



Mental Health Commission

INFORMATION CALENDAR  
May 24, 2022

To: Honorable Mayor and Members of the City Council  
From: Mental Health Commission  
Submitted by: Dr. Margaret Fine, Chair, Mental Health Commission  
Subject: Mental Health Commission Annual Report 2021-2022

INTRODUCTION

At its March 24, 2022 meeting, the Mental Health Commission adopted its Annual Report 2021-2022.

CURRENT SITUATION AND ITS EFFECTS

The Mental Health Commissioners include: Margaret Fine (Chair), Monica Jones (Vice-Chair), Edward Opton, Andrea Pritchett, Tommy Escarcega, and Councilmember Terry Taplin. On March 24, 2022, the Mental Health Commission adopted its Annual Report during its regular public meeting.

The Annual Report reflects the Mental Health Commission's work from February 2021 through March 2022, including for people living with serious mental illness and substance use issues and disorders—many of whom are unhoused, people of color, LGBTQIA+ people, people living with disabilities of all ages. It further reflects the public programs held by the Mental Health Commission over the past year to inform the community at-large.

This Annual Report further reflects the Commission's work on supporting: 1) a whole person care approach that equitably provides well-integrated, coordinated systems of care to diverse people with mental health and substance use challenges, and 2) a diversion approach to reduce interactions with law enforcement and using hospital emergency rooms, inpatient psychiatric hospitalization, and incarceration for service delivery whenever possible.

Overall, the Annual Report shows how the Mental Health Commission's work supports a comprehensive 365/24/7 mental health and substance use system for Berkeley, including implementing an alternative non-police responder program, the Specialized Care Unit, and establishing a crisis stabilization center in Berkeley for people who seek voluntary urgent care.

BACKGROUND

The Commission chose to adopt this Annual Report to inform Council, City staff, and the community about its work.

ENVIRONMENTAL SUSTAINABILITY

There is no identifiable environmental sustainability impact associated with this annual report.

POSSIBLE FUTURE ACTION

None

FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

None

CONTACT PERSON

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Attachments:

1: FY 2021-2022 Annual Report

## **ANNUAL REPORT 2021-2022** **Mental Health Commission for the City of Berkeley**

### Introduction

The Mental Health Commission (MHC) is a state-mandated public advisory body comprised of Berkeley residents with behavioral health and related expertise. This Annual Report is designed to inform community members, City of Berkeley staff, and the Berkeley City Council about the Mental Health Commission's overall work during this past year.

The Mental Health Commission advises the Division of Mental Health for the City of Berkeley and the Berkeley City Council on behavioral health policy, programming, implementation, evaluation, budget allocations, and expenditures. The Mental Health Commission is further focused on improving wellbeing for people with behavioral health challenges, including for those with serious mental illness (SMI) and substance use disorders (SUD) in Berkeley—many of whom are homeless. This Division of Mental Health serves people with SMI and SUD through primarily intensive outpatient services with an approximate annual budget of \$15-17 million.

In addition, the MHC holds behavioral health programs during its public meetings in order to raise awareness and visibility about behavioral health and related issues in Berkeley, and to gather perspectives from community members to inform the Commission's work.

### MHC Membership

Under the Welfare and Institutions Code § 5604, the Mental Health Commission is mandatorily required to comprise its membership of individuals with behavioral health expertise—both lived and acquired through education and occupation. Each community behavioral health board shall consist of at least 10 members. Under this state statute, there are legal requirements for the membership composition of the Mental Health Commission. One member represents the City of Berkeley Mayor's Office. Under the state statute, 50 percent of the Commission shall be consumers, or families of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers, under the same statute.

### MHC Powers and Duties

The powers and duties of the Mental Health Commission for the Cities of Berkeley and Albany are aligned with the Welfare and Institutions Code, Section 5604 and accorded in the City of Berkeley Resolution N.S., 65,495 dated November 27, 2012.

### MHC General Meetings

The Mental Health Commission holds regular meetings on the last Thursday of each month at 7:00 pm except in August and November. Before the COVID pandemic, the Mental Health Commission's meetings occurred at an accessible public administration building on Center Street in downtown Berkeley. During COVID, the Mental Health

Commission has met via Zoom in order to conduct its meetings. The Mental Health Commission, along with other Berkeley boards and commissions, did not meet due to COVID from March until September 2020.

Mental Health Commission Public Hearings and Presentations 3/20—2/22:

1. Results-Based Accountability and Evaluating the Division of Mental Health, 4/21
2. Berkeley City Auditor Report, Data Analysis of City of Berkeley's Police Response, 5/21
3. Whole Person Care and Well-Integrated, Coordinated Care for People w/SMI & SUD, 6/21
4. Public Hearing: MHSA Annual Report FY 21/22, 7/21
5. Housing, Homelessness and People with SMI & SUD in Berkeley, 9/21
6. Crisis Stabilization Centers at Amber House, Oakland and Deschutes County, OR, 12/21
7. Public Hearing on MHSA INN Homeless Wellness Encampment Project, 1/22
8. Behavioral Health, Substance Use, Harm Reduction & Lifelong Street Medicine Team, 2/22

Further Accomplishments of Mental Health Commission – 3/20-2/22

Building a Comprehensive Behavioral Health System for the City of Berkeley

1. Advancing a Whole Person Care Approach & Framework

The Whole Person Care (WPC) approach refers to providing well-integrated, coordinated systems of care that advance wellbeing for Berkeley people with behavioral health challenges in an equitable, inclusive manner, including for those living with SMI and SUD. The Whole Person Care approach is designed for inclusion and population accountability and for providing tailored, culturally safe, and responsive services to diverse people and groups. The Whole Person Care approach attempts to eliminate interactions with police; involvement with the criminal legal system; and use of hospital emergency rooms, inpatient psychiatric hospitals, and incarceration for people experiencing behavioral health challenges in the community.

2. Diverting People Away from Policing and Towards Wellbeing Services in an Equitable, Inclusive Manner;

Developing a Comprehensive Behavioral Health Crisis System

a. Santa Rita Jail Subcommittee

Alameda County Santa Rita Jail, one of the largest jails in the United States, incarcerates more than 3400+ persons. The City of Berkeley is part of Alameda County. This jail has one of the highest rates of in-custody deaths in California. It has been the subject of numerous lawsuits and class-action cases regarding jail conditions resulting from lack of medical and behavioral health services. The Mental Health Commission established this Subcommittee to study possibilities for diversion of Berkeley residents away from incarceration at Santa Rita Jail and hospitalization at John George Psychiatric Hospital and towards local community-based care.

Initially the Santa Rita Jail Subcommittee reviewed the lengthy federal Department of Justice investigation showing how this jail institutionalizes people with mental health disabilities in locked facilities with severely inadequate mental health care. This Subcommittee further reviewed the Babu v. Ahern lawsuit, which focuses on use of prolonged solitary confinement under severely inhumane conditions for people with mental health disabilities. The Subcommittee further reviewed how people with mental health disabilities cycle in and out of psychiatric institutions and jails because they lack access to crisis and ongoing services that would allow them to recover and participate in community life in Berkeley.

b. Developing a Specialized Care Unit (SCU)

An Alternative Non-Police Crisis Response Program

In January 2021, the City Manager designated the Director of Health, Housing, and Community Services as the project manager for the Specialized Care Unit program. The Director established an SCU Steering Committee to work with the commissioned consultant, Research Development Associates, on the SCU program including municipal and community stakeholders. The Mental Health Commission is designated as one of the stakeholders. The City of Berkeley further contracted with Research Development Associates to conduct three distinct reports to initiate the process to establish an SCU for Berkeley.

Since then, the SCU Steering Committee met regularly with the commissioned consultant on the reports. This past year the Mental Health Commission participated in the meetings and contributed to the research on non-police crisis response models for the first RDA report. This report, “Crisis Response Models Report,” presents a lengthy report of crisis response programs in the United States and abroad—both non-police and co-responding programs.

The second report, “Mental Health Crisis Response Services and Stakeholder Perspectives Report,” is the result of numerous qualitative interviews and focus groups with stakeholders of the crisis system. These stakeholders included local community-based organizations (CBOs) and utilizers of Berkeley’s crisis response services. The Mental Health Commission contributed to developing the master list of community-based organizations and securing stakeholder involvement from diverse and marginalized organizations and individuals.

Additionally, the third report, “City of Berkeley Specialized Care Unit Crisis Response Recommendations,” proposes the consultant recommendations and a guide to phased-in implementation of the SCU model in Berkeley. Since issuing this report, the Mental Health Commission contributed to developing a summary responding to the recommendations that will be issued shortly by the Department of Health, Housing, and Community Services.

c. Crisis Stabilization Center for Berkeley

The Mental Health Commission is advocating for a crisis stabilization center in Berkeley. Crisis stabilization centers can serve as an alternative to using emergency departments and moreover, criminal legal and incarceration systems by providing these types of services to distressed individuals who voluntarily seek this urgent care.

The Commission held a public meeting on December 16, 2021 to create visibility, awareness, and recognition about crisis stabilization services in the community at-large—particularly for considering the key components that may meet the needs of people experiencing mental health and/or substance use crises in the community. The program managers from Amber House located in Oakland, CA and Deschutes County, OR presented and answered numerous questions about their models and the specific nature of their programs.

Specifically the presentation showed how crisis stabilization services can assist with deescalating the severity of a person's level of distress and with providing 24-hour services to people in distress, including with services that are tailored, culturally safe and responsive.

- Key components include 24/7/365 staffing with a multidisciplinary team of behavioral health specialists, including peers, clinicians, and psychiatrists or nurse practitioners (via telehealth), to address mental health and/or substance use crises.
- Further key components include receiving referrals (including self-referrals), walk-ins, people without insurance, and first responder drop-offs.

It is noteworthy that the questions raised about crisis stabilization highlighted the need for skilled crisis specialists who can address psychosis resulting from mental illness and substance use (e.g. methamphetamine induced). There is a mental health and substance use crisis and epidemic in Berkeley that needs substantially increased resources and attention.

d. Reimagining Public Safety Task Force for the City of Berkeley

Since January 2021, three Mental Health Commissioners have participated on the Reimagining Public Safety Task Force for the City of Berkeley. The Mental Health Commission appointed a Commissioner to the Task Force. Two additional members, including the Vice-Chair, were appointed by Councilmembers. The Reimagining Public Safety Task Force has focused on overarching, comprehensive goals to reduce reliance on policing and improve wellbeing for diverse people in an equitable, inclusive manner.

Task Force members have participated for more than one year on multiple subcommittees involving policing and budget allocations, officer-initiated stops and BerkDOT, 911 call processing and dispatching, alternative non-police responder programs, and building capacity for community-based organizations, programs and services citywide.

Further Task Force members have engaged in extensive community engagement research including holding listening session on gender-equity, disability (people with behavioral health challenges), and LGBTQIA+ and Queer/Trans people—particularly for people of color. The Task Force further has thoroughly reviewed the commissioned consultants' reports and provided in-depth analysis. Ultimately, the Task Force has prepared an overarching, comprehensive Reimagining Public Safety Task Force Final Report and Recommendations for the Work Session scheduled before the Berkeley City Council in March 10, 2022

3. Providing Equitable, Whole Person Care for People with Behavioral Health Challenges in Berkeley – Some of whom are unhoused – during a COVID Pandemic
  - a. Developing the MHSA INN Homeless Encampment Wellness Project Serving People Living in Berkeley Encampments with Peer-Led Services

The City of Berkeley is proposing an encampment-based mobile wellness center with peer-led, customizable services in Berkeley. This project is an innovative model for service delivery that promotes health and wellness for those experiencing homelessness in our communities without requiring engagement with behavioral health services to participate in its offerings.

This year Mental Health Commissioners made multiple contributions to developing the proposal beginning summer 2021. Commissioners participated in the MHSA Advisory Committee meeting in August 2021 to develop the proposed program. The Mental Health Commission had the commissioned consultant present at its September 2021 to review stakeholder input and program development, including having an extensive question/answer session and providing further stakeholder input for developing this program.

Finally, the Mental Health Commission held the public hearing to recommend this program for MHSA funding in the amount of \$560,000 to the Berkeley City Council at its January 27, 2022 meeting. Once the Berkeley City Council approves this proposed program, it will be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services for the State of California for approval.

- b. Developing Support Networks for Families of People with SMI & SUD, Particularly to Address Structural and Individual Racial and Related Barriers

The Mental Health Commission hosted the Executive Director of NAMI in Contra Costa County in October 2021. The presentation and discussion focused on families coping with loved ones experiencing serious mental illness and substance use issues and disorders, including addressing disparities in healthcare delivery among people during COVID-19. Specifically, the conversation focused on issues of racial discrimination and

injustice, the criminalization of African Americans living with mental illness, and tailored cultural safe and responsive services for diverse community members.

c. Implementing Whole Person Care and new Medi-Cal Reforms at the Division of Mental Health for the City of Berkeley

Beginning January 2022, the State of California initiated overhauling its Medi-Cal system for people living with serious mental illness (SMI) and substance use disorders (SUD) through its Medi-Cal reforms called CalAIM. For the first time on a state-wide level, this health insurance coverage will adopt the Whole Person Care approach and framework to managing comprehensive client needs across multiple government systems for people with serious mental illness and substance use disorder.

Currently the Division of Mental Health serves a high number of clients with serious mental illness and substance use disorders—many of whom have involvement with multiple systems: health, behavioral health, public benefits, housing, child welfare, youth justice, criminal legal, incarceration. Currently the Division of Mental Health staff have limited access to existing information for serving clients—primarily Medi-Cal health/behavioral health information. The Mental Health Commission has consistently engaged with the Division of Mental Health about providing Whole Person Care to its clients through increasing access to existing client records across multiple systems in coordination with Alameda County.

In June 2021, the Mental Health Commission held a comprehensive program and question/answer session focused on implementing the “Community Health Records” (CHR) system. As part of Alameda County’s Whole Person Care Pilot from 2017-2021, the county developed this comprehensive electronic records system to improve Whole Person Care for people experiencing homelessness or housing instability and living with several complex conditions: physical, behavioral health, housing, social.

For the Mental Health Commission presentation, the Program Director and Director of Strategic Development from Alameda County Care Connect made a presentation about the “Community Health Records.” Mental Health Commissioners and community members through public comments delved into unpacking the existing information available through this system for:

- primary and specialist care, including behavioral health
- public benefits and housing
- county crisis response services
- hospital emergency room and hospital admissions
- inpatient psychiatric admission at John George Hospital
- incarceration entry and release dates at Santa Rita Jail.

Since the presentation, the City of Berkeley has executed its data sharing agreement with Alameda County for implementing this electronic records system and will be onboarding staff. Access to the Community Health Records is critical to providing



comprehensive, informed Whole Person Care to people living with serious mental illness and substance use disorder. The Mental Health Commission has further consistently engaged and updated progress through the Mental Health Manager's Report in order to implement this system.

In addition, this past year Mental Health Commissioners participated on the internal Mental Health Equity Committee of the Division of Mental Health, including prioritizing the current collection of housing data needed to support clients with stable, predictable housing. In addition, the Mental Health Commission has successfully advocated for collecting demographic data that reflects its client population based on race, ethnicity, gender identity and expression, and sexual orientation. Caseload statistics reflect this information in detail.

### Conclusion

The Mental Health Commission is pleased to present this Annual Report 2021 to the Berkeley City Council, and thanks the City Council for taking the time to review it.

