



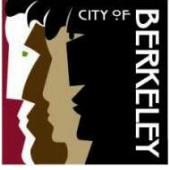
Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: January 19, 2021

Documents Pertaining to 1/28/21 Agenda items:

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3.	Prioritized Dispatch for Re-Imagining Public Safety Presentation by Fire Chief Dave Brannigan	
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4.	Mental Health Vacancies – Review MHC Membership Grid	23
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10.	Mental Health Manager Updates	
	a. MHC report 1.14.20	31
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Email Correspondence	<ul style="list-style-type: none"> Memo – ACMHA board retreat 1.23.21 Attachment: 2021-1-23 MHAB retreat agenda Memo-Alameda County MH Advisory Board – CJ Mtg. Jan 20th Attachment: 2021 MHAB CJ Agenda Attachment: MHAB CJC meeting min. 11-18-2020 Attachment: Homeless Parolee charged police shooting Memo – Link please share with board/commission members & staff Memo – Discussion items for the BAMHC Memo – Confirmation of next meeting Memo – Reminder: Agenda Items for January 28, 2021 	35 36 37 38 39 44 48 49 51 52

	<ul style="list-style-type: none">• Attachment – Timeline for Agenda and Packet• Memo – Please forward to the MHC commission• Memo – CALBHB/C statewide meeting and trainings – register now• Memo – FW: CALBHB/C December E-Update please share• Memo – CALBHB/C December E- Update• Memo – Discussion items for the BAMHC – David Brannigan	53 54 59 61 62 67
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Health, Housing & Community
Service Department
Mental Health Commission

Berkeley/ Albany Mental Health Commission

Regular Meeting
Thursday, January 28, 2021

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

Zoom meeting <https://zoom.us/j/96361748103>

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

To access the meeting remotely: Join from a PC, Mac, and iPad, iPhone or Android device: Please use the URL: <https://zoom.us/j/96361748103>. 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 963 6174 8103. If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.

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

All agenda items are for discussion and possible action

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

AGENDA

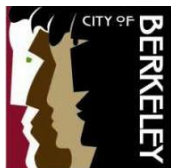
7:00pm

1. Roll Call

2. Preliminary Matters

- a. Action Item: Agenda Approval
- b. Public Comment
- c. Action Item: Approval of the October 22, 2020 minutes
- d. Action Item: Approval of the December 3, 2020 Minutes

A Vibrant and Healthy Berkeley for All
Office: 1521 University • Berkeley, CA 94703 • (510) 981-7721
(510) 486-8014 FAX • bamhc@cityofberkeley.info



Health, Housing & Community
Service Department
Mental Health Commission

3. **Prioritized Dispatch for Re-Imagining Public Safety Presentation by Fire Chief Dave Brannigan**
4. **Mental Health Vacancies – Review MHC membership grid**
5. **Interview and vote on the nomination of Javonna Blanton on the Mental Health Commission**
6. **Interview and vote on the nomination of boona cheema on the Mental Health Commission**
7. **Re-nominate Paul Kealoha-Blake as a commissioner on Mental Health Commission**
8. **Discussion of the election for the offices of Chair and Vice Chair**
9. **Special Care Unit update – Lisa Warhuus**
10. **Mental Health Commission to appoint one of its members to the Re-Imagining Public Safety**
11. **Elect representative to the Reimagining Public Safety Task Force from the Mental Health Commission (City Council announced in 12/20)**
12. **Mental Health Manager Updates- Steve Grolnic-McClurg**
 - a. Caseload Statistics from Mental Health Division
13. **Federal Funding for Mental Health First Responders**
14. **Discussion and Possible Action on Subcommittee Reports**
 - a. **Work Plan report**
 - i. **Discussion of priority areas presentation by boona Cheema**
15. **Prioritize Agenda Items for February Meeting**
16. **Adjournment**

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



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

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

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



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

SB 343 Disclaimer

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



Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission Un Adopted Minutes

7:00pm
Zoom Webinar

Regular Meeting
October 22, 2020

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

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

1. Call to Order at 7:04pm

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

2. Preliminary Matters

A. Approval of the October 22, 2020 Agenda

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

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

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

C. Approval of the September 24, 2020 Minutes

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

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

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

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

b) Update of RFP Process – No Motion

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

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

PASSED

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

4. **Current efforts to meet the Emergency Mental Health need of Berkeley residents**
 - A. **Staffing/ hiring – No Motion**
 - B. **Access to Service – No Motion**
 - C. **Outreach – No Motion**
5. **Discussion and Possible Action on Subcommittee Reports**
 - A. **Mobile Crisis Subcommittee Report – No report**
6. **Prioritize Agenda Items of December Meeting - Tabled**
7. **Adjournment – 9:03pm**
M/S/C (Davila, Opton) Motion to adjourn the meeting – PASSED
Ayes: Hawkins, Davila, Opton, Prichett **Noes:** None; **Abstentions:** None; **Absent:** Moore, Kealoha-Blake

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



Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission Draft Minutes

7:00pm
Zoom Webinar

Regular Meeting
December 3, 2020

Members of the Public Present: Russell Bates, Wendy A, Kim Nemiro, Jeff Davis, Kelly Hammargren, Carole Marasovi, Andrew Phelps

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

1) Call to Order at 7:04pm

Commissioners Present: boona cheema, Cheryl Davila, Margaret Fine, Paul Kealoha-Blake, Maria Moore, Edward Opton, Andrea Prichett **Absent:** Ann Hawkins

2) Preliminary Matters

a) Approval of the December 3, 2020 Agenda

M/S/C (Kealoha-Blake, Davila) Motion to approve the December 3, 2020 Agenda– PASSED

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

b) Public Comment – 3 comments: Kim Nemirow, Russell Bates, Andrew Phelps

c) Approval of the October 22, 2020 Minutes

M/S/C (Prichett- Chair) Motion to approve the October 22, 2020 minutes
Suspend the vote and we can complete the roll call after the next agenda item.

3) Discussion and vote to establish the Mental Health Commission 2021 Calendar for regular meetings.

M/S/C (Fine, cheema) Motion that we amend the calendar as it stands now from December 23, 2021 to December 16, 2021.

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

a) Motion that we amend the calendar as it stands now from December 23, 2021 to December 16, 2021

Following the motion the Chair, Andrea Prichett, re-capped and summarized the motion to accept the calendar as it stands –

4) Reports:

a) **SCU RFP: Update on consultant hiring. Timeline of our work with them - Presentation by Dr. Lisa Warhuus –**

A Straw poll was created to have representatives from the Mental Health Commission to be on the steering committee of the Specialized Care Unit, interested commissioners were Paul Kealoha-Blake, Margaret Fine and Andrea Prichett. The vote was Kealoha-Blake (7) Fine (6) and Prichett (5)

M/S/C/ (boona, Opton) Motion to have Margaret Fine and Paul Kealoha-Blake to be the two representatives from the Berkeley Mental Health Commission to the steering committee in Lisa Warhuus office on the SCU.

PASSED

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

b) **City Auditor update on data analysis and mental health calls – Tabled – Keep on agenda for next month**c) **COB “Re-imagining Community Safety Project” – No action taken**5) **Mental Health Manager Updates – Steven Grolnic-McClurg**a) **Caseload Statistics from Mental Health Division**

M/S/C/ (Davila, Kealoha-Blake) Motion to write a letter to Berkley City Council to direct the city manager to expedite the 29 vacancy positions with an emphasis that the vast majority that utilize no city general funds that are funded by state and federally funded.

PASSED

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

❖ **M/S/C (Davila, Opton) *Motion to extend the meeting for 10 minutes to 9:10**

PASSED

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

6) **Understanding the “Footprint” of policing**a) **Consider ways in which the MHC can examine the "footprint" that policing leaves in our community including:**

- i) Mental health implications of policing as a response to calls for help on adults
- ii) Mental health impacts on children of witnessing uses of force and militarized response by police
- iii) Consider sponsoring art contests, essays, videos or host Zoom hearings about it.

7) **Work Plan for 2021**a) **Relative to goals/goal setting**

- i) Educational program (Emotional -CPR, peer outreach, etc)
- ii) Addressing drug and alcohol recovery
- iii) Encampment access to service

b) **Relative to SCU and Re-imagining: Clarify what we are able to work on**c) **Creating a process for planning**

M/S/C (Fine, Davila) Motion to establish a work plan 2021 sub-committee for the Mental Health Commission

PASSED

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

Abstentions: None; **Absent:** Hawkins

8) **Federal Funding for Mental Health First Responders – Revisit item for next month**

9) **Discussion and Possible Action on Subcommittee Reports**

No subcommittee reports

10) **Prioritize Agenda Items of January Meeting – Request that the work plan will be a priority - No motion made**

11) **Adjournment – 9:10pm**

M/S/C (Davila, Fine) Motion to adjourn the meeting –

PASSED

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

Abstentions: None; **Absent:** Hawkins

Minutes submitted by: _____

Jamie Works-Wright, Commission Secretary

Public Safety Re-Imagining

Prioritized Dispatch

Overview

- Background
- Staff work
- Options for Systems
- Next Steps
- Questions and Answers

Overview

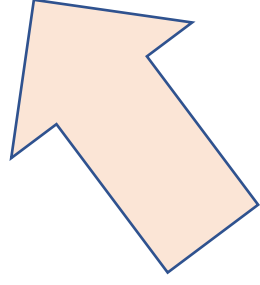
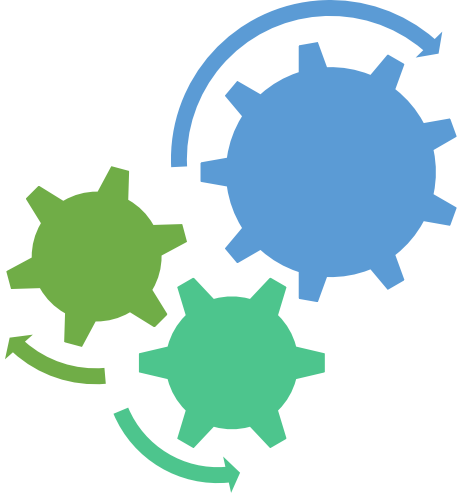
Project Overview

To determine the most efficient, safe, and effective access to and dispatch of resources to calls for service received by the public safety communications dispatch center in the City of Berkeley.

Work Product

A multi-year plan that utilized best-practice research, community, and staff engagement, to determine employee training, certifications, physical plant, technology, budget, and personnel needs to implement priority dispatching. The implementation timeline will consist of short-term and long-term milestones.

Background



Vision for the Future

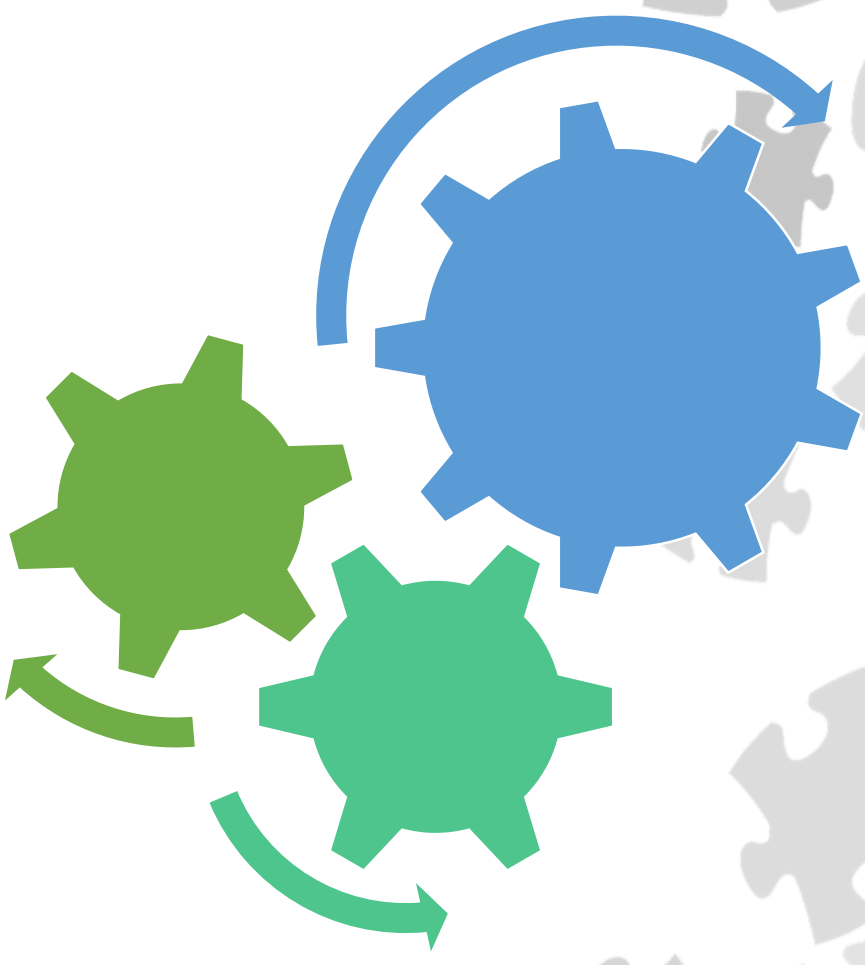
- Highly trained and specialized Police, Fire, and EMS dispatch services
- Right resources sent to the appropriate calls for service
- All calls handled internally

What We Do Now

- Unified Police & Fire communication center
- Worst case scenario resources sent to calls for service
- Calls transferred to Alameda County for medical instructions

Background – Why?

- Contractual obligation
- Best practice
- Right resource to the right call
- Gain efficiencies



Stakeholders

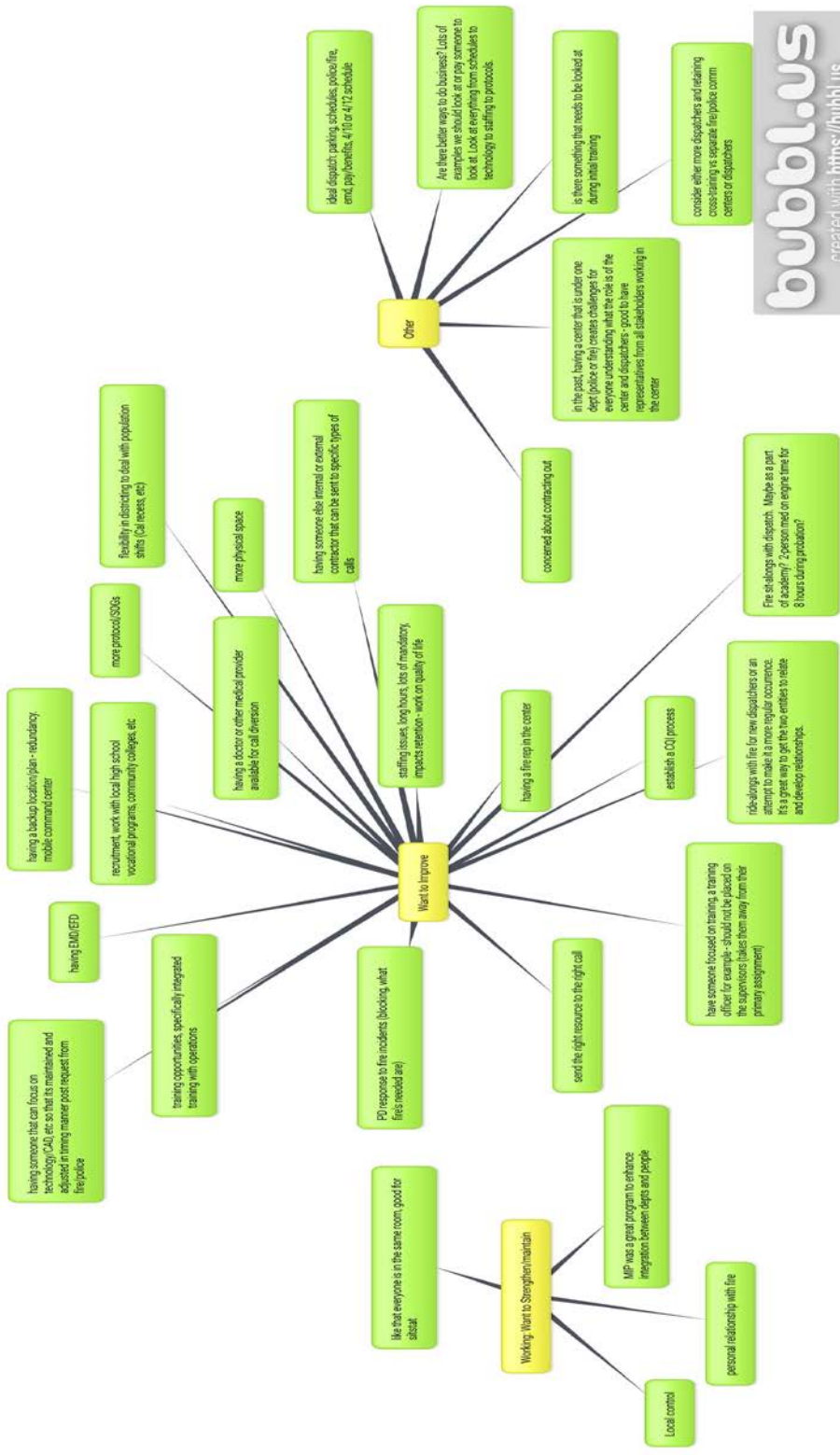
Alameda County EMS Agency
Alameda County Regional Emergency
Communication Center (ACRECC)
Falck Ambulance Company
SEIU
BFFA
BPA
University of California PD Dispatch
BART PD
Albany/Piedmont/EBRPD

City Council
City Auditor
Re-imagining Public Safety Task Force
Police Review Commission
Mental Health Commission
Disaster and Fire Safety Commission

Dispatchers
Police
Fire/EMS
Berkeley Mental Health
Public Works
Information Technology
311

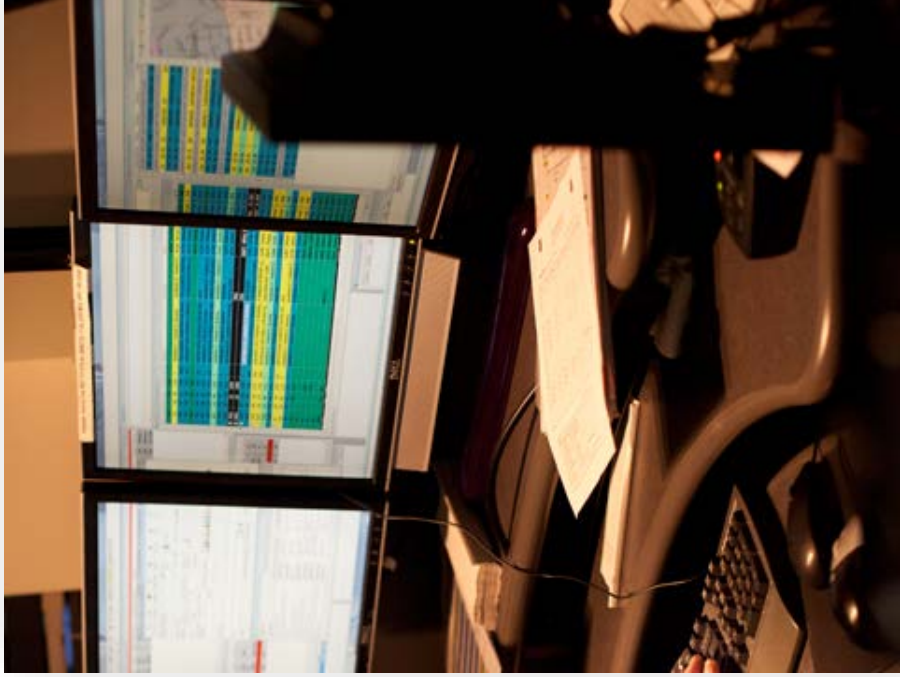
Staff Work

- Initial research
- Audit
- Advocacy
- Focus Groups



Implementation Needs

Leadership
Development



Training



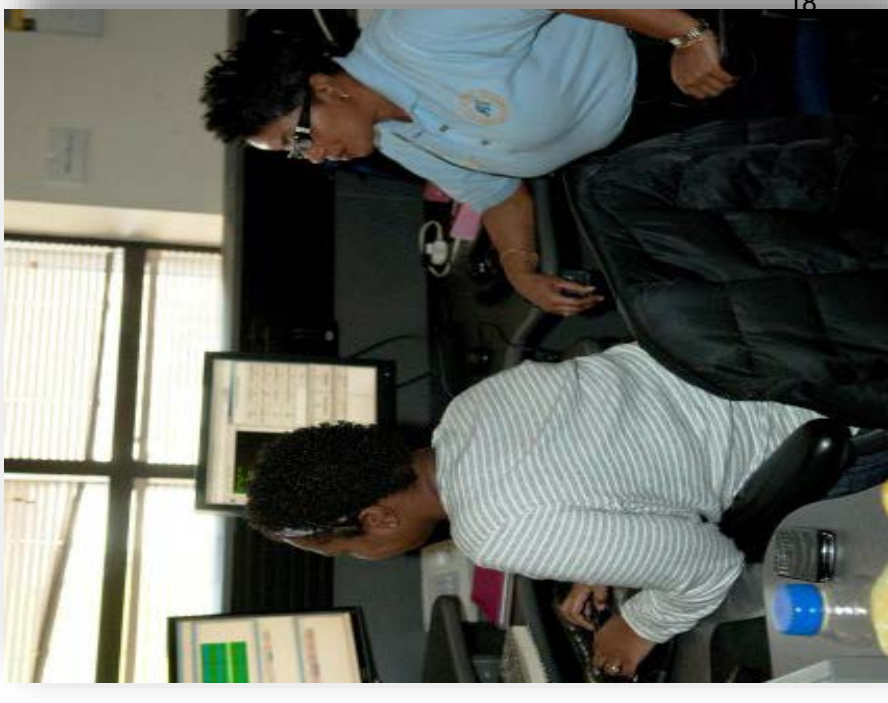
Facility Enhancements

- Short-term modifications
- Technology upgrades
- Substantial facility improvements



Leadership & Management

- Continuous Quality Improvement
- Fire/EMS Representative
- Supervisor Training



Training



Staff to identify trends



Staff to coordinate



Funding for dispatchers
to attend training



Options for Systems

<i>Model Considered</i>	<i>Pros</i>	<i>Cons</i>
Current Model	Simplicity, easier staffing	Inefficient, delays for callers, expensive resources sent to calls
Medical Priority Dispatch System	Standard system, used by neighboring agencies	Expensive licensing, inflexible, heavily scripted
Criteria Based Dispatch	Affordable, flexible, trusts well trained dispatchers	Non-standard, not used by neighboring agencies
Call Diversion [Telemedicine/NP or MD Staffing]	Medical professionals work with callers, advise and re-direct patients to appropriate care	Expensive, resource intensive

Timeline

Activity	Timeframe
Initial focus group meetings with Berkeley staff.	Sept. – Nov. 1
Consideration of intersection of Re-Imagining Public Safety and Measure FF	Nov. 1 – Dec. 1
Additional focus groups with staff and stakeholders to formalize plan.	Dec. 1 – Feb. 1
Identify budget needs and make budget recommendations	Dec. 15 – February 28
Complete an interim project report	February 28
Present project and projected budget to City Council	March 2021
Prepare implementation for FY22	March 1 – June 30
RFP for Project Manager	March 1 – May 1
Project Implementation	July 2021- June 2022
Re-evaluation and budget recommendations for FY23 & FY24	June 2022

Questions?



Mental Health Commission Membership Grid
1/19/2021

Berkeley Special Interest	Name	Applicant
Consumer		
1	1) Ann Hawkins	
2	2)	<i>Jovanna Blanton</i>
3	3)	
Family		
1	4) <i>Maria Moore</i>	
2	5)	<i>Boona Cheema</i>
3	6)	
Albany Special Interest		
Consumer OR Family		
1	7)	
Berkeley General Interest		
1	8) Paul Kealoha-Blake	
2	9) Andrea Pritchett	
3	10) Edward Opton	
4	11) Margaret Fine	
Albany General Interest		
1	12)	
Berkeley Mayor Appointee		
1	13)	

Current Number of Commission Members: 6

Current Number of Commission Openings: 7 (2 waiting for council approval)*

Areas of Commission Openings:

- Berkeley Special Interest: 4
- Berkeley General Interest: 0
- Albany Special/General Interest: 2

Applicant's Name _____

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



APPLICATION FOR APPOINTMENT TO
BERKLEY/ALBANY MENTAL HEALTH COMMISSION

CITY OF BERKELEY
CITY CLERK DEPT

NOV 30 PM 2:53

Name: Javonna Blanton

Residence Address: 2175 Kittredge St. # 604 Berk. CA 94704
Street City Zip

Business Name/Address: Javonna Sherree Blanton
same as above
Street City Zip

Occupation/Profession: CONSIGNOR

Business Phone: 510.388.7400 Home Phone: same

Email address: js_banton@yahoo.com

Employer's Name: Javonna Blanton

Name of Spouse's Employer: na

(Please note that pursuant to Welfare and Institutions Code Section 5604(d), no member of the City of Berkeley's Mental Health Commission or his or her spouse may be: (a) a full or part time employee of City of Berkeley's mental health division, (b) a full or part time county employee of a county mental health service, (c) an employee of the California Department of Health Care Services, or (d) an employee of, or paid member of the governing body of, a mental health contract agency. If you are unsure whether your employment or your spouse's employment falls within this restriction and are interested in applying for the Commission, please contact the Commission Secretary.)

The following individuals are qualified to comment on my capabilities:

NAME	ADDRESS	PHONE NO.
Barbara Fort	187 Columbine Dr. Hercules, CA	510.235.5871
Jessica Garrett	1124 Evelyn Ave. Albany, CA	510.393.0647
Alicia Butler	1618 62nd St. Berk. CA 94703	510.879.2160 867.8349

The City of Berkeley's Conflict of Interest Code requires members of all City of Berkeley Commissions except the Youth Commission and Commission on Status of Women to file Statements of Economic Interests - FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk's Department at 981-6900, or visit our website at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=4176>.

**APPLICATION FOR APPOINTMENT TO
BERKLEY/ALBANY MENTAL HEALTH COMMISSION**

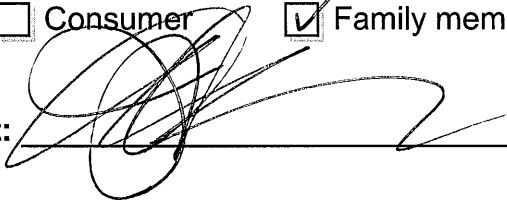
Name: Javonna Blanton

I have been a resident of Berkeley Albany since: April 2009
(circle one)

I qualify for appointment under the following:

- Representative of General Public Interest who shall be persons representing a broad range of disciplines, professions, and fields of knowledge.
- Representative of Special Public Interest who shall be consumers who are receiving or have received mental health services or family members (parents, spouses, siblings, or adult children) of consumers. *Please indicate at least one:*

Consumer Family member

Signature of Applicant:  Date: 11.30.20

AFFIDAVIT OF RESIDENCY*

I, Javonna Blanton, hereby declare, under penalty of perjury, that I am a resident of the City of Berkeley. I understand that, with the exception of a temporary relocation outside of Berkeley not to exceed six months, I may no longer serve on a Berkeley Commission should this cease to be true.

Signature of Applicant:  Date: 11.30.20

*Not required for Albany Residents

DEMOGRAPHIC SURVEY (Optional):

Please indicate gender: Male Female Nonbinary Prefer not to say

Please indicate whether you are currently a student: Yes No

Please indicate the racial / ethnic category which you most closely identify with below

(response optional - please check only one category):

- WHITE** (Not of Hispanic origin.): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK** (Not of Hispanic origin.): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- ASIAN / PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
- AMERICAN INDIAN / ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify the tribe which you are affiliated with.
- OTHER / BI-RACIAL**: Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins.

**APPLICATION FOR APPOINTMENT TO
BERKLEY/ALBANY MENTAL HEALTH COMMISSION**

**Supplemental Questionnaire
Berkeley/Albany Mental Health Commission**

In addition to completing the application form, candidates are requested to provide the following information to assist the Mental Health Commission in their process to recommend applicants for appointment by Berkeley City Council. Please use an additional sheet if necessary.

1. Please explain why you are interested serving on the Berkeley/Albany Mental Health Commission.

I would like to learn and support mental health challenges in Berkeley. I've observed a lot of homelessness and mental health crisis in the community & I'd like to

2. Are you involved in other community activities? If so, which ones?

Due to COVID-19 I am currently inactive in person. Before COVID I was active w/ my church & children's communities. I'd like to be a part of the solution.

3. What, in your opinion, are the most important mental health issues in Berkeley and/or Albany?

Getting an understanding about mental health and how to handle/approach it when I see it personally, when I see law enforcement school activities.

4. What do you recommend doing about them?

Whichever models/examples are working in other similar/same communities, repeat. interacting w/ the comm.

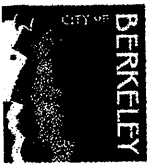
5. It is important that Berkeley Mental Health be responsive to the needs of our culturally diverse community. What knowledge and experience do you have that could help provide insight on how to make Berkeley Mental Health even more inclusive of under-served communities?

I have had my own mental health challenges due to divorce & post-partum depression; I'm able to bring personal experiences.

6. What unique contributions (work experience, education, attributes and training) do you have to make to the Mental Health Commission?

I have a background in education, I have written my memoir (based on trauma), I've attended recovery programs in the past.

Return this form to the City Clerk Department: 2180 Milvia Street, Berkeley, 94704



APPLICATION FOR APPOINTMENT TO
BERKLEY/ALBANY MENTAL HEALTH COMMISSION

RECEIVED²⁸

JAN 13 2021

CITY OF BERKELEY
CITY CLERK DEPARTMENT

Name: boona cheema

Residence Address: 1208 Pevatta Av. Berkeley 94706
Street City Zip

Business Name/Address: _____
Street City Zip

Occupation/Profession: Retired

Business Phone: 510 Home Phone: 510-883-4082

Email address: boonache@aol.com

Employer's Name: NA

Name of Spouse's Employer: NA

(Please note that pursuant to Welfare and Institutions Code Section 5604(d), no member of the City of Berkeley's Mental Health Commission or his or her spouse may be: (a) a full or part time employee of City of Berkeley's mental health division, (b) a full or part time county employee of a county mental health service, (c) an employee of the California Department of Health Care Services, or (d) an employee of, or paid member of the governing body of, a mental health contract agency. If you are unsure whether your employment or your spouse's employment falls within this restriction and are interested in applying for the Commission, please contact the Commission Secretary.)

The following individuals are qualified to comment on my capabilities:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
<u>Keith Carson</u>	<u>1721 Oak St. Oakland</u>	<u>272-66</u>
<u>Dr. Lisa Washess</u>	<u>2180 Milvia</u>	
<u>Dee Williams</u>	<u>2180 Milvia, Berkeley</u>	<u>981-7000</u>

The City of Berkeley's Conflict of Interest Code requires members of all City of Berkeley Commissions except the Youth Commission and Commission on Status of Women to file Statements of Economic Interests – FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk's Department at 981-6900, or visit our website at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=4176>.

**APPLICATION FOR APPOINTMENT TO
BERKLEY/ALBANY MENTAL HEALTH COMMISSION**

**Supplemental Questionnaire
Berkeley/Albany Mental Health Commission**

In addition to completing the application form, candidates are requested to provide the following information to assist the Mental Health Commission in their process to recommend applicants for appointment by Berkeley City Council. Please use an additional sheet if necessary.

1. Please explain why you are interested serving on the Berkeley/Albany Mental Health Commission. I have served Berkeley in my role as a non profit leader. I am a consumer as well as a family member. The mental health of the residents of Berkeley is ~~the~~ critical and needs attention.

2. Are you involved in other community activities? If so, which ones?
I am a founding member of Berkeley Community Safety coalition with expertise in Mental Health, Housing and Public Health.

3. What, in your opinion, are the most important mental health issues in Berkeley and/or Albany?

- ① M.H. Stabilization of our unhoused community.
② Suicide -- better tracking. mental on series.
③ ~~Doing~~ BMH needs to evaluate their services & create a work plan

4. What do you recommend doing about them?
M.H. Outreach to encampments, shelters and other places where our unhoused inhabit.
Community Involvement & education

5. It is important that Berkeley Mental Health be responsive to the needs of our culturally diverse community. What knowledge and experience do you have that could help provide insight on how to make Berkeley Mental Health even more inclusive of under-served communities?

I am from South Asia. Lived in Vietnam, worked with our Black population for 45 years. ~~Now~~ I am comfortable in all situations. including outreach strategically into

6. What unique contributions (work experience, education, attributes and training) do you have to make to the Mental Health Commission? I am focused under served population

Master in Divinity
Master in Journalism
Ministerial experience

big client to articulate community organizer Experienced Executive

Return this form to the City Clerk Department: 2180 Milvia Street, Berkeley, 94704

**APPLICATION FOR APPOINTMENT TO
BERKLEY/ALBANY MENTAL HEALTH COMMISSION**

Name: boone

I have been a resident of: Berkeley / Albany since: 1971
(circle one)

I qualify for appointment under the following:

- Representative of General Public Interest who shall be persons representing a broad range of disciplines, professions, and fields of knowledge.
- Representative of Special Public Interest who shall be consumers who are receiving or have received mental health services or family members (parents, spouses, siblings, or adult children) of consumers. Please indicate at least one:

Consumer Family member

Signature of Applicant: boone cheung Date: 1/11/2021

AFFIDAVIT OF RESIDENCY*

I, boone cheung, hereby declare, under penalty of perjury, that I am a resident of the City of Berkeley. I understand that, with the exception of a temporary relocation outside of Berkeley to exceed six months, I may no longer serve on a Berkeley Commission should this cease to be true.

Signature of Applicant: boone cheung Date: 1/11/2021

*Not required for Albany Residents

DEMOGRAPHIC SURVEY (Optional):

Please indicate gender: Male Female Nonbinary Prefer not to say

Please indicate whether you are currently a student: Yes No

Please indicate the racial / ethnic category which you most closely identify with below

(response optional - please check only one category):

- WHITE** (Not of Hispanic origin.): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK** (Not of Hispanic origin.): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- ASIAN / PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
- AMERICAN INDIAN / ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify the tribe which you are affiliated with.
- OTHER / BI-RACIAL:** Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins.



Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Mental Health Commission
From: Steven Grolnic-McClurg, Mental Health Division Manager
Date: January 4th, 2020
Subject: Mental Health Manager Report

Mental Health Services Report

Please find attached the report on Mental Health Services for December, 2020. In the report, there is a new column, "Average Monthly System Cost Last 12 Months." This column reflects the average cost for a client in this program to the Mental Health System in total – this includes costs charged to Alameda County by the City of Berkeley program, other programs in the Alameda County Behavioral Healthcare System, subacute residential placements, hospitalizations, and jail mental health services. While still not comprehensive of all costs, this data hopefully comes closer to reflecting the overall costs of services for clients in each program.

A Vibrant and Healthy Berkeley for All

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

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 2021 Demographics as of Jan 2021
Adult, Older Adult and TAY Full Service Partnership (FSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	6 Clinicians 1 Team Lead	71	\$5,092	72 Clients API: 2 Black or African-American: 19 Hispanic or Latino: 5 Other/Unknown: 30 White: 18 Male: 47 Female: 5
Adult FSP Psychiatry	1-100	.5 FTE	65		
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	1-20	9 Clinicians 1 Manager	166	\$2,157	173 Clients API: 4 Black or African-American: 51 Hispanic or Latino: 10 Other/Unknown: 69 White: 39 Male: 85 Female: 88
CCT Psychiatry	1-200	.75	142		
Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1 Clinical Supervisor, 1 Licensed Clinician, 1 CHW Sp./ Non- Degreed Clinical	99	\$978	96 Clients API: 3 Black or African American: 26 Hispanic or Latino: 2 Other/Unknown: 31 White: 34 Male: 59 Female: 39
FIT Psychiatry	1-200	.25	91		

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 2020 Demographics as of October, 2020
Children's Full Service Partnership	1-8	1.5 Clinical 1.0 Clinical Vacant	8	\$5,113	15 Clients API: 0 Black or African-American: 6 Hispanic or Latino: 1 Other/Unknown: 6 White: 2 Male: 11 Female: 4
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2.5 Clinical	53	\$1,757	76 Clients American Indian: 1 API: 1 Black or African-American: 26 Hispanic or Latino: 17 Other/Unknown: 10 White: 21 Male: 45 Female: 31
High School Health Center and Berkeley Technological Academy (Note: school not in session)	1-6 Clinician (majority of time spent on crisis counseling)	2.5	Treatment: 31 Groups: 0 offered, 0 conducted Referrals: 12 Warm Line: 4		N/A

Crisis, ACCESS, and Homeless Services	Staff Ration	Clinical Staff Positions Filled	Total # of Clients/Incidents
Mobile Crisis	N/A	2 Clinician filled at this time	<ul style="list-style-type: none"> • 111 Incidents • 33 5150 Evals • 8 5150 Evals leading to involuntary transport
Transitional Outreach Team (TOT)	N/A	1 Licensed Clinician, 1 Case Manager (both often reassigned due to staffing needs in other units)	87 Incidents
Community Assessment Team (ACCESS)	N/A	1 Team Lead, 1 Clinician, 1 Non-Degreed Clinical	79 Incidents

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

*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.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, January 15, 2021 6:02 PM
To: Works-Wright, Jamie
Subject: FW: Alameda County Mental Health Advisory Board Retreat - Saturday, January 23rd, 10 am - 2 pm
Attachments: 2021-1-23 MHAB Retreat Agenda - Draft.pdf

Please see the email and attachment

From: MHB Communications, ACBH [mailto:ACBH.MHBCommunications@acgov.org]
Sent: Friday, January 15, 2021 5:14 PM
Subject: Alameda County Mental Health Advisory Board Retreat - Saturday, January 23rd, 10 am - 2 pm

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

Hello,

Please join us for the upcoming **Alameda County Mental Health Advisory Board Retreat** scheduled for **Saturday, January 23rd from 10 am – 2pm**. Attached is the **draft agenda**. The retreat will be held virtually. Additional teleconferencing information will be provided next week.

We hope you can join us.

Alameda County Mental Health Advisory Board



Alameda County
Mental Health Advisory Board

Mental Health Advisory Board *Retreat* Agenda ³⁶

Saturday, January 23, 2021 ♦ 10:00 AM – 2:00 PM

This will be a virtual event
Link forthcoming

MHAB Members:	Lee Davis (<i>Chair, District 5</i>)	Linda Ramus (<i>District 2</i>)	Ashlee Jemmott (<i>District 3</i>)
	L.D. Louis (<i>Vice Chair, District 4</i>)	Neil Penn (<i>District 2</i>)	Brian Bloom (<i>District 4</i>)
	Marsha McInnis (<i>District 1</i>)	Loren Farrar (<i>District 3</i>)	Juliet Leftwich (<i>District 5</i>)
	Tamika Greenwood (<i>District 2</i>)	Warren Cushman (<i>District 3</i>)	Vanessa Cedeño (<i>BOS Rep., District 3</i>)

Committees
Adult Committee Marsha McInnis, Chair
Children’s Advisory Committee L.D. Louis, Chair
Criminal Justice Committee Brian Bloom, Co-Chair Juliet Leftwich, Co-Chair
Quality Improvement Committee Jessie C. Slafter
MHSA Stakeholders Committee L.D. Louis
Measure A Oversight Committee Vacant

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.

Time	Item	Facilitator	Notes
10:00 am - 10:10 am	Welcome and Introductions	Lee Davis, MHAB Chair	
10:10 am -10:20 am	Context Setting	L.D. Louis, MHAB Vice Chair	
10:20 am - 10:35 am	Ice Breaker	Lee Davis	
10:35 am - 10:50 am	Local Priorities	Vanessa Cedeño, BOS Rep., District 3	
10:50 am - 11:05 am	Role of MHB in Oversight and Monitoring	Theresa Comstock, CALBHB/C Executive Director	
11:05 am - 11:35 am	Key Priorities – ACBH (10 min presentation, 20 min discussion)	Dr. Karyn Tribble, ACBH Director	
11:35 am - 11:45 am	BREAK		
11:45 am - 12:15 pm	Introduction to Evaluation and Monitoring	Indigo	
12:15 pm - 12:40 pm	Monitoring: Implementation Planning <i>Large Group Brainstorm</i>	Indigo	5 min intro, 20 min breakout
12:40 pm - 1:05 pm	Monitoring: Program Planning and Implementation <i>Large Group Brainstorm</i>	Indigo	5 min intro, 20 min breakout
1:05 pm - 1:30 pm	Monitoring: Goals and Objectives <i>Large Group Brainstorm</i>	Indigo	5 min intro, 20 min breakout
1:30 pm - 1:40 pm	Next Steps	Indigo	
1:40 pm - 1:55 pm	Public Comment	Lee Davis / L.D. Louis	
1:55 pm - 2:00 pm	Check out	Lee Davis / Indigo	
2:00 pm - 3:00 pm	Fellowship - bring your favorite beverage and chat with the Board		

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

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, January 15, 2021 4:49 PM
To: Works-Wright, Jamie
Subject: FW: Alameda County Mental Health Advisory Board - Criminal Justice Committee Meeting (January 20th)
Attachments: 2021 MHAB CJ Agenda 1-20-21.pdf; MHAB CJC Meeting Minutes 11-18-2020 UNAPPROVED.pdf

Please see information below

From: MHB Communications, ACBH [mailto:ACBH.MHBCommunications@acgov.org]
Sent: Friday, January 15, 2021 4:47 PM
Subject: Alameda County Mental Health Advisory Board - Criminal Justice Committee Meeting (January 20th)

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

Hello,

Please find attached the agenda and unapproved November meeting minutes for the **Alameda County Mental Health Advisory Board, Criminal Justice Committee Meeting on January 20, 2021 from 4:30 pm – 6pm.**

Thank you.

Alameda County Mental Health Advisory Board



Alameda County
Mental Health Advisory Board

Mental Health Advisory Board Agenda Criminal Justice Committee

Wednesday, January 20, 2021 ♦ 4:30 PM – 6:00 PM
2000 Embarcadero Cove, Oakland, CA, Suite 400, Alvarado Niles Room
Teleconference: 1-866-899-4679, Access Code: 770-722-253
GoToMeeting Link: <https://global.gotomeeting.com/join/770722253>

Committee Members:

Brian Bloom (*Co-Chair, District 4*); Juliet Leftwich (*Co-Chair, District 5*)

- 4:30 PM Call to Order Chair
- 4:30 PM I. Roll Call
- 4:35 PM II. Approval of Meeting Minutes
- 4:40 PM III. Discussion of the Data Report Regarding the Safe Landing Project at Santa Rita Jail, Covering Pilot Month 1 (November 2020)
- 5:50 PM IV. Next Steps
- 6:00 PM V. Adjournment

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



Alameda County
Board of Supervisors

Alameda County ^{ac} ^{bh}
Behavioral Health Care Services



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

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

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll Call completed.	
Approval of Minutes Presentation by Dr. Lorenza Hall Regarding MHAB Data Request. Discussion and Questions.	<p>September and October minutes approved.</p> <p>A. Introduction</p> <ol style="list-style-type: none"> 1) Dr. Hall, Senior Management Analyst of Alameda County Behavioral Health (ACBH), provided a PowerPoint presentation to answer some of the questions posed by the Committee in their data request to Behavioral Health. 2) Much of the data requests come from internal and external stakeholder and ACBH follows up with these stakeholders to seek further clarification on their request. 3) Before processing a request, staff seek prioritization from their Executive Leaders since resources and time are limited. On occasion, they meet with Data Governance and Privacy, and County Counsel to get clearance to share Data. 4) Yellowfin is the platform that ACBH uses to generate reports for stakeholders within the County and external resources, such as the National Institute of Mental Health (NIMH). <ul style="list-style-type: none"> ▪ They can know how many MC benefits reside in Alameda County in a month or fiscal year. 	

ITEM	DISCUSSION	DECISION/ACTION
<p>Discussion/Questions</p>	<ul style="list-style-type: none"> ▪ An estimated 4.5% of the Alameda County population is considered seriously mentally ill (SMI) based on the NIMH calculation. ▪ SMI disorders are: <ul style="list-style-type: none"> ○ Bipolar and Related Disorders ○ Bipolar Disorders ○ Depressive Disorders ○ Psychotic Disorders ○ Schizophrenia Disorders ○ Schizophrenia Spectrum and Other Psychotic Disorders <p>1. Is the incident rate of 4.5% on the chart similar to Alameda County?</p> <p>This statistic comes from the National Institute of Mental Health (NIMH). Link to the website is here: NIMH » Mental Illness (nih.gov). We don't have a percentage number for Alameda County, so we base it off this indicator. The blue line represents an estimate and the green line provides the number of clients who we have provided services to.</p> <p>2. Does the NIMH have another percentage, took out depressive orders, and disaggregated the remainder of disorders would we know the percentage? Can you disaggregate the diagnoses?</p> <p>No, it is only the 4.5%.</p> <p>3. Can you disaggregate the diagnosis for the numbers making up the green lines in the graph?</p> <p>No, but we can work on this in the future.</p> <p>Dr. Hall provided answers to questions 7-9.</p> <p>4. SMI is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.</p> <p>For this request, ACBH defined clients experiencing SMI as:</p> <ul style="list-style-type: none"> ▪ Housed in specific Santa Rita jail housing units within the previous 2 years. 	

ITEM	DISCUSSION	DECISION/ACTION
	<ul style="list-style-type: none"> ▪ Served only a Level 3 provider within the previous 2 years ▪ Served only in Crisis Stabilization or Hospital in the previous 2 years where admitted to Crisis less than twice or Hospital less than twice. ▪ Served in an episode with an SMI diagnosis in the previous two years. ▪ Currently open or had an open conservatorship episode in the previous two years. <p>Item 7: Looked at SMI population based on Ethnicity, Age, Sex, City, and Homelessness in Alameda County.</p> <p>5. Based on the distribution by region and city chart, it doesn't show how many of the clients with SMI live in Dublin for instance?</p> <p>No. The Chart reflects the percentage of clients served by city with SMI.</p> <p>Item 8. Looked at how many individuals (other than those identified in response to questions 5 and 6) were treated at Villa Fairmont Mental Rehabilitation Center, Gladman Mental Health Rehabilitation Center and JPG, including their length of stay and cost.</p> <p>6. Why were questions 1 through 6 not part of the presentation?</p> <p>Why we don't have information from 1 - 6, those are related to some of the jail outcomes. They are working with Data Governance and Privacy, to make sure MOU allows us to use data that they are receiving from the Alameda County Sheriff's office. They will report back in mid-January.</p> <p>7. Are the numbers of All Clients vs. Multiple Stay Clients a unique number?</p> <p>It is unclear. Dr. Hall will check to see if "All Clients" is a unique number that does not include clients who had multiple stays at a facility. In addition, the mean and median numbers are in days and the typical episodes that a client is having is two and a half.</p> <p>The highest number of episodes for each provider were attributed to Schizophrenia Spectrum and Other Psychotic Disorders.</p>	<p>April, from Sherriff's Office, will work with ACBH to get questions 1 through 6 answered. You can submit this as a CPRA to get this information. April will take a look at the questions and get back to the Committee.</p>

ITEM	DISCUSSION	DECISION/ACTION
	<p>Item 9. Looked at the episode and client count of individuals with SMI at Amber House, Jay Mahler and Woodrow Place.</p> <p>Co-Chair Leftwich asked why question number C was not answered, which explains the number of persons who sought treatment at each facility and were declined treatment and why in the length of any waiting list?</p> <p>Co-Chair Leftwich explained that one of our goals is to determine the unmet needs in the County. If we don't know how many people were turned away, we don't know how many beds/facilities are needed. Dr. Hall said to his knowledge there is no tracking of incidences where people are turned away from specific providers. He would also not have access of this administrative data to answer these questions.</p> <p>It was a concern that the cost was so high for inpatient treatment and if ACBH is looking at suggestions and proposals, what would it look like if there were comparable crisis centers and amber house facilities throughout the County and divert so many people from this level of inpatient hospitalizations.</p> <p>Most of the clients at Gladman are on murphy conservatorship by the Court and that would take additional intervention to drop them down to a lower system of care.</p> <p>8. When someone is in jail, they lose their housing benefits and then it takes a while for them to get it re-established. Is there anyway to communicate benefits when someone will be released from jail in enough time to re-establish their housing? Where is the data flow and who is working with the data elements to make this better?</p> <p>Dr. Lorenza hall says that we have a data dashboard that they share internally with our full-service partnership and service team staff that identifies clients who are connected to care at Santa Rita Jail. That information is communicated to them. We also let them know when they are discharged from the jail.</p> <p>Joe Rose explained that it would be nice to have some data flow charts to look at, so people know what is going on and what agencies need to be connected. Dr. Hall agrees that the County operates in silos and this seems to be an effort to turn down those silos and get people to the table.</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>9. There is an issue about whether the County needs more subacute locked beds like those at Villa Fairmont at Gladman. ACBH said that we do not need more beds because there are people backing up because there is no place to discharge them to. What data should we ask for to find out whether we need more Villa beds or more board-and-care beds or both?</p> <p>Dr. Hall says that we need to look at all beds at the facilities to see if they are being filled. If there is no space, and we're hearing from clients and providers, that we need additional beds, then we will add the beds.</p> <p>Joe asked for annual reports of CBO contracts.</p>	<p>Dr. Hall will send PPT slides and share it with the committee.</p> <p>Imo suggested that Joe email him the details of the request for ACBH mental health contract reports.</p>
Adjournment	Adjourned at 1:52 PM	

Minutes submitted by A. Gums

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Homeless parolee charged with violent felonies after police shooting

Vincent Bryant has been charged with robbery, assault on a peace officer and resisting arrest, as well as parole violation. All of the charges are listed as felonies.

[96](#)



By [Emilie Raguso](#) Jan. 7, 2021, 2:34 p.m.



The

downtown Berkeley Walgreens. Image: Google Street View

An armed man alleged to have menaced a store employee during a shoplifting incident in downtown Berkeley last weekend before being shot by police has been charged with several felonies, according to court records.

The Berkeley Police Department publicly identified the suspect Thursday as 51-year-old Vincent Bryant. He is listed as homeless. A booking photo was not released to Berkeleyside because Bryant was not booked into jail. He remains in the hospital, BPD said Thursday.

On Saturday, officers were called just before 8:30 p.m. to the downtown Berkeley Walgreens at 2190 Shattuck Ave. (at Allston Way) after a man brandishing a long chain threatened a store worker then took food items from the shop, according to emergency radio traffic reviewed by Berkeleyside. BPD said officers shot Bryant with a gun and less-lethal munitions when he failed to comply with their orders and after attempts at verbal de-escalation failed. The incident was the first time a Berkeley police officer shot and wounded a suspect since 2012.

Police said in court papers that Bryant pulled out a 13-foot-long metal chain when officers confronted him, then “whipped it on the ground,” telling police: “My weapon of choice is a fucking gun, but God wants me to use this on your ass.” He then “raised the chain in the air to signify his intent to use the chain as a weapon,” police wrote.

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According to Alameda County Superior Court records, Bryant has been charged with robbery, assault on a peace officer and resisting arrest, which are all felonies. He was also charged with parole violation, which is a felony. The charges, which were filed Wednesday by the Alameda County district attorney's office, include special allegations that two of the felonies should be considered serious or violent and that Bryant used a deadly weapon — a metal chain — during the robbery.

The incident started, according to court papers, when Bryant walked into Walgreens, selected several food items, then placed \$14 worth of items at the register. Police said Bryant left \$1 on the counter then walked toward the store exit.

“An employee confronted Bryant and told him he needed to pay for the items. Bryant pulled out a long metal chain from his bag and threatened to break all the windows,” police wrote. “Out of fear, the employee exited the store and called for police. Bryant exited the store and was contacted by police.”

The court papers identify Berkeley Police Sgt. Van Hyunh as the officer Bryant is alleged to have assaulted.

Hyunh is not the officer who shot Bryant, said Officer Byron White, BPD spokesman. As of Thursday, police have not released that officer's name.

The shooting is being investigated by BPD's Homicide and Internal Affairs units, the department said previously. Each of those units does its own investigation. The district attorney's office was also notified of the shooting, BPD said, and the involved officer was placed on administrative leave.

The records obtained by Berkeleyside on Thursday do not reference the officer-involved shooting.

According to court papers, Bryant has felony convictions for home burglary, in 2019 and 1997, and grand theft auto in 2018. He is alleged to have one strike.

Bryant's first court date is not currently listed in the court records available online.

Berkeleyside will continue to follow the story and is seeking all police records related to the shooting.

Note: Berkeleyside updated this story just after publication when additional records became available.

Emilie Raguso is Berkeleyside's senior editor of news. Email: emilie@berkeleyside.com. Twitter: [emraguso](https://twitter.com/emraguso). Phone: [510-459-8325](tel:510-459-8325).

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Berkeley police shoot chain-wielding man after Walgreens robbery

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, January 15, 2021 4:14 PM
To: Works-Wright, Jamie
Subject: FW: LinkPlease share with board/commission members & staff!

Hello Commissioners,

Please see the email below and links that the Chair Andrea sent.

From: Andrea Prichett [mailto:prichett@locrian.com]
Sent: Friday, January 15, 2021 4:12 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: LinkPlease share with board/commission members & staff!

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

Hello Jamie,

As part of our consideration of "the footprint of policing", I urge MH commissioners to watch the video from the Invisible Institute. I believe that we could be involved in similar approaches.

<https://invisible.institute/ypp>

<https://invisible.institute/ypp>

Thanks,

Andrea

Fellow commissioners,

As regards our conversation about understanding the "footprint" of policing, I invite you to consider this video and the work of the Invisible Institutute.

<https://invisible.institute/ypp>

Perhaps a similar project from/with our youth would help us to illuminate some of how they feel in our city.

Works-Wright, Jamie

From: Jones, Brenda on behalf of Brannigan, David
Sent: Tuesday, January 12, 2021 3:32 PM
To: Berkeley/Albany Mental Health Commission; Works-Wright, Jamie
Subject: FW: Discussion Item for the BAMHC

Good Afternoon Jamie,

This is a follow-up to Chief Brannigan's request of December 7, 2020 (please see the email below).

Please let Chief Brannigan and/or me know if you will be able to place this item on your January agenda, if the Commission is meeting. If not, would it be possible for a future meeting agenda, i.e. February?

Thank you very much,

bj

Brenda Jones

*Administrative Secretary to the Fire Chief
Berkeley Fire Department
2100 Martin Luther King Jr. Way, Second Floor
Berkeley, CA 94704
Tel: (510) 981-5518
Fax: (510) 981-5517
Email: bjones@cityofberkeley.info*

From: Jones, Brenda **On Behalf Of** Brannigan, David
Sent: Monday, December 07, 2020 12:47 PM
To: Berkeley/Albany Mental Health Commission <BAMHC@cityofberkeley.info>
Subject: Discussion Item for the BAMHC

Good Afternoon,

Fire Chief Dave Brannigan would like to have the following item agendized as a discussion item for your January 2021 meeting:

Prioritized Dispatch for Re-Imagining Public Safety

Staff will plan to present and engage in discussion of the plan/process.

Please let me know if you will be able to place this item on your January agenda.

Thank you,

bj

Brenda Jones

*Administrative Secretary to the Fire Chief
Berkeley Fire Department
2100 Martin Luther King Jr. Way, Second Floor
Berkeley, CA 94704
Tel: (510) 981-5518
Fax: (510) 981-5517
Email: bjones@cityofberkeley.info*

Works-Wright, Jamie

From: Zeppa, Andrea, HCHP <Andrea.Zeppa@acgov.org>
Sent: Thursday, January 07, 2021 2:49 PM
To: Berkeley/Albany Mental Health Commission
Subject: confirmation of next meeting date

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

Hi,

Can you tell me if the MHC will be meeting this month? I do not see anything on the calendar.

Thanks, Andrea

Andrea Zeppa, ASW
Homeless Services Regional Coordinator
North County
Health Care for the Homeless
Alameda County Health Care Services Agency
Cell: 510-912-8610

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, January 04, 2021 11:31 AM
To: Works-Wright, Jamie
Subject: Reminder: Agenda Items for January 28, 2020
Attachments: Timeline for Agenda and Packets.docx; MHC Membership Grid 12.4.20doc.doc

Hello All,

This is a friendly reminder that I need all agenda items by next Monday, January 11, 2020. Please see the email below and the attachments of the items requested at the last commission meeting.

From: Works-Wright, Jamie
Sent: Monday, December 7, 2020 4:07 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Cc: Downs, Fawn <FDowns@cityofberkeley.info>
Subject: Agenda Items for January 28, 2020

Hello Commissioners,

I would like to request any agenda items you would like to have on the Agenda for the January 28th meeting. Please email the items you would like to have on the agenda the exact way you would like it to read on the agenda by Monday, January 11. If you would like anything attached in the packet, I would need it by Thursday, January 14, due the MLK holiday on January 18. The packets will need to be ready by Wednesday, January 20.

I attached the agenda and packet timelines and the membership grid for you to see all the position openings.

Thank you and have a great day.

Jamie Works-Wright

Consumer Liaison

jworks-wright@cityofberkeley.info

510-423-8365 cl

510-981-7721 office

Timeline for Agenda and Packets

Our MHC meetings dates are usually on the 4th Thursdays of the month so I work backward to give you a timeline to meet my deadlines.

Agenda items:

The Friday or 1st Monday after the MHC meeting I will send out request for any Agenda items, giving commissioners 7-10 days to respond.

I will then prep a draft agenda and have the Chair review and give me any feedback, and the chair has a week, 7 days to respond.

Documents for the packet:

I need all items for the Packet 11-14 days prior to the meeting. The packets have to go out the public 7 days prior to the meetings and depending on the month, holidays and my work load I need to make sure I have enough time to organize and prepare the packet and the Office support staff has to print and mailed them

Example for January 2021

Task	Deadline:
Send email about agenda items	December 7, 2020 Reminder Email- December 30, 2020
Request all agenda items to be due:	January 11, 2021
Final draft returned by chair:	January 18
All documents for packet due on:	January 14
Start putting packets together:	January 15 & 19
Have packet completed and printed by:	January 20
Mailed by:	January 21
MHC meeting:	January 28

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, December 28, 2020 5:25 PM
To: Works-Wright, Jamie
Subject: FW: please forward to MH Commission

Hello Commissioners,

Please see the information below from commissioner Cheema

From: boona cheema [mailto:boonache@aol.com]
Sent: Monday, December 28, 2020 5:13 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: please forward to MH Commission

WARNING: This email originated outside of City of Berkeley.
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The Police “Use of Force,” and Berkeley’s “Use of Farce”

By Steve Martinot

Recently, the police concept of Use of Force (UOF) has become an issue across the country, and ordinances are being passed calling for "minimal" force from police. For some reason, giving a person a heart attack through repeated (and sadistic) use of a taser has come to be seen as "excessive." And so does pepper spray used against crowds calling for justice for someone shot to death by the police. Yet PDs insist that these technologies are themselves minimal with respect to ... what? Wouldn't minimal pepper spray be "zero" use of it? Wouldn't minimal use of a taser still be use of a taser? The knee that killed George Floyd, was that minimal? Compared to what?

When we consider minimal force, and we look at the tools, the weapons, the technologies of force, aren't we looking at the wrong thing?

What the police consider proper use of force, however, is something else. Ordinances requiring the police to use a minimum of force have been passed at the state and city levels. In particular, the Core Principle of De-escalation in Berkeley has been that "...in any encounters that call for applying force, officers must always use the minimal amount of force that is objectively reasonable ...". And the police have wanted to insert "strive to" before "use the minimal" in that sentence. But if it isn't the technology that kills, then it is the "striving" to use force in the first place that is the problem. "Strive to" use minimal force; does that mean going up or down in degree? Clearly, behind this ambiguity, the cops want the decision on what constitutes "minimum" to be entirely in their own hands. So much for civilian regulation of "excessive force."

Somehow, the Berkeley City Council could not bring itself to not grovel on the issue. They took out “strive to,” and substituted “a minimal amount” for “the minimal amount.” Thus, a zero level of violence was relegated to a parallel universe.

The Council couldn’t even see the police ideology when it was thrown in their face. In its presentation to the Council, the BPD had a training officer give a hypothetical case to illustrate why “strive to” was necessary in the ordinance. In his story, an officer goes to arrest a person, who then raises his fists and adopts a fighting stance (a fairly silly thing to do against a man with a gun). Any “reasonable person,” the cop then declaims, would interpret this as “violently resisting arrest.” So, he asks, “What level of force would we need to respond?” And he lists the possibilities (pepper spray, taser, nightstick, etc.). As a cop, he apparently cannot see past the use of weaponry, as a sort of first principle. And his argument is that to constrain an officer to a prior level or concept of violence could put the officer in danger if it was the wrong kind for the circumstances. Translation: “the wrong kind of weapon.” There is no “minimal” there. Minimal use of a stun gun is a use of a stun gun. This “failure to communicate” lay in Council’s inability to ask, where is the gradient between stun guns, pepper spray, beating with nightsticks, etc.? If we are only speaking of a gradient in modes of torture, what are we really talking about?

The horrendous implication of this is that language, words, civilized discussion, a zero level of force beyond existent law is not even on the table. How many people would be alive today if the constitutional guarantee of due process had been implemented? “No person shall be ... deprived of life, liberty, or property, without due process of law.” A cop couldn’t even handcuff a person without some legal process saying it was okay, and in which the subject to be cuffed had a say. That second clause is very important.

But in the story, the cop assumes an aggressive rather than defensive stance. So his first thought is a violent technological defense, ignoring the reputation the police have for their use of arbitrary violence. When Rebecca Musarra was stopped for speeding on October 16, 2015 near Trenton, NJ, she refused to answer any of the cops questions. He pulled open her car door and dragged her out of the car, throwing her down and handcuffing her – for having said nothing. As he arrested her, he recited her Miranda rights, among which are “you have the right to remain silent.” When Korryn Gaines locked her door and refused entry to the police who claimed they had a warrant to serve (August 2016, near Baltimore), they broke down the door and shot her dead as she sat on the floor typing into her facebook page about what was happening. Yet the training officer finds it unimaginable that the person approached is trying to defend himself.

Law enforcement means catching and charging people who commit crimes. It doesn’t mean stopping people in the midst of their lives, and demanding things (answers, stances, etc.) for which they can be arrested for disobedience or (in oxymoronic fashion) resisting arrest.

In a society in which the police openly carry and use guns, and shoot people in cars every week somewhere in the US, torture people into submission with tasers, beat demonstrators with nightsticks, and break into houses with guns blazing in order to serve a warrant, what is so mysterious about asking them to tone down the violence a bit? De-escalation, as a restriction on use of force, means “use less,” not “try to use less,” nor choose between one form of torture and another.

In Section 300.1.2 of the Berkeley Municipal Code, the ordinance would read: “In all cases where physical force is used, officers shall [strive to] use the minimum amount of force objectively reasonable, objectively necessary, and proportional to effectively and safely resolve a conflict.” [blink] How can the cops

resolve a conflict in other than a self-aggrandizing manner in which they are one of the parties to the conflict? It is a ticket to whatever level of force the police decide to use to prevail in the conflict – totally street-level “conflict resolution.”

The people, in their public comments, were not fooled. They saw that the blandness of council’s position essentially affirmed the right of the police to get as violent as they like. And they understood that to “strive to use minimal force” implies that “minimal force,” when set as a goal, implied that the routine levels of police violence were not minimal. Why not?

For what purpose did the police originally conceive of routine levels of force greater than minimal? Why were the routine uses of force already so high? For what purposes do they use levels of force greater than civil society itself thinks is proper? Who are they working for? And on what basis have they ignored the massive demonstrations calling for a cessation to killing people, and especially black people? On what basis do the cops consider what they do to be “objectively reasonable”?

Well, this is where the whole thing gets really absurd. The law holds that levels of violence are to be judged as “objectively reasonable” to another cop who ostensibly puts himself in the shoes of the first one. Don’t laugh. That expression, “objectively reasonable,” makes its entrance into US jurisprudence in a Supreme Court decision about police violence in 1989 (*Graham v Connor*).

“Objectively reasonable” is an oxymoron

All human interactions proceed according to what each person judges the other person to be doing or saying. “Reasonable” refers to judgment. For an action to be judged reasonable or unreasonable, the person judging it has to be included in the perception. The perceiver who judges is inseparable from their judgment of that perception. Yet the law assumes the opposite, that somehow the character of an action is mystically independent of the person who gives it that character.

For something to be “objectively” perceived means it is perceived as an object. Height, weight, extension, color are all aspects of a thing’s objective character. But there is no metric for what occurs interactively between two people. No judgment can be objective, since judgment is itself a subjective evaluation of a situation. Not only does the one judging determine the nature of his/her judgment, but what led up to the event has to be known. An action can be judged only in terms of that to which it responds. To see someone punch another person, one has to know what preceded the punch – that is, to what it is responding (offensively or defensively).

Now, when the ordinance under consideration by the council speaks of force, it says, “where physical force is used, officers will strive to use the minimal amount.” The passive voice in that statement excuses the officer from being an active participant in the event. A situation containing the officer and his own actions is somehow presented to the officer without any mention of what preceded it, in which the officer participated. In other words, the need for violence just seems to fall from the skies.

Nevertheless, the officer has to have done something for a person to have adopted a defensive stance against it (let alone an offensive one). One cannot understand the person’s reaction independent of the cop’s approach. Nevertheless, in *Graham v Connor*, a second police officer is used as the source for judging a cop’s action as “objectively reasonable.” Thus, it stacks the deck in favor of the police perspective, and reduces humans to enforced subordination to police judgment.

How do the police create "objective" situations?

The only way an event between people can have an objective character is if one of those persons considers the other a thing. That is what the police do when they give commands, and expect obedience to them. One can then judge "objectively" if the person obeyed or not. The question then becomes, what makes the command reasonable? That is left out of the use of force ordinances. The Supreme Court assumes that, because a cop gives a command, it is apriori reasonable. Thus, shooting a 27 year old woman who locks her door to refuse a warrant she thinks is unreasonable, is a "reasonable" response to her disobedience.

A social hierarchy is constructed. If the cop's commands are reasonable by definition, then a civilians non-compliant responses are, also by definition, unreasonable. These become "objective" characteristics of the police mode of control being described here.

Striving to use minimal force" now has two meanings. One is the absoluteness of police demands for obedience, failing which there will be violence. The other is the ability to torture in response to disobedience. Neither has to do with law enforcement. Both only have to do with social control. Law enforcement involves finding and apprehending a suspect in response to a crime having been committed. It is a relation concerning the past (immediately recent or not) between an individual and society. Control focuses on the present relation between the police and other persons, and deals with regimentation in the immediate future, a future in which a cop is to be seen as a "commanding officer."

A "commanding officer" paradigm is characteristic of a military form of organization. Its central ethos is immediate obedience to commands given by those of higher rank. In this society, one has to enlist in such a military organization in order to consent to submission to that ethos. If one does not, then to impose a militarized relation through police commands is already a form of violence done to a person's social status. As soon as that happens, as soon as a cop gives a command and expects obedience, it is too late to return to a zero level of violence. The command constrains a person to social regulations without their consent and against their human rights (to life and liberty), to abridge which is a crime. It becomes a "wildcard" for the cops, since no legislature or judge has been able to define what would constitute a "lawful order."

Insofar as people do not consider this society to be a military organization, the character of "commanding officer" assumed by a cop takes the initial form of violence. Physical violence is what then follows, as soon as disobedience is detected by the "officer." While sitting in the back of a car, and simply refusing to raise his hands when ordered to do so by a cop, Kenneth Jones was dragged out of the car and shot four times. (Martinot, Planet, Dec. 3, 2020)

Obedience becomes the only route to any "objectivity" concerning police-civilian relations. Because "unconditional obedience" can be demanded by the police in the name of the "objectively reasonable," the fundamental relation between the police and the people has already been placed on the level of minimal force. A society that excuses that level of violence to be extant as a social norm has thus profoundly betrayed its fundamental law.

In addition, enforcement has been shifted from the law to the cop himself. The next step up in the deployment of force is to cross that boundary between violence and sadism represented by the deployment of instruments of torture. To torture a person by throwing them to the ground, by stunning them with a taser, by shooting them in the back (in totally cowardly fashion) because they refused to submit to a police command, is to place abject criminality at the core of all human-governmental interactions in this society.

In not postulating a zero degree of violence for the police (by forbidding the “commanding officer” paradigm, for instance), the City Council of Berkeley has affirmed those police operations that shift individuals from a domain of law to one of militarized police power. It is what makes the police a "political police," since control and obedience are political relationships, not legal or litigious ones.

It is in this sense that there is a coloniality in the way police function. They adopt the arrogance and power of a colonizer, with a monopoly on means of punishing the colonized who dare to resist them. Insofar as these two societies (civilian and police) have different concepts of rights, they constitute different cultures. In particular, the police have rights civilians don't, the main one being the ability to deny the rights of the civilians.

We shall deconstruct this notion of coloniality in the next article.

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You received this message because you are subscribed to the Google Groups "Berkeley Homeless Support" group. To unsubscribe from this group and stop receiving emails from it, send an email to berkeley-homeless-support+unsubscribe@googlegroups.com.

To view this discussion on the web visit https://groups.google.com/d/msgid/berkeley-homeless-support/CAHXbAAbyszrfJyNCXD%3D9n2Pe6Qb-LBu6CFpaafJEXQaAi_ec3Q%40mail.gmail.com.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, December 21, 2020 10:39 AM
To: Works-Wright, Jamie
Subject: FW: CALBHB/C Statewide Meeting & Trainings - Register Now!

Please see information below

From: CAL BHBC [mailto:cal@calbhbc.com]
Sent: Friday, December 18, 2020 3:55 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>; prichett@locrian.com
Cc: Grolnic-McClurg, Steven <SGrolnic-McClurg@cityofberkeley.info>
Subject: CALBHB/C Statewide Meeting & Trainings - Register Now!

WARNING: This email originated outside of City of Berkeley.

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

We invite you to register and hope you will encourage MH/BH board/commission members and support staff to register for CALBHB/C's January teleconference events - [link to Meeting & Training Registration](#) *Thank you to those who have already registered!*

-
- **January**
- **15, 10:00 - 12 pm - Mental Health Board Training:**
- Duties, MHSA, Data (Performance & Fiscal), Meetings, Membership (for MH/BH board/commission members.)
-
-
- **January**
- **15, 12:30 - 2:00 pm -**
- **Chairs Training:**
- Leading a Board/Commission - Tools/Best Practices (for Chairs/Chairs-Elect & Support Staff)
-
-
- **January**
- **22, 10:30 am - 12 pm -**
- **Unconscious Bias Training:**
- Advising effectively within the context of culturally, ethnically and racially diverse communities.
-
-
- **January**
- **22, 12:30 - 2:00 pm - MHSA Community Program Planning Training:**
- Ensuring diverse community engagement and input in the MHSA CPP process, including: requirements, tools and the role of MH/BH boards/commissions in the process.
-

-
- **January**
- **29, 9am - 12 pm -**
- **CALBHB/C Statewide Meeting**
- for Mental/Behavioral Health Boards & Commissions. The meeting will include:
-
-
- Mental
- Health Services Oversight & Accountability Commission Policy Update
-
-
- CA
- Behavioral Health Planning Council Update
-
-
- CALBHB/C
- Presentation: Cultural Competency for Boards/Commissions
-
-
- Community
- Defined Evidence Programs (CDEP) - Implementation Pilot Projects Speaker Panel (CA
- Reducing Disparities Project) for all 5 CDEPs:
- [African American](#),
- [Asian and Pacific Islanders](#),
- [Hispanic/Latino](#),
- [LGBTQ](#),
- [Native American](#)
-
-
- Local
- and statewide issues presentation and open discussion
-

CALBHB/C supports the work of CA's 59 local mental/behavioral health boards and commissions. www.calbhbc.org [News/Issues](#) [Resources](#)

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, December 21, 2020 10:06 AM
To: Works-Wright, Jamie
Subject: FW: FW: CALBHB/C December E-Update - Please share with board/commission members & staff!

Hello Commissioners,

Please see info below from commissioner Prichett.

Happy Holidays!

From: Andrea Prichett [mailto:prichett@locrian.com]
Sent: Sunday, December 20, 2020 12:17 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Re: FW: CALBHB/C December E-Update - Please share with board/commission members & staff!

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

Hello Jamie,

I hope you are doing alright and that you are gearing up for a bit of time off. I just wanted to ask you to share the information below information with the other commissioners if you have time before your break.

Thanks so much!

Andrea

Fellow commissioners,

As regards our conversation about understanding the "footprint" of policing, I invite you to consider this video and the work of the Invisible Institute.

<https://invisible.institute/ypp>

Perhaps a similar project from/with our youth would help us to illuminate some of how they feel in our city.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, December 14, 2020 9:59 AM
To: Works-Wright, Jamie
Subject: FW: CALBHB/C December E-Update - Please share with board/commission members & staff!

Please see information below.

From: CAL BHBC [mailto:cal@calbhbc.com]
Sent: Monday, December 14, 2020 9:04 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>; Grolnic-McClurg, Steven <SGrolnic-McClurg@cityofberkeley.info>; prichett@locrian.com
Subject: CALBHB/C December E-Update - Please share with board/commission members & staff!

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E-Update, December 2020

CALBHB/C Meeting:

Statewide Teleconference
 January 29, 2021 9 am - 12 pm

Trainings:

Mental Health Board
 January 15, 10 am - 12 pm

Chairs Training
 January 15, 12:30 pm - 2 pm

Unconscious Bias
 January 22, 10:30 am - 12 pm

MHSA Community Program Planning
 January 22, 12:30 - 2 pm

In this Issue:

[Grants / Funding](#)

[In Memoriam: Mae Sherman](#)

[Issue Briefs](#)

[Meetings \(Virtual\)](#)

[Reading/Webinars](#)

[Resources for Boards/Commissions](#)

For ADA compliant or printed copies of CALBHB/C documents and resources, contact cal@calbhbc.com

[View in PDF Format](#)

Register at: www.calbhbc.org/reg

CALBHB/C Issue Briefs

California Association of Local Behavioral Health Boards and Commissions
November 2010 www.localbhbc.org www.calbhbc.org

CHILDREN & YOUTH – Schools as Centers of Wellness¹
Integrated school-based mental health (MH) programs for children and youth have a profound and positive impact on individuals, families and communities. Yet currently, the vast majority of California's students do not receive the services and supports they need. 78% of CA principals report students' emotional and mental health were a moderate or severe problem. 2/3 of teachers report they are unequipped to address students' mental health needs. Up to one in five children—25%—have a diagnosable mental health condition. Approximately 1 in 3 students feel chronically sad and hopeless. Suicide is the second leading cause of death for youth. Unmet trauma and mental health needs are strongly associated with barriers to learning, and by extension, the school-to-prison pipeline.

STATEWIDE SOLUTIONS

Funding
Scale—Ramp up funding to allow CA's mental health system to integrate at scale with CA's educational system.
Sustain
• Identify long-term funding solutions
• Communicate sustainable funding and braiding mechanisms of MHSA, Medi-Cal, LEA BOP, SMAA, EMBE, LCH, private insurance, and First 5 funds.
• Technical assistance for CA's 59 MH agencies.

Performance Outcome Data²
Establish, collect & report. Suggests outcome data:
• School-based Wellness (Attendance, Grades, Classroom Behavior)
• Standardized Screening/Assessment
• Reporting by Self/Family
• Track culture/race/ethnicity/LGBTQ and age.
• Report trends for very small counties.

Technical Assistance
Communicate successful strategies and programs.

Workforce
School psychologists, counselors, social workers and nurses are the foundation for school mental health. CA's Office of Statewide Health Planning (OSHPD) should work to identify and allocate funding to address school-based workforce needs.³

KEY LOCAL COMPONENTS

All Ages - Integrate mental health programs within schools (K-12) and early learning programs (ES).

Barriers - Address barriers of parental consent, referrals, transportation, appointment wait times and privacy concerns.

Educators - Attend to educator well-being to reduce stress, burnout and attrition.

Families - Connect, communicate, involve and build trust among parents, schools and teachers.

Prevention & Early Intervention - Page 2.

Racial/Ethnic/Cultural - Programs and services that address racial, ethnic and cultural needs (including LGBTQ).

Trauma-Informed Care - Ensure trauma-informed practices, including training for staff, families and youth.

Youth should be integral to planning and implementation, including peer programs.
Models & Strategies on Page 2

CALBHB/C supports the work of California's 59 local mental/behavioral health boards and commissions - www.calbhbc.org

ISSUE BRIEF: Children & Youth

[Board & Care \(ARF\) - Updated!](#)
[Children & Youth - New!](#)
[Criminal Justice](#)
[Disaster Prep/Recovery](#)
[Employment](#)
[Older Adults](#)
[Performance Outcome Data](#)
[Suicide Prevention](#)

Issue briefs address issues impacting communities throughout the state to help boards/commissions in their advisory capacity. Questions: cal@calbhbc.com

In Memoriam: Mae Sherman



With sadness, we report on the passing of Mae Sherman, CALBHB/C Secretary/ Treasurer and Lassen County MHB Chair.

Warmly, we remember and honor Mae. Her welcoming presence, care and dedicated service touched members around the state. A [“Life Tribute”](#) is in the Lassen County Times.

Many times in words, and sometimes in song, she reminded us that we've got to:

[“Accentuate the Positive](#)
[Eliminate the Negative](#)
[Latch On to the Affirmative](#)
[Don't mess with Mr. In-Between”](#)

Mae is very much missed! Email: cal@calbhbc.com for family contact information.

Resources for Boards & Commissions

[Conduct Handbooks](#)
[Member Orientation](#)
[Mental Health Services Act](#)

[Training Modules](#)

-
- Duties
-

-
- Role of MHB/C
-
-
- Fiscal
-
-
- [Community](#)
- [Program Planning](#)
-

[News/Issues](#)

[Performance Outcome Data](#)

[Recruitment](#)

-
- Ethics Training
-
-
- Mental Health Services Act
-

[Training Recordings](#)

[Welfare & Institutions Code](#)

-
- Bylaw Requirements
-
-
- Duties
-
-
- Expenses
-
-
- Membership Criteria
-
-
- MHS Community Planning

Recommended Reading / On-line Media

Children & Youth

[Tips and Tools for Leveraging Trauma-informed Care Techniques to Reduce Stress for Students, Teachers and Providers](#), December 15, 11 am - 12 pm PT

[Strategies for School-based Health Center Providers](#), The National Council

COVID-19

[Engaging Youth & Young Adults during COVID 19](#), Recorded Teleconference

Medication

[Long Acting Medications for Justice Involved Populations](#) CA Access Coalition Recording

Peer Support

[SB 803: Peer Specialist Certification and what this bill means for Peers & BH](#), December 16, 11:00 am

[Implementing Peer Support Services as a CCBHC](#), [Slides](#), [Recording](#)

Prevention & Early Intervention

[The Pandemic and Social Isolation: Considerations to Support LGBT Older Adults](#), Washington University in St. Louis Brown School, December 15, 10:30 am PT

[Regulatory, Financial and Workforce Impact of COVID-19 for Behavioral Health](#), Recorded Webinar

Student Mental Health: A County Perspective, [Recording](#)

Disparities

[Eliminating Inequities in Behavioral Health Care Webinar Series](#), CA Institute for Behavioral Health Solutions, 2020

Employment

[Serving Veterans with Mental Health Issues](#), Project E3: Educate, Empower, Employ, December 17, 9:00 am PT

[Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health](#), December 2020

Substance Use Disorder

[Impact of COVID-19 on Alcohol Consumption, Demand, and Access to Substance Use Disorder \(SUD\) Treatment Services](#), CAADPE, Recorded Webinar

Veterans

[Serving Veterans with Mental Health Issues](#), Project E3: Educate, Empower, Employ, December 17, 9:00 am PT

Whole Person Care

Advancing Integration in Community Behavioral Health, The National Council for BH, [Slides](#), [Recording](#)

Grants/Funding

Children & Youth

[Investment in Mental Health Wellness Grant Program for Children and Youth](#) to improve access to MH services through: mobile crisis support teams (MCSTs), crisis stabilization, Children's Crisis Residential Program beds, and family respite care. Due 1/29/21

Digital Technology

-
- [Individuals](#)
- - Internet and Devices: www.digitalaccessproject.org
-
-
-
- [Skilled](#)
- [Nursing Facilities](#)+ for tablets and accessories

Prevention & Early Intervention

[ACEs Aware Grant](#) - DHCS Network of Care grant to create, augment and sustain formal connections between health care providers, social services systems and community partners to address the referral and response needs of Medi-Cal providers, patients, and families following an ACE screening. Grant submission deadline: December 21, 2020.

Substance Use Disorder

[Value in Opioid Use Disorder Treatment Demonstration](#), RFA Due January 3, 2021.

Meetings (State Councils/Departments)

CA Behavioral Health Planning Council Committee Meetings

-
- [Performance](#)
- [Outcomes Committee](#), January 19, 2021 2:00 - 3:30 pm
-
-
- [Patients'](#)
- [Rights Committee](#), January 20, 10:30 am to 12:00 pm
-
-
- [Workforce](#)
- [and Employment Committee](#), January 20, 1:30 - 3:00 pm
-
-
- [Legislation](#)
- [Committee](#),
-

January 21, 1:30 - 3:00 pm

-
- [Housing](#)
- [& Homelessness Committee](#), January 21, 8:30 am - 10:00 am
-
-
- [Systems](#)
- [& Medicaid Committee](#), January 21, 10:30 am to 12:00 pm
-

[DHCS Behavioral Health Stakeholder Advisory Committee](#), February 11, 1:30 pm

Evaluate Us!

CALBHB/C is here to provide resources, support, training, communication and coordinate advocacy for statewide issues. We invite you to evaluate us by taking a few minutes to complete: [Evaluate CALBHB/C](#).

Report to Us!

Let us know your top issues and/or resource needs: [Report to CALBHB/C](#)

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Works-Wright, Jamie

From: Jones, Brenda on behalf of Brannigan, David
Sent: Monday, December 07, 2020 12:47 PM
To: Berkeley/Albany Mental Health Commission
Subject: Discussion Item for the BAMHC

Follow Up Flag: Follow up
Due By: Tuesday, December 08, 2020 10:00 AM
Flag Status: Flagged

Good Afternoon,

Fire Chief Dave Brannigan would like to have the following item agendized as a discussion item for your January 2021 meeting:

Prioritized Dispatch for Re-Imagining Public Safety

Staff will plan to present and engage in discussion of the plan/process.

Please let me know if you will be able to place this item on your January agenda.

Thank you,

bj

Brenda Jones

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