Thu, Oct 27, 2022 at 6:17 PM Moni Law <[monilaw7@gmail.com](mailto:monilaw7@gmail.com)> wrote:

Greetings Honorable Commissioners and Staff:

I've had the pleasure to work with community members including young leaders in an effort to mobilize resources to young people in urgent need: our youth are suffering and need help now.

With that in mind, a number of people have jumped into a project that has secured willing and eager hands and minds to create.. a Resource Guide to identify mental health issues, locate culturally relevant and accessible services, and share as an educational tool in community settings.

Please consider this attached proposal for any support that you can provide to fund the time that five interns have volunteered (but should be compensated for their labor as a valuable lesson that we teach youth... know your worth and receive it). We also need funding for printing and circulating the guide to groups at the beginning of the year.

As you know, depression is often at an all time high during the holidays. Our youth deserve a life boat to grab onto as they are drifting often deeper into anxiety, grief and depression. We hope that you have concrete and immediate access to resources to enable us to produce a quality product that will help the high school community and all youth and their loved ones in Berkeley. We have some resources for discounted printing, but young leaders should be compensated for their time, and ASL and Spanish interpreters are needed to ensure equity and just, meaningful distribution of the information.

Our team started meeting this Monday at 6pm, and will continue to work on this project with check-ins weekly. Berkeley is a town that usually leads on movements... We need to creatively and productively move forward in prioritizing mental health service delivery to our future.. our young people who need us, and are willing to work to prevent any other friend from ending their life, or other friends suffering grief without therapy after losing family to gun violence.

Sincerely,

Moni T. Law, J.D.  
Chair, Berkeley Community Safety Coalition  
Ad Hoc Coordinator of Mental Health Guide for Youth Project

**Works-Wright, Jamie**

**From:** Specialized Training Services <info@specializedtraining.com>  
**Sent:** Monday, November 7, 2022 10:22 AM  
**To:** Berkeley/Albany Mental Health Commission  
**Subject:** Teen Threat Assessment, Youth Violence Prevention webinar

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## SPECIALIZED Training Services



### Youth Violence Prevention

#### Webinar - last reminder!

- **New perspectives on youth violence prevention, best practices for assessment, management and risk reduction**
- Risk factors for reactive aggression, bullying behavior/targeted violence
- The Salem-Keizer Cascade Model for reducing youth violence
- Behavioral threat assessment with teens
- 20 essential assessment questions

#### ***John van Dreal, M.Ed., Ed.S.***

Noted former school psychologist, school district safety and risk management director, lead author of [Assessing Student Threats](#) and the newly released [Youth Violence Prevention](#) will present an 8-hour webinar. Learn the renowned Salem-Keizer Cascade Model for reducing youth violence!

**Nov. 17-18, 2022:** Noon-4:00pm EST, 11:00-3:00 Central, 9:00 - 1:00 PST. 4 hours per day

[For complete webinar details and to register](#)

## YOUTH VIOLEN PREVENTION



Don't want to click the link? Visit our website at specializedtraining dot com upcoming.



## **Assessment & Management of Violence Risk with Pre-Teens: Using the EARL-V3**

### **Webinar - last reminder!**

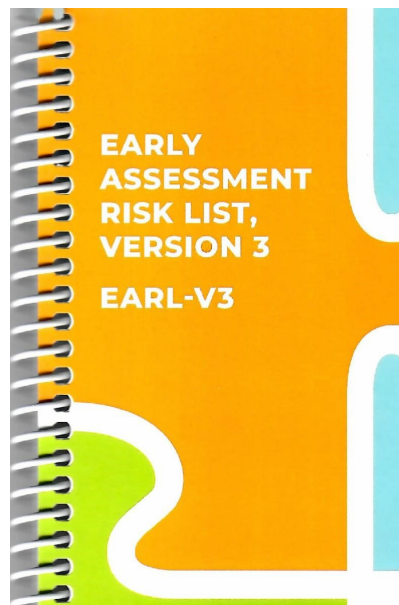
- The EARL, V3: A comprehensive, middle years child assessment tool
- The EARL-V3, 21 risk factors
- Using risk assessment to inform risk management & treatment planning
- S.N.A.P. (Stop Now And Plan) and other successful interventions
- **How to stop today's conduct disordered kids from becoming tomorrow's violent teens.**

### ***Leena Augimeri, PhD***

The award winning, lead author of the [EARL-V3](#) (Early Assessment Risk List), and co-creator of S.N.A.P. (Stop Now And Plan), will present an 8-hour webinar. Learn how today's conduct disordered kids can avoid becoming tomorrow's violent teens. The focus will be on learning the EARL, now in new Version 3!

**Nov. 9-10, 2022:** 12:30-4:30 EST, 11:30-3:30 Central, 9:30-1:30 PST. 4 hours per day

[For complete webinar details and to register](#)



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your licensing board if there is any question as to whether credit from an APA approved provider is valid for your license.

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## *Additional upcoming programs*

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### **Essentials of the Personality Assessment Inventory** **Leslie Morey, PhD**

**December 1-2, 2022: virtual**

**last reminder!**

10 hours of CE, Noon-5pm: EST, 11-4pm: Central Time, 9-2pm: PST

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## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Wednesday, November 2, 2022 8:33 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Mental Health Commission Annual Report

### Internal

Hello Commissioners,

Please see the information below from Edward Opton

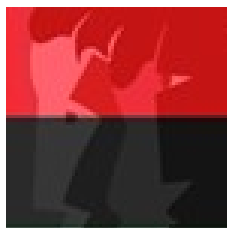
### Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



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**From:** Edward Opton <eopton1@gmail.com>  
**Sent:** Wednesday, November 2, 2022 12:07 AM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** Mental Health Commission Annual Report

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November 1, 2022

I would appreciate it if you would forward the memo below to the members of the Mental Health Commission.

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To: Members, Mental Health Commission  
 From: Edward Opton  
 Date: November 1, 2022  
 Re: Annual Report

Concerning our forthcoming annual report:

It is common for committees, commissions, bureaus, departments, committees, and other groups embedded within bureaucracies of all sorts--governmental, commercial, charitable, and otherwise--to compose annual reports, year after year, that adhere to the rule parodied in the song "Accent-tchu-Ate the Positive." The famed Tin Pan Alley team of Harold Arlen and Johnny Mercer wrote:

"Accentuate the positive, eliminate the negative,  
Catch on to the affirmative,  
Don't mess with Mr. In-between . . . ."

Some members of the Commission may be too young to have resonated to the song's cynical but practical advice when it was first recorded, on October 4, 1944, but all of us most likely have encountered it in more recent years, for example in recordings by Bing Crosby and the Andrews Sisters (1986), Paul McCartney (2012), and Barry Manilow (2014).

[\[en.wikipedia.org/wik/Ac-Cent-Tchu-Ate the Positive.\]](https://en.wikipedia.org/wiki/Ac-Cent-Tchu-Ate_the_Positive)

The Mental Health Commission has followed the "Ac-Cent-tchu-Ate the Positive" path during each of my years on the Commission. This year the Commission should depart from the path of least resistance, for to be taken seriously, the Commission must demonstrate honesty. Its annual self-assessment is the place to begin. If the Commission needs an extension of time to file the report, it can request an extension.

Let us also keep in mind that the application of the Brown Act to commissions, which has been thought by at least one member of the Commission to impose restrictions that hamstring intra-Commission communications, is suspended for the duration of the COVID-19 pandemic. As stated in City Council Resolution No. 69,681-N.S. adopted by unanimous vote on January 19, 2021:

"NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Council hereby temporarily suspends the provisions of the Commissioners' Manual and Resolution No. 69,063-N.S. that require ad hoc subcommittees of City boards and commissions to follow State open meeting procedures . . . ."

**Works-Wright, Jamie**

---

**From:** kwilliams@byaonline.org  
**Sent:** Wednesday, November 2, 2022 8:32 AM  
**To:** 'Moni Law'; 'Edward Opton'; 'Margaret Fine'; 'Mary-Lee Smith'; Taplin, Terry; Warhuus, Lisa; Works-Wright, Jamie; Berkeley/Albany Mental Health Commission; 'monica jones'  
**Cc:** 'Anatasia Kim'; 'Anu Orebiyi'; 'Eva Adams'; Gingerboswell7@gmail.com; 'Haley Goetting'; Harrison, Kate; 'Héctor Malvido'; 'Lily Mei Kung'; 'Paul Kealoha Blake'; anavasudeo@berkeley.net; 'boona cheema'; maryjcalderonsanchez@gmail.com; minakwilson@gmail.com; Martin Trejo  
**Subject:** RE: Mental Health Resource Guide for Berkeley Youth (Proposal and Request)--BYA FISCAL SUPPORT

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Hello,

Thank you for the link to the article. Just a quick note that BYA has committed to offering Fiscal support for this important work.

Please have the youth get in direct contact with Martin Trejo, our Accounting Assistant, who can get them onto our payroll ASAP. He can be reached at [mtrejo@byaonline.org](mailto:mtrejo@byaonline.org) 510-845-9010 ext 213.

In service,

--Kevin

Kevin Williams, JD, MPH (he, him, his)

Executive Director

Berkeley Youth Alternatives

Serving the Bay Area since 1969!

1255 Allston Way

Berkeley, CA. 94702

510-845-9010 (ph)

510-849-1421 (fax)

[www.byaonline.org](http://www.byaonline.org)

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**From:** Moni Law <monilaw7@gmail.com>

**Sent:** Thursday, October 27, 2022 6:53 PM

**To:** Edward Opton <eopton1@gmail.com>; Margaret Fine <margaretcarolfine@gmail.com>; Mary-Lee Smith <mkimbersmith@gmail.com>; Taplin, Terry <ttaplin@cityofberkeley.info>; Warhuus, Lisa



<lwarhuus@cityofberkeley.info>; Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>; bamhc@cityofberkeley.info; monica jones <mjberkeleycommissioner18@gmail.com>  
**Cc:** Anatasia Kim <akim@wi.edu>; Anu Orebiyi <aorebiyi@wi.edu>; Eva Adams <adamseva2004@gmail.com>; Gingerboswell7@gmail.com; Haley Goetting <haleygoetting22@gmail.com>; Harrison, Kate <kharrison@cityofberkeley.info>; Héctor Malvido <hectormalvido@gmail.com>; Kevin Williams - BYA <kwilliams@byaonline.org>; Lily Mei Kung <lilymeikung@icloud.com>; Paul Kealoha Blake <vid3699@gmail.com>; anavasudeo@berkeley.net; boona cheema <boonache@aol.com>; maryjcalderonsanchez@gmail.com; minakwilson@gmail.com  
**Subject:** Re: Mental Health Resource Guide for Berkeley Youth (Proposal and Request)

<https://www.berkeleyside.org/2022/07/15/berkeley-high-death-students-mental-health-services-busd>

Here is an article link above featuring the five youth stepping up to move Mental Health to the forefront and into action mode. They are referenced in the 3 page document 'Mental Health Resource Guide for Youth in Berkeley,' a project to complete in 3 months for \$15,000. Your guidance, ideas, recommendations and support are a part of our anticipated success. Please see proposal in separate email attachment.

I'd also like to share my condolences and prayers for Jazy and Angel's mother, siblings and friends for their loss of beautiful souls to inane gun violence. I lost my aunt and cousin to gun violence when they were killed in my grandmother's home in Mississippi.

We must join together in love, peace and healing for our leaders of the future. And assist those who grieve with culturally supportive therapy. Young people deserve all the help that we can provide - now. Urgently.

Sincerely,

Moni T. Law, J.D.

On Thu, Oct 27, 2022 at 6:17 PM Moni Law <[monilaw7@gmail.com](mailto:monilaw7@gmail.com)> wrote:

Greetings Honorable Commissioners and Staff:

I've had the pleasure to work with community members including young leaders in an effort to mobilize resources to young people in urgent need: our youth are suffering and need help now.

With that in mind, a number of people have jumped into a project that has secured willing and eager hands and minds to create.. a Resource Guide to identify mental health issues, locate culturally relevant and accessible services, and share as an educational tool in community settings.

Please consider this attached proposal for any support that you can provide to fund the time that five interns have volunteered (but should be compensated for their labor as a valuable lesson that we teach youth... know your worth and receive it). We also need funding for printing and circulating the guide to groups at the beginning of the year.

As you know, depression is often at an all time high during the holidays. Our youth deserve a life boat to grab onto as they are drifting often deeper into anxiety, grief and depression. We hope that you have concrete and immediate access to resources to enable us to produce a quality product that will help the high school community and all youth and their loved ones in Berkeley. We have some resources for discounted printing, but young leaders should be compensated for their time, and ASL and Spanish interpreters are needed to ensure equity and just, meaningful distribution of the information.

Our team started meeting this Monday at 6pm, and will continue to work on this project with check-ins weekly. Berkeley is a town that usually leads on movements... We need to creatively and productively move forward in prioritizing mental health service delivery to our future.. our young people who need us, and are willing to work to prevent any other friend from ending their life, or other friends suffering grief without therapy after losing family to gun violence.

Sincerely,

Moni T. Law, J.D.  
Chair, Berkeley Community Safety Coalition  
Ad Hoc Coordinator of Mental Health Guide for Youth Project