

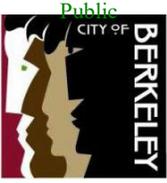


Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: July 20, 2022

Documents Pertaining to 7/28/22 Agenda items:

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Health, Housing & Community
Service Department
Mental Health Commission

Berkeley/ Albany Mental Health Commission

Regular Meeting
Thursday, July 28, 2022

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

Zoom meeting <https://us06web.zoom.us/j/83719253558>

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

To access the meeting remotely: Join from a PC, Mac, and iPad, iPhone or Android device: Please use the URL: <https://us06web.zoom.us/j/83719253558>. 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 837 1925 3558. If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.

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

All agenda items are for discussion and possible action

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

AGENDA

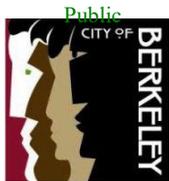
7:00pm

1. Roll Call

2. Preliminary Matters

- a. Action Item: Approval of the July 28, 2022 agenda
- b. Public Comment
- c. Action Item: Approval of the June 23, 2022 minutes

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(510) 486-8014 FAX • bamhc@cityofberkeley.info



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

- 3. Bridge to SCU Services and SCU Update– Dr. Lisa Warhuus**
- 4. Division of Mental Health Manager’s Report – Dr. Lisa Warhuus (for Jeffery Buell)**
 - a. MHC Manager Report for July 2022
 - b. MH Caseload Stats Final for June 2022
- 5. Public Program: Achieving an Adequate Standard of Living for People with Serious Mental Illness +/- Substance Use Issues and Disorders, especially for people experiencing homelessness and/or challenges meeting basic needs**
- 6. Appoint MHC representative to Homeless Encampment Mobile Wellness Center Project**
- 7. Appoint MHC representative to Multicultural Coordinator & Training Selection Committee**
- 8. Santa Rita Jail Subcommittee Report & Adding Subcommittee Members – Andrea Pritchett**
- 9. Establish Youth Mental Health Subcommittee – Monica Jones**
- 10. Education Subcommittee Report**
- 11. Care Courts – Discussion & Questions for Presentation in September 2022**
- 12. Work Plan and Mental Health Commission Blueprint**
- 13. Adjournment**

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

Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or

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Health, Housing & Community
Service Department
Mental Health Commission

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

SB 343 Disclaimer

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



Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission Draft Minutes

7:00pm
Zoom Webinar

Regular Meeting
June 23, 2022

Members of the Public Present: Lasara Firefox Allen, Paul Kealoha-Blake, Mary Lee-Smith, Andrew Phelps, Judy Appel, Mary's Ipad, Shirley Posey
Staff Present: Jeffery Buell, Karen Klatt, Lisa Warhuus, Fawn Downs, Jamie Works-Wright

1) Call to Order at 7:03pm –

Commissioners **Present:** Margaret Fine, Monica Jones, Edward Opton, Andrea Prichett
Absent: Tommy Escarcega, Terry Taplin

2) Preliminary Matters

a. Approval of the agenda May 26, 2022 Agenda

M/S/C (Fine, Opton) Motion to adopt the agenda
PASSED

Ayes: Fine, Jones, Opton, Prichett **Noes:** None; **Abstentions:** None; **Absent:** Escarcega Taplin

b. Public Comment- 2 Public Comments

c. Approval of the April 28, 2022 Minutes

M/S/C (Prichett, Jones) Motion to approve the May minutes
PASSED

Ayes: Fine, Jones, Opton, Prichett **Noes:** None; **Abstentions:** None; **Absent:** Escarcega Taplin

3) Bridge to SCU & SCU Update– Dr. Lisa Warhuus

No Motion Made

4) Selection of the Mental Health Division Manager Update- Dr. Lisa Warhuus

No Motion Made

5) Mental Health Service Act (MHSA) FY23 Annual Update – Karen Klatt

M/S/C (Fine, Jones) Motion to recommend that the City Council approve this funding and submit the

MHSA Plan to the State.

Ayes: Fine, Jones, Opton, Prichett **Noes:** None; **Abstentions:** None; **Absent:** Escarcega; Taplin

6) Mental Health Manager Report – No Motion Made

- a. MHC Manager Report for June 2022
- b. MH Caseload Stats Final for May 2022
- c. Diversity-Multicultural events list
- d. Employee Classification Breakdown
- e. Top 9 proposed Measures
- f. Language Line Solutions
- g. Organizational Chart

7) Review and Vote on Application from Judy Appel for the Mental Health Commission

M/S/C (Fine, Prichett) Motion to nominate Judy Appel to the Mental Health Commission

Ayes: Fine, Jones, Opton, Prichett **Noes:** None; **Abstentions:** None; **Absent:** Escarcega; Taplin

8) Establish Education Subcommittee

M/S/C (Fine, Jones) Motion to establish an education Subcommittee with Andrea Prichett and Monica Jones

Ayes: Fine, Jones, Opton, Prichett **Noes:** None; **Abstentions:** None; **Absent:** Escarcega; Taplin

9) Site Visit Subcommittee Report – No Motion Made

10) Santa Rita Jail Subcommittee Report – No Motion Made

11) Work Plan and Mental Health Commission Blueprint – No Motion Made

12) Adjournment – 8:59pm

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

Ayes: Fine, Jones, Opton, Prichett **Noes:** None; **Abstentions:** None; **Absent:** Escarcega; Taplin

Minutes submitted by: _____

Jamie Works-Wright, Commission Secretary

Internal



Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Mental Health Commission
From: Jeffrey Buell, Mental Health Division Manager
Date: 7/18/22
Subject: Mental Health Manager Report

Mental Health Services Report

Please find the attached report on Mental Health Services for July 2022.

Information Requested by MHC

The MHC Chair requested the following information:

The Division of Mental Health Caseload Statistics for MHPA Homeless Full-Service Partnership (FSP) is \$5,821 monthly per person for May 2022. This cost is the average monthly system cost for previous 12 months. There are 35 clients in May 2022. The average annual cost is between \$60,000 - \$72,000 yearly.

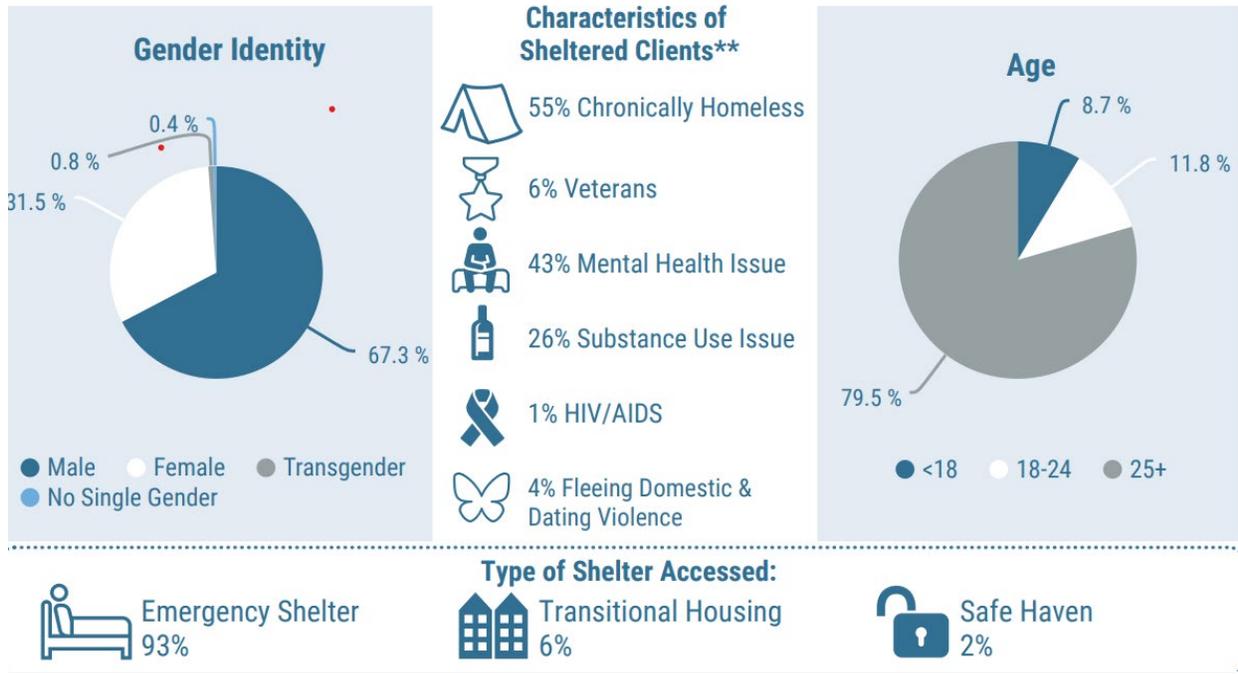
- 1) *Can you identify what is meant by "system" cost? Is this amount for specialty mental health services, e.g. the highest level of outpatient clinical and targeted case management treatment and services, or does "system" cost cover additional expenditures? Are other specialty mental health services in Alameda County (e.g. residential) and for Santa Rita Jail included? Are there others that are not included here, e.g. 911 and non-911 calls, law enforcement, mobile crisis, transport, placement, etc?*

From Alameda County Behavioral Health Yellowfin: "Our Yellowfin reports on "system costs" include all charges provided by County and CBO MHS behavioral health providers. Yes, it does include costs for specialty mental health services including services within ACSO Santa Rita Jail provided by our County operated Adult Forensic Behavioral Health provider. Mobile Crisis Teams costs are also included. However, law enforcement costs are not included."

From available Yellowfin reports, system cost sources include: Hospital cost, Crisis Stabilization cost, FSP cost, Service Team cost, SubAcute Cost, and "Other" cost.

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The Berkeley Point in Time Count 2-pager for 2022 does not provide a breakdown of unsheltered people (803) with a mental health and/or substance use issue, but does provide it for homeless emergency sheltered clients (236/254 people = 93%). It appears the full report has not been issued (scheduled for early July 2022). In LA County about 25% of all homeless adults have SMI and 27% had long-term SUD.



2) *It seems that more than 35 homeless individuals may need specialty mental health and SUD services? What is capacity to provide service with Homeless FSP?*

For any Berkeley community members who may be interested in voluntary specialty mental health and SUD services, it’s important that they seek an assessment for mental health/SUD services. This function is performed for residents 18+ through the Crisis, Assessment, Triage (CAT) team at the Berkeley Mental Health (BMH) adult clinic. BMH does not offer involuntary treatment services.

The Homeless Full Service Partnership (HFSP) team currently has max capacity for about 12 more clients (or 22 after the most recent hire is completed). Not all unhoused clients must be served by the HFSP team (though this is their specialty), and there is capacity for other clients to be served on other teams who meet these specialty mental health criteria but may have a different service level determination. If adult community members qualify for and are interested in specialty mental health services, they will be offered an appropriate service option after they go through an assessment with BMH’s intake team and are assigned in BMH’s weekly Level of Care meeting.

3) *How does the Division of Mental Health reach out and attempt to connect with homeless individuals under AC contract? What are barriers and challenges?*

In March of 2021, BMH's temporary Homeless Outreach and Treatment Team (HOTT) pilot ended and was replaced by the Homeless Full Service Partnership (HFSP), a permanent long term service team.

Functionally, the HFSP team works with unhoused Berkeley residents who have voluntarily opted in to specialty mental health services and undergone an assessment and placement onto a treatment team with BMH. For unhoused Berkeley residents who are not yet connected, BMH collaborates with many community outreach providers to provide information about BMH services, outreach and consultation, as well as on-site or remote assessment in some cases. This includes but is not limited to partner agencies such as Neighborhood Services, UC Berkeley Social Worker Ari Neulight, Lifelong Medical Street Outreach, Bay Area Community Services (BACS) Street Outreach Team, Options Recovery Outreach Team, Horizon Transitional Village, Downtown Ambassadors, Berkeley Drop-in Center, Dorothy Day House, City of Berkeley Housing and Community Services, etc.

This set-up has various barriers and challenges in terms of outreach and service to the community. With the outreach teams external to BMH, referrals to behavioral health or Substance Use Disorder (SUD) services mostly come from outside partners, adding more specialized teams to the mix. Extra coordination and client releases of information are important in this set-up because, due to confidentiality rules, BMH cannot share information it gathers with most entities unless there is a specific authorization by the client. While this adds extra barriers to communication, it does ensure greater accountability to the client's preferences and rights to self-determination before their Protected Health Information (PHI) is shared. Also, BMH does not direct the outreach performed by other entities; rather, it coordinates and communicates as a partner. This can result in more time needed for meeting/consultation vs direct service to clients, higher needs for efficiency in communication, greater attention to reducing duplication of services, and services from multiple providers vs fewer.

The Mental Health Services Act is designed to provide supplement funding for people with serious, persistent mental illness. Below is a chart of the FY21 average cost per client.

FY21 AVERAGE COST PER CLIENT

*(Includes FY21 expenditures attributed to the MHA Funding component)

COMMUNITY SERVICES & SUPPORTS			
Program Name	Approx. # of Clients	Cost	Average Cost Per Client
Children and Youth Intensive Support Services FSP	16	\$119,135	\$7,446
TAY, Adult & Older Adult FSP	79	\$550,410.07	\$6,967
Homeless FSP	1	\$292,767	\$292,767
TAY Support Services	129	\$122,856	\$952

- 4) Can you kindly break down the costs associated with serving this client in the Homeless FSP in the amount of \$292,767? Please kindly describe difference between "system" costs listed in caseload statistics and MHA costs for Homeless FSP.

This amount appears to be an error. Current Yellowfin Data lists \$581 in system costs for the single client during the inaugural FY21 for the HFSP. The breakdown of system costs is not currently available at this time.

Regarding information for MHA costs of HFSP: the way the Costs Per Client per each program has been calculated in the past (and on that chart) is to divide the total program costs by the total number of clients. The total program costs is what was reported for the HFSP on the FY21 MHA Revenue and Expenditures Report which is due each year on January 31 and is prepared by the fiscal staff.

- 5) *Currently there are 35 clients in the Homeless FSP. What is the average cost per client for FY 22 for these 35 clients? What do these MHA expenditures represent in 2022?*

There were not 35 clients enrolled throughout the entirety FY22 with the HFSP; enrollment is ongoing, so the team caseload steadily increased over the fiscal year. The average system cost currently reported by Yellowfin for the HFSP program is \$6,150 per client per month over the FY22. MHA expenditures are not represented by this figure from Yellowfin, as it doesn't capture the full MHA costs of personnel and non-personnel related to programs. These system costs capture what is entered into the system regarding costs of services provided to clients. There are ongoing costs that accrue for personnel and non-personnel to the program that MHA covers that equal the total cost of the program.

- 6) *How does the Division of Mental Health know if clients are using emergency and non-emergency services (911 and non-911 calls for services) and if they have interactions with law enforcement in Berkeley and/or Alameda County?*

Information about whether clients are using 911/non-911 calls is not automatically available to the Division of Mental Health through any centralized database resource, at present. City of Berkeley Emergency Medical Services (EMS) may be able to share some of their 911 call data for purposes of diagnosis and treatment of a shared client on the grounds of a specific and necessary request. Service teams often learn that clients have interactions with law enforcement either by anecdotal report, by manually checking daily the Berkeley Police logs, or querying the Santa Rita Inmate Locator website.

- 7) *What electronic record information does the Division of Mental Health employees have to serve clients and the source of that information/systems (examples below)? Are there plans for accessing additional info? Please kindly let us know if there is additional information that is not reflected here. It is noted that different info comes in real-time, weekly, monthly, etc]*

Examples:

Types of contacts and info: consumer, family, friends, care team members across multiple systems, including address, phone, mobile, email

Program info: general assistance (GA), CalFresh, SSI, housing, case management, and other programs

Health Plan Info: Medi-Cal Anthem Blue Cross, Alliance Health Plan, Blue Cross California Medicaid

Clinical/Medical: diagnosis, assessment, ongoing clinical notes, medical info from different providers, immunizations, allergies, all medications (psychiatric and not), lab orders, EMS transport notes, COVID test results, vitals info, other info

Encounters: ambulance, mobile crisis unit, any Alameda County responders like CATT, psychiatric emergency room (John George Hospital); other emergency rooms (Alameda Health System, Oakland Medical Center, San Leandro Hospital, other hospitals), start/end dates, inpatient hospital stays, outpatient visits

Housing Detail: Clarity HMIS (housing management information system), HMIS program history, last assessment data and the agency taking assessment, current housing status, HRC (Housing Resource Center) assignment

Santa Rita Jail Reports: consumers who are incarcerated and those incarcerated in the past, has entry, release dates

Utilization Reports: different types of highest users, hospital, jail, housing, etc.

BMH Staff have access to external information via Alameda County's Clinician's Gateway, supervisors have access to Yellowfin data, and our system is able to access INSYST and Medi-Cal eligibility databases. Through partnership with Housing and Community Services (HCS), BMH also has access to Clarity, the County's Homeless Management Information Systems (HMIS). Certain medical staff have access to prescriber databases including Rxnt.com, Quest, Labcorp, CURES, and CAIR. BMH is a county contractor, though has not yet been granted access to the community health record, which is the City of Berkeley's eventual plan.

CalAIM

- 1) *How will implementing CalAIM, including Enhanced Care Management, In Lieu of Services for housing and substance use coverage, provide better client service delivery than currently offered? How is the Division of Mental Health implementing these reforms—please kindly discuss the plan for full implementation.*

CalAIM is currently in process of rolling out information regarding this process via webinars with providers regarding their plan of implementation, and Alameda County is still in process of sharing information and developing processes for these new reforms with contractors such as BMH. As the CalAIM process is still at the stage of hosting these webinars, implementation has not commenced or completed yet. The implementation phase is scheduled from July 2022 and is to continue into the middle of 2023.

Functionally, many of these reforms are being rolled out piecemeal so that some adjustments can occur while other changes are in process. For example, BMH no longer requires a full diagnosis or assessment before services can be provided to a client. Provisional diagnoses are sufficient to allow a qualifying community member to be assigned to an appropriate treatment team, and a more in-depth assessment can be completed after treatment services have begun. Standard Medi-Cal treatment plans are no longer required and are being replaced by problem lists.

Berkeley Mental Health Caseload Statistics for June 2022

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Previous 12 Months	Fiscal Year 2022 (July '21-June '22) Demographics as of June 2022
Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	5 Clinicians, 1 Clinical Supervisor	55	\$6,390	75 Clients American Indian: 1 Black or African-American: 35 Hispanic or Latino: 2 Other/Unknown: 2 White: 35 Male: 44 Female: 25 Missing Gender ID: 3 Prefer Not to Answer Gen ID: 2 Multiple Gender ID: 1 Heterosexual: 53 Missing Sex Orient: 12 Bisexual: 3 Gay: 2 Multiple Sex Orient: 2 Prefer Not to Answer Sex Orient: 2 Lesbian: 1
Adult FSP Psychiatry (June Stats)	1-100	.75 FTE	49		
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	4 Clinicians, 1 Clinical Supervisor	35	\$6,149	36 Clients API: 2 Black or African-American: 19 Hispanic or Latino: 1 Other/Unknown: 1 White: 13 Male: 25 Female: 9 Missing Gender ID: 2 Prefer No to Answer: 0 Multiple Gender Identities: 0 Heterosexual: 27
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			\$2,037,600		

Berkeley Mental Health Caseload Statistics for June 2022

							Missing Sex Orient: 5 Bisexual: 2 Gay: 1 Multiple Sex Orient: 1 Prefer Not to Answer: 0 Lesbian: 0
HFPS Psychiatry (June Stats)	1-100	.0 FTE	33				
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)							
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	1-20	7 Clinicians 1 Team Lead 1 Clinical Supervisor	165	\$2,307			198 Clients American Indian: 5 API: 14 Black or African-American: 76 Hispanic or Latino: 4 Other/Unknown: 12 White: 87 Male: 99 Female: 93 Female to Male: 1 Missing Gender ID: 1 Multiple Gender Identities: 1 Non-Conforming Gender ID: 1 Other Gender ID: 1 Prefer Not to Answer Gender ID: 1 Queer Gender ID: 0 Heterosexual Sex Orient: 155 Missing Sexual Orient: 17 Bisexual Sex Orient: 8 Gay Sex Orient: 6 Lesbian Sex Orient: 5 Multiple Sexual Orient: 2 Prefer Not to Answer Sex Orient: 2 Queer Sexual Orient: 2 Other Sexual Orient: 1
CCT Psychiatry (June Stats)	1-200	1 FTE	129				
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including				\$2,617,010			

Berkeley Mental Health Caseload Statistics for June 2022

Psychiatry and Medical Staff (FY22 not yet available)					
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 Licensed Clinician 1 CHW Sp./ Non- Degreed Clinical 1 Clinical Supervisor,	92	\$1,115	106 Clients API: 8 Black or African American: 42 Hispanic or Latino: 2 Other/Unknown: 3 White: 51 Male: 63 Female: 40 Missing Gender ID: 2 Other Gender ID: 1 Heterosexual: 89 Missing Sexual Orient: 12 Prefer Not to Answer Sexual Orient: 2 Gay: 1 Multiple Sexual Orient: 1 Questioning: 1
FIT Psychiatry (June Stats)	1-200	.5	85		
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			\$900,451		

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Last 12 months	Fiscal Year 2022 (July '21-June '22) Demographics as of June 2022
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinical	3	\$6,301	14 Clients American Indian: 1 API: 2 Black or African-American: 5 Hispanic or Latino: 2 Other/Unknown: 1 White: 3 Male: 7 Female: 4 Missing Gender ID: 2 Non-Conforming Gender ID: 1 Heterosexual: 8 Missing Sexual Orient: 3 Gay: 1 Other Sexual Orient: 1 Questioning Sexual Orient: 1
CFSP Psychiatry (June Stats)	1-100	0	3		
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)					
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	1 Clinical 1 Clinical Supervisor	51	\$1,998	84 Clients American Indian: 3 API: 6 Black or African-American: 32 Hispanic or Latino: 18 Other/Unknown: 2 White: 23 Male: 33 Female: 33 Missing Gender ID: 12 Multiple Gender ID: 2 Non-Conforming Gender ID: 2 Female to Male: 1 Other Gender ID: 1 Missing Sexual Orient: 38 Heterosexual: 30

								Gay: 5 Bisexual: 3 Multiple Sexual Orient: 3 Other Sexual Orient: 2 Prefer Not to Answer: 1 Queer Sexual Orient: 1 Questioning Sexual Orient: 1
ERMHS/EPSTD Psychiatry (June Stats)	1-100	0	11					
EPSTD/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)								
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	3 Clinical 1 Clinical Supervisor	Drop-in: 2 Externally referred: 6 Ongoing tx: 14 Groups: 0/0					N/A
HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)								

Crisis and ACCESS Services	Staff Ratio	Clinical Staff Positions Filled	Total # of Clients/Incidents	MCT Incidents Detail	Calendar Year 2022 (Jan '22- Dec '22) Demographics – From Mobile Crisis Incident Log (through June 2022)
Mobile Crisis (MCT)	N/A	2 Clinician filled at this time	<ul style="list-style-type: none"> 61 - Incidents 7 - 5150 Evals 0 - 5150 Evals leading to involuntary transport 	<ul style="list-style-type: none"> 52 - Incidents: Location - Phone 8 - Incidents: Location - Field 0 - Incidents: Location - Home 	402 - Clients API: 23 Black or African-American: 80 Hispanic or Latino: 14 Other/Unknown: 184 White: 101 Male: 194 Female: 175 Transgender: 6 Unknown: 27
MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)					
Transitional Outreach Team (TOT)	N/A	1 Licensed Clinician, 1 Non-Degreed Clinical (TOT and CAT have been recently merged)	<ul style="list-style-type: none"> 1 – Incident(s) 	N/A	18 - Clients API: 2 Black or African-American: 7 Hispanic or Latino: 1 Other/Unknown: 2 White: 6 Male: 8 Female: 10 Transgender: 0 Unknown: 0
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)					
Crisis, Assessment, Triage (CAT)	N/A	2 Non-Degreed Clinical 1 Clinical Supervisor	<ul style="list-style-type: none"> 91 - Incidents 	N/A	324 - Clients API: 14 Black or African-American: 68 Hispanic or Latino: 14 Other/Unknown: 149 White: 79 Male: 158 Female: 127 Transgender: 0 Unknown: 39
					17

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

\$735,075

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

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

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, July 19, 2022 11:44 AM
To: Works-Wright, Jamie
Subject: FW: U.S. Transition to 988 Suicide & Crisis Lifeline Begins Saturday

Please see below

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary

City of Berkeley

2640 MLK Jr. Way

Berkeley, CA 94704

jworks-wright@cityofberkeley.info

Office: 510-981-7721 ext. 7721

Cell #: 510-423-8365



From: Buell, Jeffrey
Sent: Sunday, July 17, 2022 11:13 AM
To: All Mental Health <AllMentalHealth@cityofberkeley.info>
Subject: Fw: U.S. Transition to 988 Suicide & Crisis Lifeline Begins Saturday

FYI, in case it wasn't on your radar. Please feel free to share widely.

Jeffrey Buell, LCSW
 Manager of Mental Health Services
 Health, Housing & Community Services
jbuell@cityofberkeley.info or jbuell@ci.berkeley.ca.us
 Tel: [510.981.7682](tel:510.981.7682)
 Fax: [510.981.5265](tel:510.981.5265)

Please note that I work every other Monday.

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From: SAMHSA <noreply@health-emailupdates.com>
Sent: Friday, July 15, 2022 9:31 AM
To: Buell, Jeffrey <JBuell@cityofberkeley.info>
Subject: U.S. Transition to 988 Suicide & Crisis Lifeline Begins Saturday

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[U.S. Transition to 988 Suicide & Crisis Lifeline Begins Saturday](#)

On Saturday, the U.S. will transition the 10-digit National Suicide Prevention Lifeline to 988—an easy-to-remember three-digit number for 24/7 crisis care. The lifeline, which also links to the Veterans Crisis Line, follows a three-year joint effort by the U.S. Department of Health and Human Services (HHS), Federal Communications Commission (FCC), and the U.S. Department of Veterans Affairs (VA) to put crisis care more in reach for people in need. This initiative is part of President Biden’s [comprehensive strategy](#) to address our nation’s mental health crisis, and is identified by U.S. Health and Human Services Secretary Xavier Becerra as a top priority at HHS. Since January 2021, the Biden-Harris Administration has made unprecedented investments to support the 988 transition, investing \$432 million to scale crisis center capacity and ensure all Americans have access to help during mental health crises.

The National Suicide Hotline Designation Act, signed into law after the passage of bipartisan legislation in 2020, authorized 988 as a new three-digit number for suicide and mental health crisis. All telephone service and text providers in the U.S. and the five major U.S. territories are required by the FCC to activate 988 no later than July 16.

“988 is more than a number, it is a message: we’re there for you. Through this and other actions, we are treating mental health as a priority and putting crisis care in reach for more Americans,” said Secretary Becerra, who has been meeting with states across the country about the transition to 988 as part of HHS’ [National Tour to Strengthen Mental Health](#). “There is still much

work to do. But what matters is that we're launching, 988 will be live. We are looking to every governor and every state in the nation to do their part to make this a long-term success.”

The Biden-Harris Administration increased federal investments in the [988 Suicide & Crisis Lifeline](#) by 18-fold—from \$24 million to [\\$432 million](#)—to scale up crisis centers and back-up center capacity, and to provide special services, including a sub-network for Spanish language speakers.

The \$432 million included [\\$105 million](#) in grant funding to states and territories, provided by the American Rescue Plan, to improve response rates, increase capacity to meet future demand, and ensure calls initiated in their states or territories are first routed to local, regional, or state crisis call centers. Prior to this investment, the Lifeline, which has existed since 2005, had been long unfunded and under-resourced.

The [988 Suicide & Crisis Lifeline](#) is a network of more than 200 state and local call centers supported by HHS through the Substance Abuse and Mental Health Services Administration (SAMHSA).

“Recent investments made in the Lifeline have already resulted in more calls, chats, and texts answered even as volume has increased, but we know that too many people are still experiencing suicidal crisis or mental health-related distress without the support they need,” said Miriam E. Delphin-Rittmon, Ph.D., the HHS Assistant Secretary for Mental Health and Substance Use and leader of SAMHSA. “Over time, the vision for 988 is to have additional crisis services available in communities across the country, much the way emergency medical services work. The success of 988 depends on our continued partnership with states, as the federal government cannot do this alone. We urge states and territories to join us and invest further in answering the call to transform our crisis care response nationwide.”

FCC staff first [proposed](#) 988 in a report to Congress in August 2019 as the nationwide, easy-to-remember, 3-digit dialing code for individuals in crisis to connect to suicide prevention and mental health crisis counselors with the National Suicide Prevention Lifeline. On July 16, 2020, the FCC adopted rules designating 988 for this purpose. Recognizing the need to better support at-risk communities in crisis, including youth and individuals with disabilities, the FCC adopted additional rules in November 2021 to expand access to this important service by establishing the ability to also text 988.

“All across our country, people are hurting. They need help. The good news is that getting that help just got a lot easier. Starting tomorrow, 988 will be available nationwide for individuals in crisis, and their loved ones, to reach the 988 Suicide & Crisis Lifeline more easily,” said FCC Chairwoman Jessica Rosenworcel. “This cross-government effort has been years in the making and comes at a crucial point to help address the mental health crisis in our country, especially for our young people.”

VA administers the [Veterans Crisis Line](#) through the Lifeline’s national network. Because of VA’s partnership with the Lifeline, the Veterans Crisis Line is affected by this transition to a new number. Veterans and their loved ones can now Dial [988](#) then Press 1 to reach the Veterans Crisis Line.

“988 has been a long time coming and will serve as a critical resource during a crisis when every second counts. The new, shorter number will help ensure Veterans have easier access to the Veterans Crisis Line,” said VA Secretary Denis McDonough. “This launch is a whole-of-government approach in line with the President’s call to prioritize mental health by strengthening access to crisis services, and preventing Veteran suicide, our top clinical priority.”

In 2021, the Lifeline received 3.6 million calls, chats, and texts. That number is expected to at least double within the first full year after the 988 transition.

The U.S. had one death by suicide every 11 minutes in 2020, according to the Centers for Disease Control and Prevention. Suicide was the second leading cause of death for young people aged 10-14 and 25-34. From April 2020 to 2021, more than 100,000 people died from drug overdoses. Studies have shown that after speaking with a trained crisis counselor, most Lifeline callers are significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful.

The 10-digit Lifeline number [1-800-273-TALK \(8255\)](#) will continue to be operational after July 16 and will route calls to 988 indefinitely. Veterans, service members, and their families can also still reach the Veterans Crisis Line with the current phone number [1-800-273-8255](#) and Press 1, or by [chat](#) or text to 838255.

More information on 988 is available at www.samhsa.gov/988 and <https://www.samhsa.gov/find-help/988/faqs>.

Substance Abuse and Mental Health Services Administration

5600 Fishers Lane Rockville, MD 20857 USA

[1-877-SAMHSA-7 \(1-877-726-4727\)](tel:1-877-SAMHSA-7) | www.samhsa.gov | [Privacy](#)

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Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, July 18, 2022 11:41 AM
To: Works-Wright, Jamie
Subject: FW: MHC Public Program - Care Courts - Thursday, September 22, 2022

Hello All,

Please see the message below from Margaret.

Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



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Dear Commissioners,

I have received requests to have a public program on Care Courts.

We will thus have a program on Care Courts for our Thursday, September 22 meeting at 7:15 pm.

I had an opportunity to talk with Brian Bloom who can serve as one of our panelists for September. Brian is a Mental Health Advisory Board member for Alameda County and served as an Assistant Public Defender for the Office of the Alameda County Public Defender for 27 years. He further serves on AC Justice Involved Mental Health Task Force since 2017. There is a screen shot below of his full biography.



Brian Blum
Supervisor
Justice
in Alameda
1984 to
County
County
civil con
Program
interplay
and hav

We can further have a panelist from the Alameda County District Attorney's Office for this public program. It is noteworthy that the DA's Office has implemented a recent diversion pilot program for individuals engaged in criminal conduct who have mental health and substance use struggles. There may be keen interest in how this diversion program interfaces with potential Care Courts. The link to this program is:

https://www.alcoda.org/newsroom/2021/feb/da_announces_groundbreaking_diversion_program

Please feel free to reply and share your thoughts. I look forward to hearing from you.

Best wishes,
Margaret

Works-Wright, Jamie

From: Ally Markovich <ally@berkeleyside.org>
Sent: Tuesday, July 5, 2022 1:51 PM
To: Berkeley/Albany Mental Health Commission
Subject: [press] youth mental health / mental health commission meeting recording

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Hi there,

My name is Ally Markovich. I'm a reporter with Berkeleyside.

I'm working on a story about youth mental health in Berkeley, including what's on the horizon with the city partnership. I have interviewed students and the vice mayor, and I would love to speak with someone on the mental health commission on the topic. Is there anyone who would be available tomorrow or Thursday for a phone or in-person interview?

Additionally, is it possible to share the recording of the May 26 meeting? I found the minutes but would love to watch the meeting to get more context.

Thank you,

Ally Markovich
Reporter
[Berkeleyside](#)
510-859-4835

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, July 5, 2022 12:54 PM
To: Works-Wright, Jamie
Subject: FW: Amber House Tour Fri 7/8 1 pm- PowerPoints from MHC 12/21 presentation
Attachments: Amber House-Crisis Triage-Stabilization-Oakland-CA-Presentation-Dec-16-2022.pptx

Please see the information below from Margaret

Jamie Works-Wright

Consumer Liaison

Jworks-wright@cityofberkeley.info

510-423-8365 cl

510-981-7721 office



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From: Margaret Fine <margaretcARolfine@gmail.com>
Sent: Friday, July 1, 2022 4:17 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Amber House Tour Fri 7/8 1 pm- PowerPoints from MHC 12/21 presentation

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I hope you're well.

These are the PowerPoint slides by the Program Manager for Amber House from this presentation and have detailed info about its crisis stabilization program, including floor plan, services, et al. They are useful to read beforehand to consider questions and comments for next Friday's tour at 1 pm.

Thanks so much.

Best wishes,
Margaret

Margaret Fine
Cell: 510-919-4309

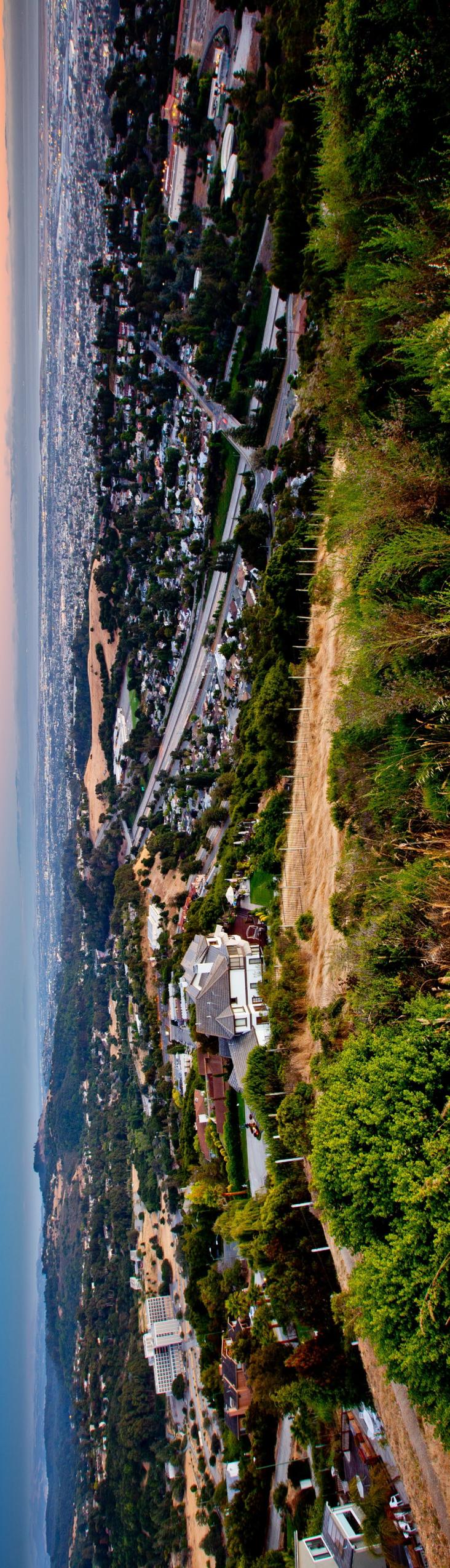
----- Forwarded message -----

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

Date: Fri, Jul 1, 2022 at 2:23 PM

Subject: Amber House Tour Fri 7/8 1 pm- slides from December presentation

To: <margaretcarolfine@gmail.com>



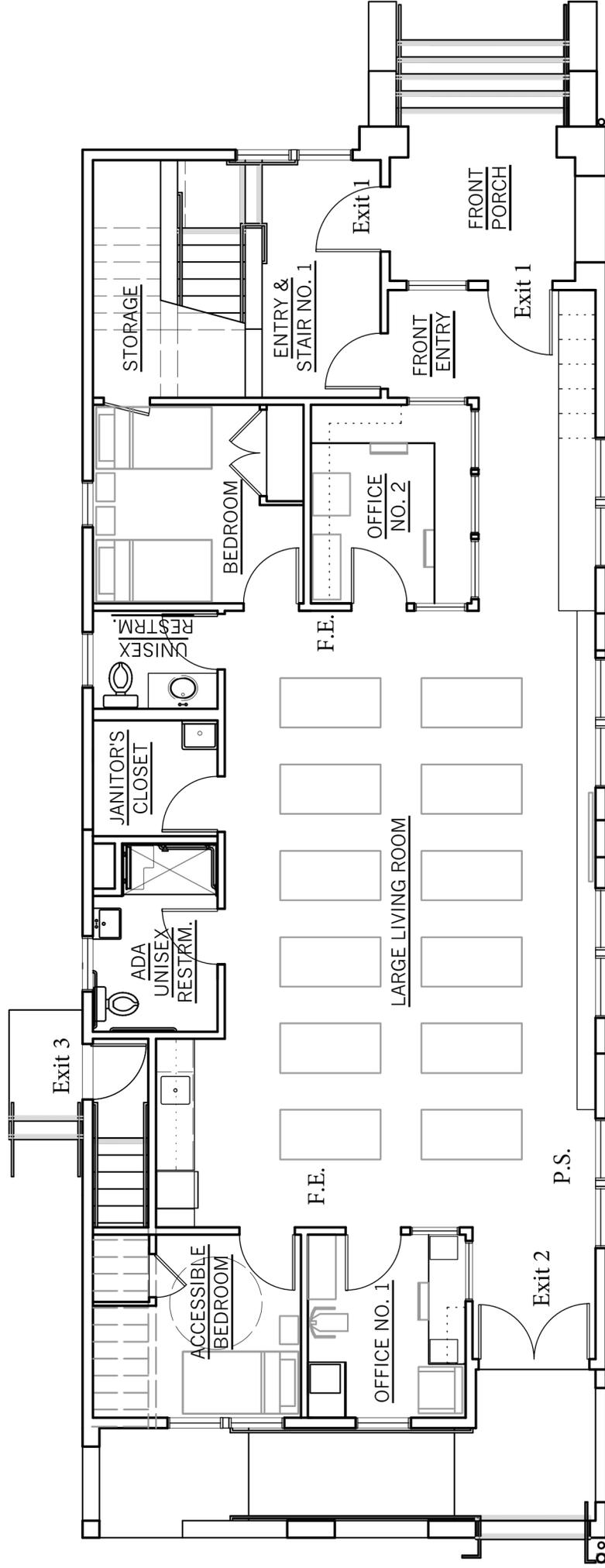
Amber House: Mental Health Crisis Triage

Location, Contacts, and Layout



516 31st St
Oakland, CA 94609
CSU Tel: 510-379-4179
CRT Tel: 510-3794394
CSU Fax: 510-423-0792
CRT Fax: 510-423-0833
CSU Email: Team-AmberCSU@bayareacs.org
CRT Email: Team-AmberCRT@bayareacs.org

CSU Floor Plan



When to come to the CSU...

- Client does not meet criteria for 5150 hold (danger to self, danger to others, grave disability)
- Client is experiencing any mental health symptoms and need further support and evaluation
- Client is at risk of losing a placement due to escalating symptoms and need respite
- Must have Alameda County Medi-Cal, no insurance, or residing in Alameda County with the intention to stay
- Voluntarily agree to come to the unit
- We are not locked, so clients can leave if they choose

Who may not be a good fit...

- Client who is experiencing active suicidal ideation with intent or plan
- Increasingly aggressive behaviors that cannot be redirected
- A client who is unable to care for their own physical needs
 - Cannot bathe by themselves
 - Needs physical assistance to get dressed
 - Unable to use the restroom unassisted
- Client's seeking a medication refill
 - We are unable to prescribe medication, we can only administer client's appropriately labeled prescription meds, or provide a one time doses of medication from our E-Kit based on our on-call psychiatrist's discretion
- Client's only in need of housing or substance use resources
 - We are not able to provide comprehensive medical or detox service and to ensure the client's safety, may need to refer them to med detox or the ER

Where do CSU referrals come from?

- The CSU is meant to have low barriers for entry, as long as it is safe (medically and physically) to accommodate someone
- Referrals come from the following places:
- Self (clients are able to self present to CSU stating their need for crisis support. **28%**)
- Case management and Full Service Partnerships (FSPs) **32%**
 - Berkeley Mental Health makes up approx. **5 %** of case management referrals
- Outpatient Mental Health Clinics **4%**
- Police Drop off **2%**
- Hospital ER **8%**
- Substance Use Program **2%**
- CATT or Mobile Crisis drop off **11%**
- Friends or family (usually by way of the crisis help line) **7%**
- Other sources (i.e. Public defenders office, housing program, board and care, other mental health services, etc.) **6%**

Information to be ready to share...

- Client name, DOB, and/or Social Security number
- Summary of mental health crisis and most recent mental health diagnosis
- Summary of symptom presentation
- Recent substance use
- Any outstanding medical conditions
- If the client coming with medication
- Possible discharge plans



What we provide....

- 24 hour mental health support
 - Nurses, Care Coordinators, Residential Counselors on every shift
- Large, comfortable chairs that recline almost flat
- Solid color shirts, sweats, pull over sweatshirts, shorts, underwear, sandals
- Access to hygiene
 - shower, bathing supplies, deodorant, toothbrushes, washer/dryer
- Snacks, single serving meals, fruit, water and juice
- Medication Administration
 - If clients present with prescription medications, we support with administration and medication adherence
 - We can only administer medication in appropriately labeled canisters or bubble packs



What we provide, continued....

- Emergency Medication Administration Kit
 - A one time dose of specific mental health medication as ordered by our 24 hour on call psychiatrist, Ruth Mondolfi, to reduce escalated symptom presentation
- Administration of PPD upon acceptance into a CRT or other programs as needed
- Collaboration with a client's support team to assist in discharge planning
- Linkage to resources and referrals to a CRT for clients who are not attached to an FSP or care team
- Clinicians and nurses are certified to write 5150 holds
 - If clients want to be hospitalized voluntarily, we will not write a hold, but support with transportation
 - If a client's behavior escalates to violent or aggressive, we are required to reach out to emergency services for physical support

Collaborating with the CSU...

- If the discharge plan is to attempt to transition the client to a CRT, or other non CRT program, complete the referral form prior to admission or while the client is staying at the CSU
 - CC Team-AmberCSU@bayareacs.org in emails regarding client referrals
 - CSU staff can support with following up with CRTs regarding admission
 - We will administer PPD if a recent one is not available, pending an accepted referral
 - We can support with transportation if someone from the client's care team is not available to do so
- Our goal is to begin planning discharge as soon as a client is admitted given the short time frame we are able to provide support for clients
- If a client discharges AMA or AWOLs, we will email the respective team to notify you as soon as possible

After staying at the CSU...

- Client's are encouraged to utilize the CSU after discharging when they are in a crisis
- If we begin to notice a pattern of constantly re-presenting, we will loop in the care team and do our best to provide additional resources
 - This may look like:
 - Providing shelter or housing resources if client is presenting without mental health crisis and is utilizing the CSU primarily for shelter
 - If a client is constantly in crisis, how can we work with their team to provide more wrap around support to promote further stabilization and reduce CSU presentations

What does Amber CRT do?

- Provide thoughtful, intentional care for up to 2 weeks (14 days) that focuses on:
 - Medication Management
 - Clients meet at least once a week with a psychiatrist via telepsych to monitor and manage their symptoms through medication
 - Group/Individual Therapy to improve coping skills
 - Crisis interventions
 - Support clients in accomplishing activities of daily living (ADLs)
 - Connect clients to resources such as: Case Management, Housing Resources, Substance use treatment
- How to refer:
 - Submit the ALCO Referral with MD signature
 - Submit PPD (if you have one that has been given within 1 year)
 - Send to amberreferrals@bayareacs.org
 - You can always call 510-379-4394 to inquire about availability

ALAMEDA COUNTY CRISIS RESIDENTIAL TREATMENT REFERRAL FORM

Amber House, 516 – 31st Street, Oakland, CA 94609. Phone: (510) 379-4394, Fax: (510) 423-0833
Amberreferrals@bayareats.org
 Jay Mahler Recovery Center, 15430 Foothill Blvd, San Leandro, CA 94578. Phone: (510) 246-1589, Fax: (510) 357-3614
JMCreferrals@telecarecorp.com
 Woodroe Place, 22505 Woodroe Avenue, Hayward, CA 94541. Phone: (510) 537-1688, Fax: (510) 265-8815
Woodroereferrals@bayareats.org

Referral Date: _____ Referring Agency: _____
 Referring Clinician Name: _____ Contact Number: _____

CLIENT INFORMATION

Client Name: _____ Age: _____
 Gender: _____
 Primary Language: _____ SSN (if no SSN, include PSP): _____
 Income Source/Amount: _____ Client Phone # (if applicable): _____
 Conservator: _____ Insurance: _____
 Alameda County Resident: Yes No
 Legal Status (PC290, 1370.01, etc): _____
 Current Living Situation: _____ Is client able to return? (if no, state reason) _____
 Outpatient Services Team: _____ Outpatient Clinician: _____
 Contact Number and Email: _____

CLINICAL INFORMATION

Diagnoses (please include primary and secondary): _____
 Substance Use (please include substances used and any withdrawal concerns, signs or symptoms): _____
 Risk Factors: Danger to Self Danger to Others AWOL/AMA Risk Other: _____
 Please elaborate on any checked boxes: _____
 Reason for referral (please include description of precipitating events as well as current symptoms): _____
 Please list all current medications (include over the counter medications): _____

TB SCREENING/CLEARANCE

Has client ever had TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PPD test in last 12 mos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has client ever had BCG?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chest X-Ray in last 12 mos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Past exposure to TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where:	_____

SIGNS & SYMPTOMS: Check the appropriate box for any symptom that the client is currently experiencing:

Fatigue; Malaise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unexplained weight loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anorexia (loss of appetite)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever (usually at night)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Night sweats (drenching)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hemoptysis (spitting blood)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pain in chest	<input type="checkbox"/> Yes <input type="checkbox"/> No

If marked yes to any above, please explain: _____

PPD Administered Date: _____ PPD Read Date: _____ Positive Negative
 Other infectious/contagious illnesses (include signs of lice, bed bugs, scabies, etc.): Yes No If yes, describe: _____

PHYSICAL HEALTH STATUS

Medical Diagnoses (Please include treatment protocol and necessary follow-up): _____

Ambulatory Status: Ambulatory Ambulatory with assistive device* Non-ambulatory Bedridden
 *If with assistive device, please indicate: Does client have w/them? Yes No N/A
 Can client transfer on own? Yes No N/A

Physical Impairments Capacity for Self-Care

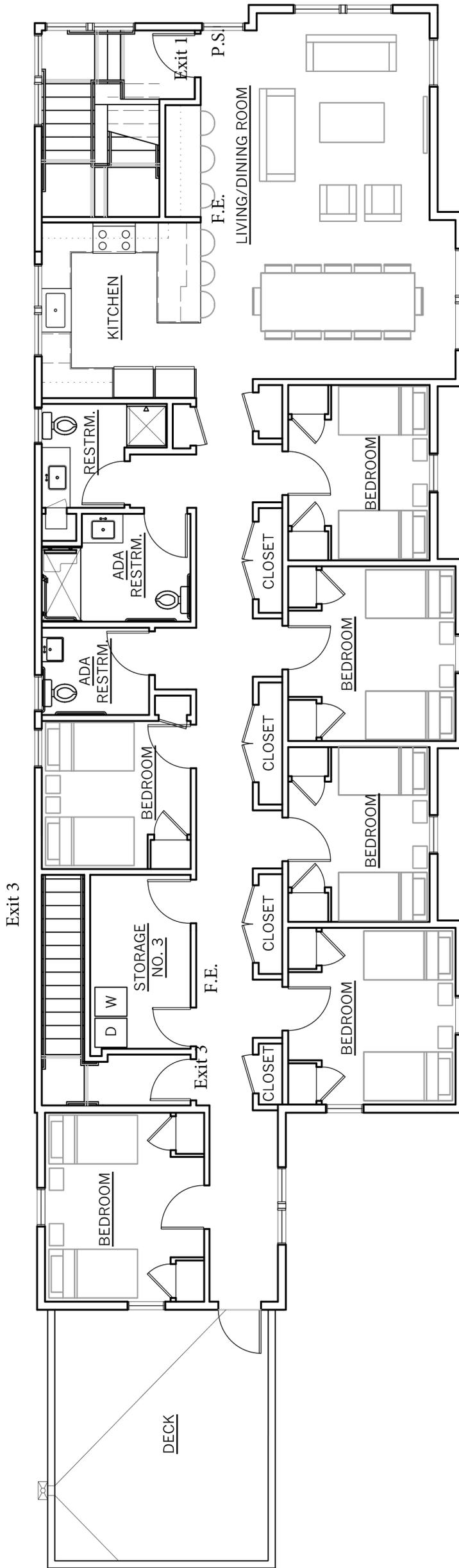
Auditory impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently taking meds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can administer own meds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bowel/Bladder impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	If on insulin, able to measure blood sugar and self administer insulin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, please describe: _____		Bathes/Dresses/Feeds Self	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to care for any wounds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ability to leave unassisted	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mental Status Special Diet:

Confused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to follow instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to communicate	<input type="checkbox"/> Yes <input type="checkbox"/> No

Print MD Name: _____ Facility Name: _____
 MD Signature: _____ Date: _____

CRT Floor Plan



The Stats...

- Total unduplicated clients served (Nov. 2019-Nov. 2021): **820**
- Sex assigned at birth: Female: **312** Male: **522**
- Age ranges: 18-25: **138**; 26-35: **235**; 36-45: **166**; 46-55: **133**;
56-65: **109**; 66+: **39**
- Total client episodes (Nov. 2019-Nov. 2021): **2191**
- Percentage of clients discharged to lower level of care (Nov. 2019 –
Nov 2021): **94.8%**
- Number of total 5150s written for CSU clients: **5**

Works-Wright, Jamie

From: Specialized Training Services <info+specializedtraining.com@ccsend.com>
Sent: Wednesday, June 29, 2022 10:16 AM
To: Berkeley/Albany Mental Health Commission
Subject: Threat Assessment/Violence Prevention experts to present in DC. In-person & virtual training available!

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



Threat Assessment experts to present in McLean, VA Both in-person and virtual (Zoom) training available!

Threat assessment and threat management experts, Dr. Reid Meloy and Dr. Stephen White will present for three days this November! This event was originally scheduled for June, 2020 but fell victim to the pandemic. It is now rescheduled for November as we welcome people back to in-person training. Our gracious host, Capital One Financial Services, will provide the location for this program at their headquarters in McLean, VA, just across the Potomac river from Washington, DC.

One thing we know from the past two years is that targeted violence has not abated. Horrible acts of violence occur almost daily in every environment from schools to the workplace to the community. While active shooter training is helpful, relying on it solely, without emphasizing a well trained threat assessment and threat management component in your violence prevention strategy, puts your organization at a disadvantage.

**This event is for law enforcement, campus BIT teams, mental health, corporate security, homeland security, DoD, HR & allied professionals.
Attend in-person or virtually in real time!**

Please note: The virtual program will be live beginning at 8:45am EST. We apologize to those attending in time zones which make attendance difficult. If so, we encourage you to consider attending the in-person programs, but register early as space is limited. These programs will not be recorded or replayed.

Enjoy super early bird savings now through 7/31. Register now!

Assessing Threats & Violence Risk on Campus, in the Workplace/Community with the WAVR-21, Stephen White, PhD

Nov. 1, 2022, 8:45 - 4:45 EST, 7 hours of CE's

Determining risk of violence is paramount to anyone doing threat assessments. Dr. Stephen White, co-author of the WAVR-21, will present a one-day training on violence risk and threat assessment in workplace, campus and community settings using the WAVR-21 (Workplace Assessment of Violence Risk). In this short, one day introduction to the instrument, the goal is to get participants up and running on the use of the WAVR-21. Click [here](#).



- Learn how to use the WAVR-21 from its co-author
- The WAVR-21 is a state of the science threat assessment tool which will guide your threat assessments to an accurate outcome.
- "WAVR training was selected and provided on a systemwide basis to all ten University of California campuses." UC Office of the President

Advanced Threat Assessment and Threat Management: Front Line Defense for Evolving Threats, Reid Meloy, PhD, ABPP

November 2-3, 2022, 8:45-4:45 EST, 14 hours of CE's

Many acts of targeted violence are preventable, making their eventual occurrence even more tragic. Many perpetrators who have gone on to commit violence were known to their respective communities as being a potential problem. Threat assessment and threat management have been shown to be effective processes which not only identify a subject at risk but also can provide a road map for successful interventions. Click [here](#).



- Important differences in modes of violence
- New research on threats
- Update on stalking
- Assessing home grown terrorist radicalization
- The dark triad of targeted violence

The **WAVR-21** has been the go to instrument for threat assessment since its introduction in 2007. Now in its third

edition, the WAVR-21 is used at major universities, fortune 500 companies, law enforcement and security agencies and in government settings such as the DoD and VA. While comprehensive, users can learn its use in one day. The cost of the manual and five coding forms is just \$199.95, thus for less than \$500, an organization can help protect itself from targeted violence by the purchase of the instrument and having a staff person receive the training necessary to use it. Moreover, participants will learn from the WAVR authors themselves!



Purchase the WAVR-21 now

Essentials of the Personality Assessment Inventory

December 1-2, 2022: (Virtual) Leslie Morey, PhD



Dec. 1-2, 2022: 10 hours of CE's

Noon-5pm: EST

11-4pm: Central Time

9-2pm: PST

The Personality Assessment Inventory (PAI: Morey, 1991) is an instrument designed for use in a wide range of clinical settings. The PAI consists of four sets of scales: four validity scales, eleven clinical scales covering major categories of pathology corresponding to current nosology, five treatment scales measuring constructs related to treatment and case management, and two interpersonal scales. This workshop, taught by the author of the instrument, is designed to provide a substantial knowledge base so participants can feel comfortable with its use. Those with limited knowledge/experience with the PAI will be brought up to speed with a fast but comprehensive introduction. The goal of this workshop is to give users of the PAI the knowledge and skills necessary to use this instrument with confidence and accuracy. Attendance to the live program will be critical as this program **WILL NOT BE RECORDED**. Click [here](#) for more information or to register.



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info@specializedtraining.com

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Works-Wright, Jamie

From: Berkeley/Albany Mental Health Commission
Subject: FW: New MHC Members: 911 Blueprint & New Orleans Parish 911 Center Visit, 6/28 - info & photos

From: Margaret Fine <margaretcarolfine@gmail.com>
Sent: Wednesday, June 29, 2022 9:35 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: New MHC Members: 911 Blueprint & New Orleans Parish 911 Center Visit, 6/28 - info & photos

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

Dear Jamie,

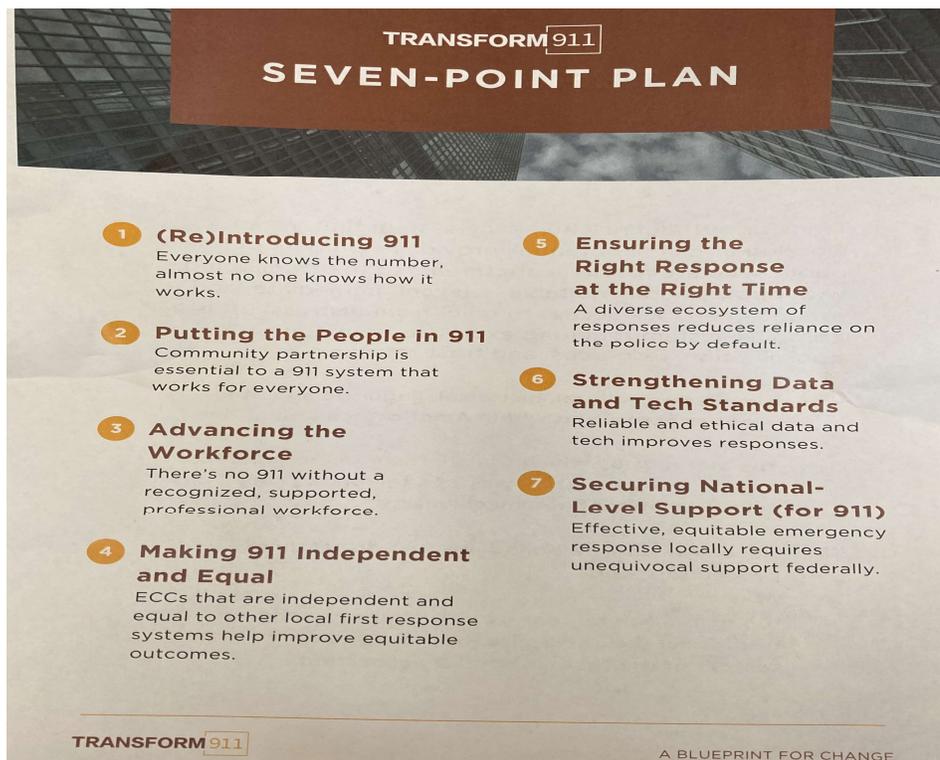
I hope you're well. Would you kindly send this email to the Mental Health Commissioners? Would you please include Mary-Lee Kimber Smith, Glenn Turner, and Judy Appel in our emails? Thank you very much!

Hi Everyone,

I hope you're well. Initially I want to let you know that the Berkeley City Council appointed Mary-Lee Kimber Smith and Glenn Turner to the Mental Health Commission last night. Many congratulations to them! We are so happy you are joining us! 🎉🌸👏

Next Transform911 has released their Blueprint Plan for fundamentally improving 911 centers and systems. One of the key 911 recommendations is to make 911 a separate, equal and independent department from police, fire, EMS, and the human services departments. The Tucson Police Chief set forth this recommendation this morning at the press conference and Blueprint briefing. He was an interim 911 Director and his experience underpins this position. Here is the link to the full Blueprint and the 7 Recommendations (screenshot):

<https://www.transform911.org/blueprint/>

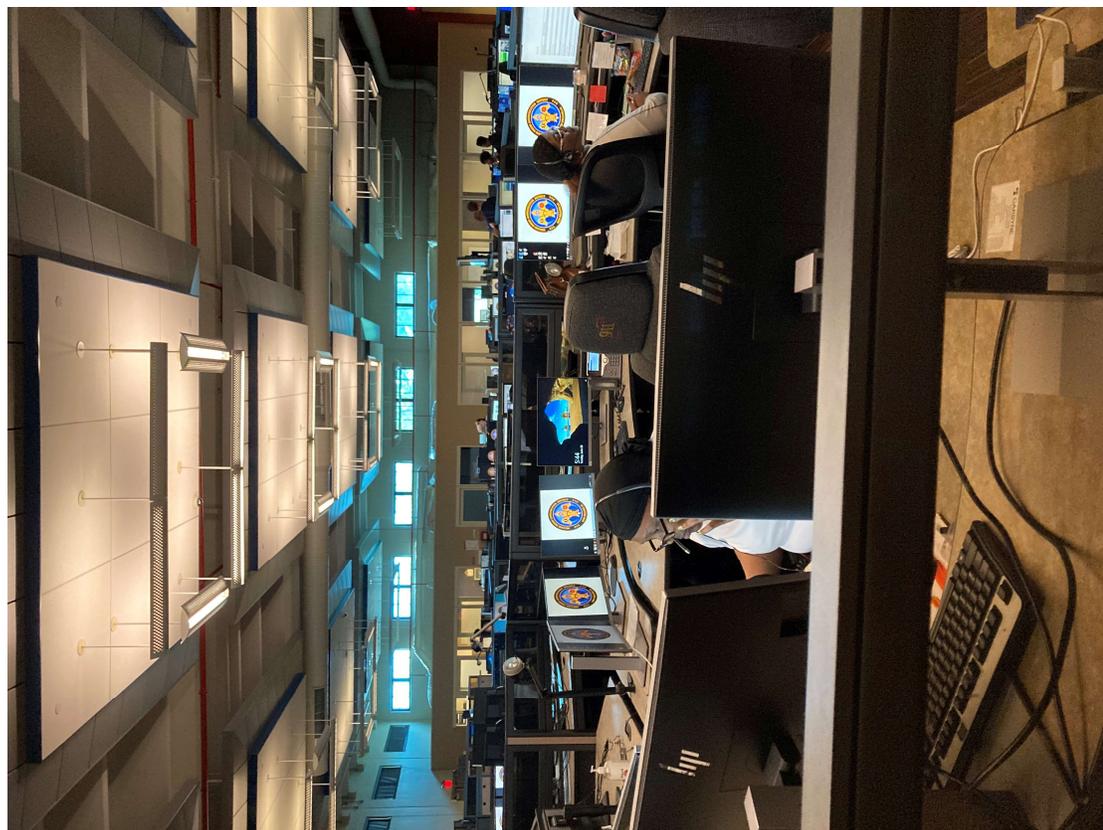


Visiting 911 center in New Orleans

I also want to pass along some info and photos from New Orleans' 911 Communications Center—where I visited yesterday.

Referred to as the Orleans Parish Communications District, it operates separate from police, fire & EMT, and human services department. 911, police, fire, EMT meet weekly as part of formal body. Their call takers and dispatchers are separate. Dispatchers sit in pods by police, fire, EMS, 311. This 911 Center has a separate human services department for non-violent calls with no weapons involvement such as from impacts due to mental illness, substance use, and/or homelessness.

Further this 911 Center focuses on well-being of 911 professionals as first responders—particularly with receiving videos & photos as part of 911 communications Below is a photo of their quiet room in the 911 Center. It has reduced the police burden in not having to respond to these calls. It was also noteworthy to meet the Director from the Department of Community Safety from Albuquerque too.





Best wishes,
Margaret

Margaret Fine
Pronouns: she/her
Berkeley, CA
Cell: 510-919-4309

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, June 27, 2022 3:34 PM
To: Works-Wright, Jamie
Cc: Warhuus, Lisa; Buell, Jeffrey
Subject: FW: Transform911 Blueprint Launch - Wed 6/29, registration link

Internal

Please see the message from Margaret Fine below

Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



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From: Margaret Fine <margaretcарolfine@gmail.com>
Sent: Monday, June 27, 2022 2:58 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Transform911 Blueprint Launch - Wed 6/29, registration link

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Hi Jamie,

Would you kindly send this email to the Mental Health Commissioners with a copy to the Director of Health, Housing & Community Service and the Mental Health Division Manager? Thank you so much.

Hi Everyone—

I am headed to New Orleans for the Transform911 Blueprint Launch on Wednesday, June 29, starting at 9 am Central Time with the press conference and briefing. Transform911 is an initiative based at the University of Chicago Health Lab and partners with many organizations and stakeholders. The registration link is below for the virtual program.

Transform911 will unveil a blueprint to transform the nation's 911 system—from call-taking and dispatch through final resolution. Public safety professionals—including 911, EMS, fire, and law enforcement—along with community responders, advocates, public health officials, researchers, and other experts have spent the past year developing recommendations to better prioritize public health, community safety, and justice in emergency response.

The registration link is:

<https://www.transform911.org/convenings/#blueprint-launch>

In 2021 I was selected by the University of Chicago Health Lab to serve on Transform911 for “public health, justice, and safety.” I have participated in the 911 Emergency Services Operations Working Group every other week with many 911 directors from across the country and will be touring the 911 center in New Orleans tomorrow.

Hope you may be able to join—even for the press conference and briefing at the beginning of the day.

Best wishes,
Margaret

Margaret Fine

Works-Wright, Jamie

From: Kim Nemirow <nemirowkimmy@aol.com>
Sent: Thursday, June 23, 2022 3:24 PM
To: Louis, Jennifer A.
Cc: Reece, Kevin A.; VRodrigues@cityofberkeley.info; McDougall, Alexander; daphnesflight@yahoo.com; boonache@aol.com; RKersarwani@cityofberkeley.info; Harrison, Kate; BBartlettt@cityofberkeley.info; Hahn, Sophie; Wengraf, Susan; TTalpin@cityofberkeley.info; Berkeley Mayor's Office; Robinson, Rigel; Droste, Lori; Manager, C; Jacobs, Joshua; Berkeley/Albany Mental Health Commission; berkeleycopwatch@yahoo.com; elanarobyn@gmail.com
Subject: Re: Allegations of Homocides Caused by Fentanyl Among HOMELESS POPULATION (fwd to PACKETTS of next Homeless and MH Commission Mtg)

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To: Office of Chief Louis
 Office of Lieutenant Reece
 SGT. Rodrigues
 Area Coordinator McDougall
 cc: Office of City Manager
 Office of Mayor and City Council Members
 Director Health Housing Community Services Lisa Warhuus

It has come to my attention in two separate instances by sources I deem very credible, that there is information about specific individuals putting FENTANYL in the sleeping area or in the food or drinks of some homeless people- who are widely known to NOT take opioids or meth- in order to intentionally kill them

One person making this allegation told me he knows another individual who knows the identity of at least one of the alleged persons responsible for these murders

According to the Homicide detectives at BPD and to Sergeant Wilson, "any overdose of an illegal substance" is not considered a basis for an investigation. However, this reading of the BPD policy and related laws pertaining to overdoses fails to consider allegations of INTENTIONAL POISONING committed OUTSIDE THE CONTEXT of voluntary drug ingestion. It also fails to consider scenarios where legal drugs are passed off but are in fact fentanyl.

With a proper handling of the individual with allegations of possible scienter to the crime, both the witness and the community can be spared what may be an ongoing means of killing members of the homeless population intentionally.

It does not sit well in public opinion, at present, to do absolutely NOTHING to investigate the possible lacing of fentanyl in food or liquid or on other property when the target is - at least presently- the homeless population. Presumably, if a person who was housed and middle class suffered a fentanyl overdose and had no known history of illegal drug use, BPD would dedicate resources to determine if the overdose were a murder.

As well, there is a urban farm and summer camp located directly in the midst of where these alleged murders have occurred- potentially placing those on the farm at risk- as those who use fentanyl in this manner- as a murder weapon may be equally willing or reckless in allowing the deadly powder to become air borne near passersby.

I would like to know if BPD is willing to investigate these allegations. So far, neither the detective nor the SGT I spoke with in homicide is willing to consider that a fentanyl death can occur without the voluntary ingestion of an illegal substance, which is what is being alleged.

Fentanyl CAN be laced into food and made air borne to produce death. Neither of the persons making reference to their belief that this is what is occurring (in some cases) have any ostensible motive for making these claims.