To: Mental Health Commissioners  
From: Carol Patterson, Commission Secretary  
Date: January 14, 2014

**Documents Pertaining to 1/23/14 Agenda items:**

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AGENDA

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.

1. Roll Call

2. PRELIMINARY MATTERS
   A. Agenda Approval
   B. Public Comment on items not on the agenda
   C. Approval of the Meeting Minutes
   D. Staff Announcements/Updates

3. Recommendation for Appointment to Mental Health Commission
   A. Interview instructions from Secretary
   B. Interview Bart Grossman for Albany General Public Interest seat
   C. Interview of Nadine Dixon for Berkeley Special Public Interest seat
   D. Interview of Kathy Gresher for Berkeley General Public Interest seat

4. Report from Mental Health Division - Jane Micallef & Steve Grolnic-McClurg
   A. Medical Program at BMH
   B. Update on OAC MHSA grant (Triage Funds) application
   C. Update on CHFFA grant co-application with Alameda County.
   D. How will the new The Mental Health Parity and Addiction Equity Act affect BMH services?

5. The NAACP Town Hall Report

6. The Impact of Tasers on the mental health community
7. **Action Item:** Establishment of a Subcommittee to develop guidelines for interviewing commission candidates.

8. **Referral from Council:** Recommendations for improving services to persons experiencing mental health crises  
   A. Report from Subcommittee

9. **Liaison Reports**  
   A. MHSA Advisory Committee – choose a new representative?  
   B. City Council (Jesse)  
      1. Report on contact with Albany officials on mental health services at Albany Bulb

10. **California Association of Local Mental Health Boards (CALMHB) Update**

11. **Agenda Items for February meeting**

12. **Announcements**

13. **Adjournment**

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Contact person: Carol Patterson, Mental Health Commission Secretary at 981-7721 or cpatterson@ci.berkeley.ca.us.

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 981-6342 (V) or 981-6345 (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 Family, Youth and Children’s Clinic at 3282 Adeline Street, Berkeley.
Berkeley/Albany Mental Health Commission
Unadopted Minutes

North Berkeley Senior Center
1901 Hearst Ave. Regular Meeting
Classrooms A & B December 12, 2013 at 7:00 pm

Members of the Public Present:  Bart Grossman, Jonah Markowitz

Staff Present:  Carol Patterson, Kelly Wallace

1. Call to Order at 7:02 pm
Commissioners Present:  Neal Adams, Jesse Arreguin, Jeffrey Davis (arrived at 7:50 pm), Shelby Heda, Paul Kealoha-Blake, Carole Marasovic (arrived at 7:15 pm), Jean Marie Hervé Michel, Jr, Shirley Posey (arrived at 7:15 pm.)
Commissioners Absent:  Charles Black.

2. Preliminary Matters
A. Approval of December 12, 2013 Agenda
M/S/C (Heda, Michel) Move to approve the December 12, 2013 Agenda.
Ayes:  Unanimous;  Absent:  Black, Davis (arrived after the vote), Marasovic (arrived after the vote), Posey (arrived after the vote.)

B. Public Comment
One member of the public commented on the Commissioner interview process and the Mental Health Month celebration.

C. Approval of the September 26, 2013 and October 24, 2013 minutes
M/S/C (Heda, Michel) Move to approve the September 26, 2013 minutes with addition of Paul Kealoha-Blake making the motion to pass the July minutes.
Ayes:  Unanimous;  Absent:  Black, Davis (arrived after the vote), Marasovic (arrived after the vote), Posey (arrived after the vote.)

M/S/C (Heda, Michel) Move to approve the October 24, 2013 minutes as written.
Ayes:  Unanimous;  Absent:  Black, Davis (arrived after the vote), Marasovic (arrived after the vote), Posey (arrived after the vote.)

D. Approval of 2014 Meeting Calendar
M/S/C (Michel, Adams) Move to approve the proposed calendar, moving the September meeting to the 3rd Thursday (9/18/14) to avoid Rosh Hashanah, and the October meeting to the 5th Thursday (10/30/14) to avoid Diwali.
Ayes:  Unanimous;  Absent:  Black, Davis (arrived after the vote.)

E. Staff Announcements
1) The Secretary gave the highlights of the first draft of the Local Hazard Mitigation Plan and solicited comments to be delivered to the Fire Department.
2) The Howard King Welcoming Room Plaque has been installed in the waiting room at the Adult Clinic.
3) The Secretary expressed concerns about the Commissioner interview process.

3. MHSA Innovations Public Hearing - Karen Klatt
   Karen Klatt reviewed the Innovations planning process and the current projects.
   One member of the public commented on the need for disability innovations.

   M/S/C (Adams, Marasovic) Move to accept the MHSA Innovations Plan Update Report.
   Ayes: Adams, Arreguin, Davis, Heda, Kealoha-Blake, Marasovic, Michel, Posey; Noes: None; Abstentions: None; Absent: Black.

4. Report from the Mental Health Division - Kelly Wallace
   Steven Grolnic-McClurg will start on January 6, 2014 as the new Mental Health Manager.

5. Discussion of CopWatch Investigation of In-Custody Death
   Commissioner Kealoha-Blake will relay the Commission’s comments to CopWatch.
   This will also be discussed further at the Improving Services Subcommittee.

7. What can be done to assist in the transition of mental health consumers from the Albany bulb? Commissioner Arreguin will talk with his Albany colleagues about funding for mental health services for bulb residents.

8. The NAACP Town Hall Report
   Tabled to next meeting when members of NAACP can attend.

9. Selection of Commission representative to the Homeless Outreach Review Panel
   Commissioner Posey nominated Commissioner Marasovic.
   Commissioners Heda and Kealoha-Blake expressed interest being selected.

   M/S/C (Adams, Michel) Move to select Paul Kealoha-Blake as representative to the Homeless Outreach Review Panel.
   Ayes: Adams, Arreguin, Davis, Heda, Kealoha-Blake, Michel; Noes: None; Abstentions: Marasovic (was a competing candidate), Posey (nominated another candidate); Absent: Black.

6. Referral from Council: Recommendations for improving services to persons experiencing mental health crises
   Tabled due to lack of time.

10. Prioritizing agenda items for next month: Report back from subcommittee on recommendations for improving services to persons experiencing mental health crises, the NAACP report, Local Hazard Mitigation Plan, criteria for Commission applicants/interview questions.

Adjournment at 9:20 pm.

Minutes submitted by: ________________________________
Carol Patterson, Commission Secretary
The Mental Health Commission Selection Process

Anyone interested in becoming a Mental Health Commissioner should complete an application and submit it to the City Clerk’s office.

The Commission Secretary will screen all applications to make sure applicants qualify for an available seat and are not disqualified due to a conflict of interest.

Applications that pass the screening are sent to the Commissioners and placed in the SB 343 Communications binder for review.

Each qualifying applicant is invited to attend the next Commission meeting where they will be interviewed by the full Commission. The Commission will vote on making a recommendation to Berkeley City Council that they be appointed to the Commission.

The recommendation from the Mental Health Commission goes to Berkeley City Council for appointment.
# 2014 Commission Meeting Dates

**Name of Commission:** Mental Health

**Commission Secretary:** Carol Patterson

## 2014 Meeting Dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Meeting Day and Date</th>
<th>Time</th>
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<tr>
<td>January 2014</td>
<td>Thursday, 1/23/14</td>
<td>7 pm</td>
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<tr>
<td>February 2014</td>
<td>Thursday, 2/27/14</td>
<td>7 pm</td>
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<tr>
<td>March 2014</td>
<td>Thursday, 3/27/14</td>
<td>7 pm</td>
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<tr>
<td>April 2014</td>
<td>Thursday, 4/24/14</td>
<td>7 pm</td>
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<tr>
<td>May 2014</td>
<td>Thursday, 5/22/14</td>
<td>7 pm</td>
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<tr>
<td>June 2014</td>
<td>Thursday, 6/26/14</td>
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<td>July 2014</td>
<td>Thursday, 7/24/14</td>
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<td>September 2014</td>
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<td>October 2014</td>
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<tr>
<td>November 2014</td>
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<tr>
<td>December 2014</td>
<td>Thursday, 12/11/14</td>
<td>7 pm</td>
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Mental Health Commission Interview Guidelines

The purpose of the Commission interview is to determine if the applicant meets the “General Commissioner Qualifications” as listed on the application. Listed below in **bold** are the General Qualifications, with suggested interview questions.

- **Demonstrates interest in community mental health services**
  - Ex. What is their interest in community mental health services?

- **Ready to commit to Commission duties, including preparation for and regular attendance at monthly Commission and Committee meetings, timely review of meeting materials and completion of Commission paperwork and training**
  - Ex. Are they willing and able to attend retreats, Commission and Committee meetings? (Hand them a list of regularly scheduled meetings for the year.)
  - Ex. Are they able to commit 8 – 10 hours/month to prepare for and attend meetings?

- **Willing and able to work alongside mental health consumers and members of diverse communities**
  - Ex. What is their experience working alongside consumers? Members of diverse communities?

- **Able to constructively handle conflict and differences of opinion**
  - Ex. What experience have you had working as a team? What role did you have?
  - Ex. How have you dealt with differences of opinion and conflicts while working in a group?

- **Reflects the diversity of the Berkeley/Albany community**
  - Currently the MH Commission is recruiting for members of the Latino and Asian Pacific Islander communities. Are you a member of any of those communities?
  - How could the MH Commission be more accessible to those communities?
  - Do you speak any other languages besides English?
  - How could BMH better serve the diverse communities of Berkeley and Albany?
• Willing and able to work with City staff, Mental Health management, Albany and Berkeley City Councils

  o What experience have you had working with City staff? Mental Health management? Albany City Council? Berkeley City Council?

Inappropriate questions:

  o Asking about MH diagnosis of applicant or their family member
  o Asking about the specifics of applicant or applicants' family MH experience (The Secretary will verify whether Special Interest applicants or their family members have experience with public mental health services.)
  o Asking about MH politics ie. Do you believe in medication? Do you believe in psychiatry as viable field?
  o Asking about marital status or sexual orientation
  o Asking about religion or spiritual beliefs
  o Asking their age
<table>
<thead>
<tr>
<th>Berkeley Special Interest</th>
<th>Name</th>
<th>Applicant</th>
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<tbody>
<tr>
<td>Consumer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>1) Jean-Marie Hervé Michel, Jr</td>
</tr>
<tr>
<td>2</td>
<td>2) Jeffrey Davis</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td>(open) Nadine Dixon</td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>3) Shirley Posey</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>4) Shelby Heda</td>
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<td>(open)</td>
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<td>Albany Special Interest</td>
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<td>Consumer OR Family</td>
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<tr>
<td>Berkeley General Interest</td>
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<td></td>
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<tr>
<td>1</td>
<td>5) Carole Marasovic</td>
<td></td>
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<tr>
<td>2</td>
<td>6) Paul Kealoha-Blake</td>
<td></td>
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<tr>
<td>3</td>
<td>7) Neal Adams</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td>(open) Kathy Gresher</td>
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<tr>
<td>Albany General Interest</td>
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<tr>
<td>1</td>
<td></td>
<td>(open) Bart Grossman</td>
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<tr>
<td>Berkeley Mayor Appointee</td>
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<tr>
<td>1</td>
<td>8) Jesse Arreguin</td>
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Commission Openings 12/23/13
Berkeley Special Interest: 2 -
  1 family member and
  1 consumer (there is an applicant for this seat)
Albany Special Interest: 1 consumer or family member
Berkeley General Interest: 1 (there is an applicant for this seat)
Albany General Interest: 1 (there is an applicant for this seat)
Total Openings: 5
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<tr>
<th>Mental Health Commissioner Applicant Criteria</th>
<th>Application</th>
<th>Interview</th>
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<tr>
<td><strong>Interest</strong> - Demonstrates interest in community mental health services</td>
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<td><strong>Commitment</strong> - Ready to commit to Commission duties; preparation &amp; attendance at meetings; timely paperwork</td>
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<td><strong>Diversity</strong> - Reflects the diversity of the community</td>
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<td><strong>Cooperation</strong> - Able to constructively handle conflict &amp; differences of opinion</td>
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<tr>
<td><strong>Welcoming</strong> - Willing and able to work alongside consumers, family members &amp; diverse members</td>
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<tr>
<td><strong>Effective</strong> - Able to work with City staff, management &amp; Berkeley &amp; Albany City Councils</td>
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Introduction

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.

MHPAEA originally applied to group health plans and group health insurance coverage and was amended by the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively referred to as the “Affordable Care Act”) to also apply to individual health insurance coverage. HHS has
jurisdiction over public sector group health plans (referred to as “non-Federal governmental plans”), while the Departments of Labor and the Treasury have jurisdiction over private group health plans.

Employment-related group health plans may be either “insured” (purchasing insurance from an issuer in the group market) or “self-funded.” The insurance that is purchased, whether by an insured group health plan or in the individual market, is regulated by the State’s insurance department. Group health plans that pay for coverage directly, without purchasing health insurance from an issuer, are called self-funded group health plans. Private employment-based group health plans are regulated by the Department of Labor. Non-Federal governmental plans are regulated by HHS. Contact your employer’s plan administrator to find out if your group coverage is insured or self-funded and to determine what entity or entities regulate your benefits.

MHPAEA does not apply directly to small group health plans, although its requirements are applied indirectly in connection with the Affordable Care Act’s essential health benefit (EHB) requirements as noted below. Under the Public Health Service Act, as amended by the Affordable Care Act, a small group health plan is one that has 100 or fewer employees. However, until 2016, States may elect to retain a definition of small groups of 50 or fewer employees. Although there were changes to the definition of a small group health plan, the Employee Retirement and Income Security Act and the Internal Revenue Code continue to define a small group health plan as one that has 50 or fewer employees. (Some states may have mental health parity requirements that are stricter than federal requirements. To view State specific information visit www.ncsl.org, and on the right hand side of the page enter "mental health parity" then select "State Laws Mandating or Regulating Mental Health Benefits").

Summary of MHPAEA Protections

The Mental Health Parity Act of 1996 (MHPA) provided that large group health plans cannot impose annual or lifetime dollar limits on mental health benefits that are less favorable than any such limits imposed on medical/surgical benefits.

MHPAEA preserves the MHPA protections and adds significant new protections, such as extending the parity requirements to substance use disorders. Although the law requires a general equivalence in the way MH/SUD and medical/surgical benefits are treated with respect to annual and lifetime dollar limits, financial requirements and treatment limitations, MHPAEA does NOT require large group health plans or health insurance issuers to cover MH/SUD benefits. The law's requirements apply only to large group health plans and health insurance issuers that choose to include MH/SUD benefits in their benefit packages. However, the Affordable Care Act builds on MHPAEA and requires coverage of mental health and substance use disorder services as one of ten EHB categories.
Key changes made by MHPAEA

Key changes made by MHPAEA, which is generally effective for plan years beginning after October 3, 2009, include the following:

- If a group health plan or health insurance coverage includes medical/surgical benefits and MH/SUD benefits, the financial requirements (e.g., deductibles and co-payments) and treatment limitations (e.g., number of visits or days of coverage) that apply to MH/SUD benefits must be no more restrictive than the predominant financial requirements or treatment limitations that apply to substantially all medical/surgical benefits (this is referred to as the “substantially all/predominant test”). This test is discussed in greater detail in the MHPAEA regulation (linked below) and the summary of the MHPAEA regulation found below.

- MH/SUD benefits may not be subject to any separate cost-sharing requirements or treatment limitations that only apply to such benefits;

- If a group health plan or health insurance coverage includes medical/surgical benefits and MH/SUD benefits, and the plan or coverage provides for out-of-network medical/surgical benefits, it must provide for out-of-network MH/SUD benefits; and

- Standards for medical necessity determinations and reasons for any denial of benefits relating to MH/SUD benefits must be disclosed upon request.

Exceptions

There are certain exceptions to the MHPAEA requirements.

Except as noted below, MHPAEA requirements do not apply to:

- Non-Federal governmental plans that have 100 or fewer employees;

- Small private employers that have 50 or fewer employees;

- Group health plans and health insurance issuers that are exempt from MHPAEA based on their increased cost (except as noted below). Plans and issuers that make changes to comply with MHPAEA and incur an increased cost of at least two percent in the first year that MHPAEA applies to the plan or coverage or at least one percent in any subsequent plan year may claim an exemption from MHPAEA based on their increased cost. If such a cost is
incurred, the plan or coverage is exempt from MHPAEA requirements for the plan or policy year following the year the cost was incurred. The plan sponsors or issuers must notify the plan beneficiaries that MHPAEA does not apply to their coverage. These exemptions last one year. After that, the plan or coverage is required to comply again; however, if the plan or coverage incurs an increased cost of at least one percent in that plan or policy year, the plan or coverage could claim the exemption for the following plan or policy year; and

• Large, self-funded non-Federal governmental employers that opt-out of the requirements of MHPAEA. Non-Federal governmental employers that provide self-funded group health plan coverage to their employees (coverage that is not provided through an insurer) may elect to exempt their plan (opt-out) from the requirements of MHPAEA by following the Procedures & Requirements for HIPAA Exemption Election posted on the Self-Funded Non-Federal Governmental Plans webpage (See http://www.cms.gov/CCIIO/Resources/Files/hipaa_exemption_election_instructions_04072011.html) and issuing a notice of opt-out to enrollees at the time of enrollment and on an annual basis. The employer must also file the opt-out notification with CMS.

Note, these exceptions do not apply to those non-grandfathered plans in the individual and small group markets that are required by Affordable Care Act regulations to provide EHB that comply with the requirements of the MHPAEA regulations.

Regulation


The final regulation applies to non-Federal governmental plans with more than 100 employees, and to group health plans of private employers with more than 50 employees. It also applies to health insurance coverage in the individual health insurance market. It does not apply to group health plans of small employers (except as noted above in connection with the EHB requirements). Like the statute, it does not require group health plans to provide MH/SUD benefits. If they do, however, the financial requirements and treatment limitations that apply to MH/SUD benefits cannot be more restrictive than the predominant requirements and limitations that apply to substantially all of the medical/surgical benefits.
The provisions of the regulation include the following:

1. The substantially all/predominant test outlined in the statute must be applied separately to six classifications of benefits: inpatient in-network; inpatient out-of-network; outpatient in-network; outpatient out-of-network; emergency; and prescription drug. Sub-classifications are permitted for office visits separate from all other outpatient services, as well as for plans that use multiple tiers of in-network providers. The regulation includes examples for each classification. Additionally, although the regulation does not require plans to cover MH/SUD benefits, if they do, they must provide MH/SUD benefits in all classifications in which medical/surgical benefits are provided.

2. The regulation requires that all cumulative financial requirements, including deductibles and out-of-pocket limits, in a classification must combine both medical/surgical and MH/SUD benefits in the classification. The regulation includes examples of permissible and impermissible cumulative financial requirements.

3. The regulation distinguishes between quantitative treatment limitations and nonquantitative treatment limitations. Quantitative treatment limitations are numerical, such as visit limits and day limits. Nonquantitative treatment limitations include but are not limited to medical management, step therapy and pre-authorization. There is an illustrative list of nonquantitative treatment limitations in the regulation. A group health plan or coverage cannot impose a nonquantitative treatment limitation with respect to MH/SUD benefits in any classification unless, under the terms of the plan (or coverage) as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the nonquantitative treatment limitation to MH/SUD benefits in the classification are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation with respect to medical surgical/benefits in the classification. The final regulation eliminated an exception that allowed for different nonquantitative treatment limitations “to the extent that recognized clinically appropriate standards of care may permit a difference.”

4. The regulation provides that all plan standards that limit the scope or duration of benefits for services are subject to the nonquantitative treatment limitation parity requirements. This includes restrictions such as geographic limits, facility-type limits, and network adequacy.

Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) are not group health plans or issuers of health insurance. They are public health plans through which individuals obtain health coverage. However, provisions of the Social Security Act that govern CHIP plans, Medicaid benchmark benefit plans, and managed care plans that
contract with State Medicaid programs to provide services require compliance with certain requirements of MHPAEA. See http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-13-001.pdf for the State Health Official letter regarding application of requirements of MHPAEA to Medicaid MCOs, CHIP, and Alternative Benefit (Benchmark) Plans.

We anticipate issuing further responses to questions and other guidance in the future. We hope this guidance will be helpful by providing additional clarity and assistance.

If you have concerns about your plan’s compliance with MHPAEA, contact our help line at 1-877-267-2323 extension 6-1565 or at phig@cms.hhs.gov. You may also contact a benefit advisor in one of the Department of Labor’s regional offices at www.askebsa.dol.gov or by calling toll free at 1-866-444-3272.
August 27, 2013

Dear Mental Health Commissioners,


The purpose of the Town Hall Meeting was to address inequities, disparities and discrimination in the areas of Employment, Education, Housing, Health Care, Mental Health and Criminal Justice in the City of Berkeley. We would like to elicit your support in eliminating inequities, disparities and discrimination, especially as they relate to African Americans, low-income families and other marginalized communities in the City of Berkeley.

Attached is the Town Hall Meeting summary report with recommendations (the report summary also includes information from complaints that the Berkeley NAACP received.) We are requesting the Mental Health Commission to review the report, in particular the Health and Mental Health and Housing sections and develop Action Items that can be put forth to the Berkeley City Council that will be executed and result in resolutions being passed.

The Berkeley NAACP looks forward to working with the Mental Health Commission on this worthwhile endeavor.

Sincerely,

Mansour Id-Deen,
President, Berkeley NAACP Branch
BerkeleyNAACP@gmail.com
(510) 206-2129

Cc:
Mayor Bates; Berkeley City Council Members; Berkeley City Commissions; Berkeley Unified School District Superintendent and School Board Directors; Supervisor Keith Carson; Loni Hancock; Nancy Skinner; Congressperson Barbara Lee and Alice Huffman

Berkeley NAACP Fighting for Civil & Human Rights for All!
Members of the Berkeley NAACP Branch, ACLU Berkeley North Eastbay, African American/Black Professionals and Community Network, Coalition for a Safe Berkeley, SEIU 1021 Berkeley Maintenance Chapter and the City of Berkeley Peace and Justice Commission hosted a Town Hall Meeting on Saturday, July 13, 2013 at the South Berkeley Library. The purpose of the Town Hall Meeting was to address inequities, disparities and discrimination in the areas of Employment, Education, Housing, Health Care, Mental Health, and Criminal Justice in the City of Berkeley.

At the Town Hall Meeting we heard from Berkeley residents, city workers, commissioners, council members and other political figures. The participants agreed that there are significant problems in the City of Berkeley in relationship to inequities, disparities and discrimination in the areas of employment, education, housing, health care, mental health, and criminal justice as they relate to African Americans, Low-income Families and Marginalized Communities in the City of Berkeley.

For the most part, people are unaware that numerous African Americans employed by the City of Berkeley have lodged discrimination complaints; the privatization of public housing has displaced African Americans and low-income families from their homes in Berkeley; Berkeley Unified School District has one of the largest achievement gaps between Black and Brown students and White students in the state; Berkeley’s African American/Black population has declined from over 30% of the city’s population to less than 8%; African Americans have the poorest health outcomes in Berkeley; most mental health services are not provided in a culturally responsive manner; and racial profiling of African American young men is an escalating problem in Berkeley.

The Berkeley NAACP has received many complaints from African American city workers, low-income and marginalized residents regarding discrimination within the past two years. Throughout this period we attempted to collaborate with various city entities and individuals, including the City Manager and Deputy City Manager, Berkeley Unified School District Board members and Berkeley’s Police Chief. The Berkeley NAACP feels that there is unwillingness by some in positions of power to address the numerous concerns that were brought forth to the City of Berkeley. Therefore, in order to shed light on these issues, the Berkeley NAACP collaborated with other community partners and hosted this Town Hall Meeting.

The Town Hall Meeting provided the opportunity for those experiencing perceived discrimination, inequities, disparities and injustices a safe place to discuss these issues and provide suggestions and recommendations for solutions to the problems identified. The goal of the Berkeley NAACP is to assist with the elimination of

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*Quotes taken from the Inside Bay Area Oakland Tribune newspaper article - Berkeley NAACP focuses on discrimination, July 17, 2013
discrimination in education, law enforcement, health care, mental health, housing and employment in the City of Berkeley.

**Employment**

City Manager Christine Daniel was present for the four-hour meeting, as was Police Capt. Cynthia Harris. Daniel told this newspaper she was not prepared to comment on questions raised about city employment practices, other than to say the city continues to meet with SEIU on labor issues.

*Quotes taken from the Inside Bay Area/Oakland Tribune newspaper article - Berkeley NAACP focuses on discrimination, July 17, 2013* 

Numerous employees from different City departments met with the Berkeley NAACP and lodged complaints concerning what they perceived to be discriminatory employment practices by the City of Berkeley. Most of the complaints came from employees that work or worked in three departments: Health, Housing and Community Services; Parks, Recreation and Waterfront and Public Works (Zero Waste.) There were complaints from a few other departments as well.

The complaints alleged unfair hiring and promotional practices, favoritism, cronyism and unfair treatment of African Americans within the City of Berkeley. The city was accused of manipulating practices and protocols for hiring, firing, promotional and job reclassification processes in order to put friends and individuals of their selection in various city positions. There are other city employees who are afraid to speak out, because they are fearful of retaliation, such as losing their jobs, being demoted, having their work hours cut, being reduced to part-time status and/or not being able to obtain promotional opportunities.

Some city staff who have spoken up and/or are perceived to ask too many questions about divisional, departmental and/or city issues reported that they are ignored and/or they have been retaliated against in various ways, such as job relocation, demotion, isolation, being left out of the information loop, cuts to program budgets, denied office equipment, write ups, receiving bad evaluations, having their work hours cut, not being granted overtime and even being terminated.

The *Glass Ceiling* is still a problem for African Americans in their professional careers, including in the City of Berkeley. There are few African Americans in Senior Management positions in the City of Berkeley, BUSD and community-based agencies. Deserving Black staff members are constantly over-looked for promotions and upward mobility on the job. It was reported that within the past year more than eight senior management positions within the City went to White employees that were pre-selected for the positions.

Concerns were also expressed about the lack of Black men in management and/or supervisory roles in some city departments and divisions. The hiring of most Black employees, especially in senior management and mid-level management positions in city government are usually as replacements for African Americans that have left the City of Berkeley employment; not resulting in an increase of African American employees.

High unemployment rates for African Americans in Berkeley, especially among Black males, are also a major concern that was expressed at the Town Hall Meeting. This includes black professionals, youth, unemployed and underemployed individuals and blue-collar workers. It was stated that Black construction workers are noticeably missing from construction sites throughout the City of Berkeley. And, given the imminent release of a massive number of incarcerated individuals back into society and the job market, it is essential that employment solutions are developed and fair employment practices be upheld in the City of Berkeley.
**Priority Recommendations:**
- Put in place a City Council Oversight Body to monitor unfair employment hiring, promotional practices, favoritism, cronyism and unfair treatment of city employees
- Monitor the increased use of “Contracting Out” (Outsourcing) of city employee jobs
- Institute “Mandatory Cultural Competency” training for all City staff – 16 hours per year
- Provide for oversight and accountability of the City of Berkeley Human Resource Department by City Council
- Require “Equal Work for Equal Pay” (Salaries based on actual job duties not City classifications)
- Provide long-time hourly city employees with full-time benefited positions; especially in the Park, Recreation and Waterfront Department
- Put in place an Oversight Committee for the City of Berkeley Labor MOU process
- Employ the 360 Performance Evaluation process for all city staff, including Department Directors, Deputy Directors, Managers and Supervisors
- Institute an annual evaluation for the City Manager by the Berkeley City Council
- Employ an external comprehensive city audit to review city staff personnel matters every three years.

**Other Recommendations:**
- Reinstate all part-time employees to full-time status (some positions were downgraded to half-time due to budgetary issues; however, numerous full-time staff have been hired)
- Use the City of Berkeley First Source Compliance Agreements and Contract Monitoring
- Provide the Labor Commission with some authority to address fair and equal employment practices of city personnel
- Increase city staff diversity at the Senior Management level throughout the city
- Offer incentives in addition to punitive measures to encourage contractors to hire low-income South Berkeley residents
- Improve definitions of city job classifications (most are too vague)
- Increase the salary for living wages
- Provide more funding for employment and training programs and services for low-income residents
- Direct the City to increase its hiring and/or contracting with firms and agencies that have a diverse workforce
- Increase construction jobs for African Americans on Roads, Streets and Buildings
- Implement annual training for All City Senior Management staff for Employee Relations and Effective Team Building.

**Housing**

"We're losing families, low income people, working people," Arreguin said. "Rent continues to increase. It's almost virtually impossible if you're a working class person to buy a single-family home in Berkeley. Unless we stand up and fight for affordable housing, and we fight to protect our diversity, what we love about our community may be gone."

* (City of Berkeley Councilperson)

The City of Berkeley is a very unique place to live, and for more than fifty years African Americans and low-income people were able to call Berkeley home; however, that is changing. The City of Berkeley has an international reputation and longstanding dedication to diversity, inclusion and equality. However, there is a massive push-out of African Americans and low-income families happening in the city. The declining numbers of African Americans and low-income residents in Berkeley should be of concern to the Berkeley City Council and other political figures that represent this great city.

*Quotes taken from the Inside Bay Area/Oakland Tribune newspaper article - Berkeley NAACP focuses on discrimination, July 17, 2013*
The Berkeley Branch of the NAACP has been working on a number of issues affecting residents in the city, including the privatization of public housing and the lack of affordable housing. Numerous African American and low-income Berkeley residents have voiced concerns about their inability to continue to live in the City of Berkeley, due to the lack of affordable housing. Therefore, securing and maintaining housing in Berkeley has become increasingly problematic for African Americans and low-income families and individuals. Affordable housing and the issue of Berkeley Housing Authority’s (BHA) privatization of public housing were among the topics addressed at the Town Hall Meeting.

Concerns were expressed at the Town Hall Meeting and to the Berkeley NAACP about the lack of assistance and support that residents are receiving from the Berkeley Housing Authority. Some families that are being displaced by the privatization of Berkeley Public Housing discussed the lack of support they are getting from BHA. The Berkeley NAACP was informed that the housing assistance that was promised to BHA residents who are being displaced from their homes, including relocation assistance and financial compensation was not provided to all tenants and in the process many residents were constantly disrespected and treated very badly. Although some residents attempted to stand up for themselves, it was stated that people were harassed and intimidated by BHA representatives. It was reported to the Berkeley NAACP that some tenants moved out of fear; others were evicted unfairly, and some of the tenants that are left live in fear of eviction every day.

In most communities there is resistance to subsidized affordable housing and providing assistance to low-income citizens, especially African Americans. However, if policies are not implemented to maintain the current level of diversity of Berkeley residents, then the city will soon resemble cities like Piedmont and counties like Marin, which lacks real diversity of residents, especially African Americans.

Other urban cities, such as San Francisco are putting policies and projects in place to increase affordable housing in order to enhance the diversity of their residents. If the City of Berkeley wants to maintain its inclusion of African Americans and low-income residents, it too has to create policies, projects and programs that will add affordable housing stock in the City of Berkeley.

**Priority Recommendations:**
- Demolition Ordinance will include the replacement of all affordable housing that is demolished
- Obtain more oversight and accountability for Berkeley Housing Authority
- Pass new regulations and/or incentivize housing developers to offer more housing at below-market rates
- Increase development of affordable housing in Berkeley by putting policies, projects and programs in place
- Implement the adopted 1990 South Berkeley Area Plan.

**Other Recommendations:**
- Increase the number of African American and low-income residents on the Berkeley Rent Board, Housing Advisory Commission (HAC), Affordable Housing Associates (AHA), and California Housing and Land Trust and Zoning Adjustment Board
- Increase investigations into fair housing complaints in Berkeley, especially as it relates to African Americans and other marginalized groups
- Develop a Community Housing Advisory Group (consisting of BHA tenants and low-income residents)
- City Council members should host a Housing Workshop with a focus on Affordable Housing
- Reestablish the section 8 home ownership program for low-income families living in Berkeley
- Increase incentives for landlords that accept Section 8 Vouchers.
The "Achievement GAP" is the disparity of educational performances among groups of students that are identified by gender, race, ethnicity, disability, language and socioeconomics. Berkeley Unified School District (BUSD) is not the only school district in the nation that is struggling to address educational achievement gaps among their different student populations. However, the achievement gap between Black and White students has existed in the district for a long time and at this point it is unacceptable and must be fixed.

It is easy to label children as “At Risk” and then make them responsible for their own academic failure and not that of an educational system that has been unwilling to invest in the necessary methods, techniques and funding that are required to address the numerous problems related to poor educational outcomes for African American students in BUSD. Special Education classes are where most African American children that present with different learning styles are “Warehoused.” The report Black Boys and Special Education – Change Is Needed!, states that “special education in this country has reac hed a state of national crisis. This $60 billion industry is impacting the lives of many American children – disproportionately black boys.”

Black parents and community members expressed concerns about the Achievement GAP problem at the Town Hall Meeting. The NAACP has also received complaints from parents and family members about the problems they face with student registration, BUSD’s extremely low acceptance of Inter-District Permits for African American students and high rates of suspensions and expulsions of Black students in the school district, especially males. Additionally, African American students are involuntarily transferred to other educational settings that lack sufficient support and assistance with their educational goals and they are also abruptly dis-enrolled.

BUSD also lacks diversity among its teachers; there are an inadequate number of African American teachers employed at BUSD. It was stated that the school district hires African American teachers, but they don’t stay around long. This comment should be a red flag of sorts, because if educated Black professionals find it hard to flourish in Berkeley Unified School District, it only makes sense that African American students would find it difficult to successfully navigate the BUSD educational system too.

Priority Recommendations:
- Reform BUSD disciplinary procedures, including expulsions and suspensions, especially as they relate to African American males
- Develop clear registration guidelines and protocols and eliminate the practice of home visits as part of BUSD student registration process
- Increase funding to implement Specialized culturally effective curriculum and learning interventions and tools for Black students, in order to address educational deficiencies
- Increase support and funding for homeless students and families in BUSD
- Hire and maintain more African American teachers and staff; especially males
- Institute “Mandatory Cultural Competency” training for all district staff – 12 hours per year.

Other Recommendations:
- Hire a consultant to assist with the development of a “Welcoming Environment” for students, parents and staff of color, especially African Americans

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*Quotes taken from the Inside Bay Area/Oakland Tribune newspaper article - Berkeley NAACP focuses on discrimination, July 17, 2013*
Employ more full-time permanent Parent Liaisons positions within BUSD and increase funding for the program
Work with UC Berkeley Black Student Union in order to implement a Mentoring program
Develop “Safe Black Spaces” for students and teachers
Increase quality academic student support and tutoring for African Americans
Develop effective culturally congruent academic programs for African American preschool children
Create an African American Parent Educational Oversight Committee.
Create an annual public report with disenrollment and inter-district permit status of all students.

Public Health and Mental Health

Dr. Vicki Alexander, who worked in the city’s health department for more than a dozen years, addressed the high rate of low birth-weight babies among Berkeley’s black population, arguing that health issues and education levels are only part of the problem. She placed much of the blame squarely “on stress related to racism, stress walking down the street as a black person.” *(Retired City Employee)*

It is reported that African Americans live approximately 10 years less than other racial groups. Health inequities and disparities have been caused by institutionalized racism in every system in American life. The City of Berkeley’s 2007, Health Status report states that African Americans have far higher rates of illness and deaths from hypertension, heart disease, and stroke, compared to White residents of Berkeley.

There is research to support that Black mental health consumers are over represented in the mental health system and they receive inappropriate treatment, such as being commonly misdiagnosed, prescribed unsuitable medications for their ethnic composition and they remain in treatment for lengthy durations. Inappropriate mental health services are mainly due to the lack of inclusion of best practices and community defined approaches for African Americans and the employment of licensed African American mental health professions. Providing culturally responsive services to all mental health clients in the City of Berkeley is essential in order to improve mental health outcomes for consumers, family members, and communities.

In order to eliminate health inequities and disparities and notably decrease poor health outcomes for Black people, adequate funding must be established to serve the community in ways that provide quality services. A number of programs and services are not funded appropriately in order to provide the service levels that are required to effectively address health and mental health inequities and disparities in the Black community in the City of Berkeley. The Affordable Health Care Act is a funding resource that can be used to address health and mental health inequities and disparities. However, getting the best results from the Affordable Health Care Act will require having seasoned senior management professionals in place who know what they are doing in the health and mental health fields.

The NAACP received complaints that cited some serious alleged discriminatory practices within the Health Housing and Community Services Department, into which the divisions of Mental Health, Public Health and Environmental Health were merged in order to save money. Some staff members believe that the merger of the Health Department into the Housing Department (HHCS) was a mistake. It is believed that Health and Mental Health focuses on the quality of people’s lives, and Housing mostly focuses on paper and money. Some staff persons have stated that the difference in philosophy and ideology for service delivery has impacted the quality of health and mental health services for Berkeley residents.

Some city staff at the Town Hall Meeting discussed their fears and concerns about being employed in a work environment that is hierarchical in nature (Top-Down Structure), where it is common for staff to be
micromanaged, disrespected and intimidated by supervisors. Employees stated that they are not included in departmental and divisional decisions and only a small handful of selected management staff and a few other employees that are shown favoritism are involved in decision-making. Staff input is mostly frowned upon by Management and Directors, especially in the HHCS Department, except in the area of Employee Safety, where a Suggestion Box is available for staff to provide input.

A lot of staff members, especially African Americans, believe they are not respected or treated like professionals in the Health, Housing and Community Services Department. Some employees have complained that there has not been an all-staff divisional meeting to discuss transformation and changes in the Mental Health Division; therefore, staff members are left to listen to rumors about their jobs. Management personnel in the Divisions and the Health, Housing and Community Services Department share very little information with staff. Overcrowding of staff at clinic sites is another tactic that is being used to create dissension among staff members in the Mental Health Division and this has lead to the loss of service space for clients and family members at clinics.

The Berkeley NAACP was informed by city staff members that they are usually ignored, emails go unanswered, phone calls are not returned by some senior management staff in the Health Housing and Community Services Department and there is NO transparency whatsoever in the HHCS Department, despite the fact that the Mental Health Services Act (MHSA) calls for transparency in all areas of mental health services. Some staff members feel they are not allowed to freely provide input or suggestions or make comments about the divisional and/or departmental work. Some stated that prior to the past several years all staff was viewed as an integral part of the decision-making process within the Health Services Department.

We were informed that the Public Health Division used to provide innovative and cutting-edge services for African Americans and low-income families in the City of Berkeley. The division worked from a social justice framework and promoted culturally congruent programs and services, such as the Community Action Team (CAT) and there was a real investment in the Black Infant Health Program. However, due to new leadership and funding concerns, the focus to improve the health and welfare of African Americans and low-income families seems to have taken a back seat, especially given the appalling health outcomes for African Americans in the city.

Another problem that was identified at the Town Hall Meeting and received in complaints to the Berkeley NAACP was in regard to the lack of appropriate leadership for Mental Health services in the City of Berkeley. Staff commented on the dismantling of the Mental Health Administration Office and the relocation of Administrative staff to clinic sites. Individuals stated that Berkeley Mental Health is the only mental health jurisdiction that does not have an Administrative Unit. The Mental Health Division has not had a Mental Health Manager for almost a year and a half, thereby leaving the direction of Mental Health services mostly in the hands of novices. The division lacks real diversity of staff, has very few professional people of color and has extremely limited language capacity, which impacts the quality of mental health services.

Because of these factors, some staff members of color are being overworked and required to perform work related duties and tasks for which other staff are being compensated at a higher rate of pay. And, in fact some of these same employees are required to work with some of the more severe clients and take on more difficult responsibilities and assignments for which they are being paid less than their counter-parts (usually a non person of color.) Equal Work for Equal Pay is a major problem that was cited by numerous city employees at the Town Hall Meeting and in complaints that were made to the Berkeley NAACP.

Due to a Top Down Management style that has been instituted in the city and the HHCS Department, some professional employees that were part of the Mental Health Administration and employed to assist with the transformation of Berkeley’s Mental Health System of Care (per the Mental Health Service Act requirements)
stated that their Divisional Leadership Positions have been diminished, thereby not fully being utilized to transform services for Berkeley Mental Health consumers, family members, staff and the community-at-large.

At the time of the city’s decision to merge the Health Services Department with the Housing Department, it may have seemed to be the right thing to do. However, given the immediate future increase in the demand for health and mental health services, there is currently a need to restructure a separate Health Services Department with senior leadership from a polished and innovative health and/or mental health professional who is a visionary.

Priority Recommendations:
- Re-create a Health Services Department for Berkeley Mental Health, Public Health and Environmental Health Divisions with seasoned senior professional Mental Health and Public Health leadership and oversight
- Increase Mental Health Services Act funding and services for low-income residents in South and West Berkeley
- Implement a policy of non-Police involvement with Mental Health Services (BPD to have backup role for life-threatening matters)
- Secure annual funding of $350,000 from Alta Bates Summit Medical Center for the operations of the Black Infant Health Program
- Implement the operations of the Mental Health Mobile Crisis Unit to operate 24 hours, 7 days a week
- Require annual all-Staff Divisional Meetings
- Hire more African American and Latino mental health professionals (Currently there are only three African Americans and one Latino licensed clinician employed at Berkeley Mental Health clinics.)

Other Recommendations:
- Implement culturally responsive services in the Mental and Public Health service delivery systems, using welcoming, respectful, practices and models that are designed to be culturally and ethnically congruent
- Permanently invest in a Mental Health Crisis Support System for Black youth and their families
- Develop accountability standards for place-based Health Equity Work in the African American community
- Develop mechanisms for on-going staff input at the Senior Management level in the HHCS Department
- Develop standards to address Violence as a mental health and public health condition
- Increase resources in order to eradicate violence; especially as it affects youth
- Create a Mental Health and Public Health oversight advisory committee comprised of African Americans, Low-income individuals and people from marginalized communities
- Mental Health and Health Commissions need to provide more Oversight to Mental and Public Health Divisions.

Criminal Justice

Id-Deen talked about racial profiling in Berkeley…”Three officers got out of the car,” he said. “They approached the young man and he's looking at them, like, 'What's going on?'” Id-Deen said it brings to mind the killing of Oscar Grant and Trayvon Martin. “You have officers walking toward you -- you don't know what they want," he said. "You haven't done anything." The officers asked the young man for identification and where he was going. "He politely refused to give it to them and said he was waiting for the bus," Id-Deen said. The officers said they'd wait with him. At that point the young man walked away, Id-Deen said. *(President of the Berkeley NAACP)*

Although illegal, “Racial Profiling” still very much exists in the United States, as evidenced by the recent case against the New York Police Department’s "Stop and Frisk" program. Studies have shown that African Americans are stopped and frisked at a disproportionately higher rate than other groups. This is another example of the systemic racism that persists in the United States.
American men are more likely to be racially profiled than other groups and they are more frequently stopped and searched by law enforcement. Profiling of individuals based solely upon their race, ethnicity, or national origin is illegal and yet it still occurs quite frequently in communities of color. Some Blacks are even profiled because of the way they are dressed. Most African Americans feel they are being treated like common criminals when they are racially profiled by the police, and African American residents in Berkeley have expressed these same sentiments.

The Berkeley NAACP has received numerous complaints from African Americans in regards to “Racial Profiling” and this issue was also discussed at the Town Hall Meeting. Some attribute this problem to “Over Policing” in South Berkeley and this tactic is being carried out by the Berkeley Police Department’s Drug Task Force (DTF). Use of the DTF and “Over Policing” has lead to an increase in racial profiling of African Americans, especially young Black men in Berkeley.

Police Officers must have a "Reasonable Suspicion" that an individual they want to stop is armed or is a danger and they must be able to communicate why they believed the individual that they stopped was suspicious. Statistics indicate that African Americans are much more likely to be arrested and imprisoned than White Americans and in a majority of these cases the black people are innocent of the crime; however most are not fully afforded the opportunity to prove their innocence. Historical police brutality and racial profiling by police officers in the United States against African Americans, especially against African American males has lead to Mass Incarceration (Black men are about five times more likely than white men to be incarcerated during their lifetime) and the Death of numerous African American men at the hands of the police.

Documented cases have proven that some White Police Officers have demonstrated their prejudice against African American males by stopping them on the street, pulling them over on state highways and roads for no reason and using excessive force. A lot of traffic stops that are made by Police Officers that involve African American men are made because they are driving expensive vehicles or because of the color of their skin. “Driving While Black” or “DWB” and “Walking While Black” or “WWB” are major problems for African Americans in most places, including the City of Berkeley.

The presence of Berkeley Police Departments’ Drug Task Force Officers driving around in dark cars and dressed in dark clothes (usually non-Black Officers) presents to most in the Black community as menacing, threatening and dangerous. The Black community-at-large feels “unsafe and threatened” by these Officers who are charged with protecting and improving the quality of their lives. Some African Americans even draw a correlation between these Berkeley Police Officers’ (especially, Drug Task Force Officers) behaviors that are reminiscent of the Bull Connor era of the Deep South, given the actions that are exhibited towards many people in the Black community.

There is fear and mistrust of Berkeley Police Officers by many African Americans and other people of color that reside in the City of Berkeley and this should be alarming to those in positions of power within the city, because these are the very people that Berkeley Police Officers are sworn to serve and protect.

**Priority Recommendations:**
- Abolish the Berkeley Police Department’s Drug Task Force (DTF)
- Stop unmarked police cars from making ordinary traffic stops
- Implement mandatory reporting of aggregated data, collection and analyzing of ALL police stops with information and demographics of person stopped (including race) – Annual public report to be made available
- Implement a policy of non-Police involvement with Mental Health Services (BPD to have backup role for life-threatening matters)
- End the use of the “Stop and Frisk” approach, especially in South Berkeley.

*Quotes taken from the Inside Bay Area/Oakland Tribune newspaper article - Berkeley NAACP focuses on discrimination, July 17, 2013*
Other Recommendations:
- Hire more African American and Latino Police Officers
- Implement Community Policing Model in South Berkeley
- Provide on-going mandatory cultural competency training for all Berkeley Police Department employees in order to address racism and racial profiling
- Institute “Mandatory Cultural Competency” training for all BPD staff – 16 hours per year
- Hold all Officers accountable and require them to operate according to constitutional standards of the law.

Conclusion

In the book *The New Jim Crow*, it states, “While many successful blacks from earlier generations remained aware of their unique status by virtue of the blatant nature of Jim Crow, contemporary African-American elites are increasingly far removed from visible signs of racial discrimination. On this score, rather than focusing on the "New Jim Crow" of mass incarceration, horrendous public schools, residential segregation and massive unemployment and gun violence that plague too many black communities, the focus becomes the easy target of individual behavior.”

(Author, Michelle Alexander)

Superficial resolutions provide great sound bites, but seldom offer effective solutions that permanently address poverty, substandard education, affordable housing, high unemployment rates, and injustices in the criminal justice system and numerous other institutionalized inequities that primarily affect African Americans, low-income families and other marginalized communities in America and in the City of Berkeley.

The Berkeley NAACP is providing this summary report with recommendations that we believe will actually address some of the problems identified at the Town Hall Meeting and complaints received by the Berkeley NAACP. We believe Berkeley City Commissions such as Peace and Justice, Rent Stabilization, Mental Health, Health, Labor, Police Review and Homeless to name a few, have the ability to craft Action Items from the recommendations in this report and present them to the Berkeley City Council and Berkeley Unified School District Board of Directors in order to implement substantial changes in the lives of African Americans, Low-income Families and Marginalized communities in the City of Berkeley.

The Berkeley NAACP wants to work with the City of Berkeley, Berkeley Unified School District, community organizations and other public officials in order to eliminate inequities, disparities and injustices in the areas of employment, education, housing, mental health and health and law enforcement. Therefore, the Berkeley NAACP plans to work with City Commissions, residents and other stakeholders in order to ensure that the recommendations in this report are successfully implemented into City and District resolutions. We plan to host another Town Hall Meeting in December of 2013 in order to assess the progress of these recommendations. The Berkeley NAACP is committed to fighting for civil and human rights for all people.
Mental Health Commission Application and Selection Process

Background
Fall 2010 – It came to the attention of the Secretary that when Commission applicants were being interviewed by a Subcommittee behind closed doors, applicants were not always being notified whether or not they were being recommended for appointment. When more than one applicant was denied a recommendation, it became clear that the process needed to be more transparent.

12/9/10 – The Secretary announced that in order to be alignment with the Brown Act, the selection process needed to change such that we could no longer have interviews of candidates behind closed doors.

1/27/11 – The draft of the new selection process and application were included in the packet. The Secretary went over the new process and the application. The application also changed to coordinate with the change in the selection process. For example, the interview questions used in the closed meeting were included as a supplemental questionnaire. The qualifications listed in the application were drafted from the interview questions used in the closed door interviews. Other changes to the application included: informing applicants that their application and information became public record when they apply, clarifying Commissioner Responsibilities and a place for the applicant to indicate if they are a consumer or family member.

It was noted in the minutes that there was general acceptance by the Commission at this meeting but no formal motion.

6/23/11 – The Secretary presented the application, that had been finalized through the City Clerk, and the draft selection process. At the meeting she presented draft guidelines for interview questions. The guideline questions are related to the qualifications listed in the application.
<p>| 2 | Rights and Mobile Crisis | Kim |  |
|---|-------------------------|-----|  |
| 3 | Mental Health needs of the Latino, Pacific Islander and Native American communities | Staff | Was placed on agenda but tabled due to lack of time. | Paul K-B to F/U on a presenter on Asian/Pacific Islander MH needs. |
| 5 | Emergency Preparedness Presentation | Commission | We previously had Gil Dong present the City plan with understanding that we would have his program come again so Commission could give input on MH consumer emergency needs. Commissioners commented on the first draft of Local Hazard Mitigation Plan at MHC 12/12/13 mtg. | The Commission indicated they would like to discuss the plan at a future meeting and provide feedback as a Commission. |
| 7 | Presentation from Employment Law Center | Carole M | They are available to present on: the rights of consumers in the workplace, reasonable accommodations &amp; their current legal projects. |  |
| 11 | Invite Deborah Badhia to speak about chronic mental health problems in the street community/access to services | Kim | Deborah is no longer at that org. Contact for DBA is John Caner, CEO. (510) 549-2230 |  |
| 15 | Pacific Center’s Invitation to Collaborate | Carole M 8/6/12 | Presentation on the collaboration between Pacific Center and BMH deferred to January 2013 mtg. but the agenda was too full. | Shelby will f/u to see if they still want to present |
| 16 | Have a follow up report on how BMH has improved its Medi-Cal billing | Jeffrey 8/21/12 | To be included in a future Director’s Report |  |
| 17 | Develop Commission Workplan | Suggested at July 2012 retreat |  |  |</p>
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<td>Invite Deborah Badhia to speak about chronic mental health problems in the street community/access to services</td>
<td>Kim</td>
<td>Deborah is no longer at that org. Contact for DBA is John Caner, CEO. (510) 549-2230</td>
</tr>
<tr>
<td>15</td>
<td>Pacific Center’s Invitation to Collaborate</td>
<td>Carole M 8/6/12</td>
<td>Presentation on the collaboration between Pacific Center and BMH deferred to January 2013 mtg. but the agenda was too full.</td>
</tr>
<tr>
<td>16</td>
<td>Have a follow up report on how BMH has improved its Medi-Cal billing</td>
<td>Jeffrey 8/21/12</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Develop Commission Workplan</td>
<td>Suggested at July 2012 retreat</td>
<td></td>
</tr>
</tbody>
</table>

31
### Mental Health Commission Agenda Item Tracking Form
#### February 2014

<table>
<thead>
<tr>
<th></th>
<th>Item Description</th>
<th>Assigned by</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td><strong>Presentation by POCC Healing Trauma Committee on their visit to Second Story House</strong></td>
<td>Staff 7/25/13</td>
<td>Want to arrange a visit to the respite center – can we get a vehicle to go?</td>
</tr>
<tr>
<td>23</td>
<td><strong>Consideration of NAACP Report and make recommendations to City Council</strong></td>
<td>NAACP Berkeley 8/30/13</td>
<td>Tabled to 1/23/14 mtg.</td>
</tr>
<tr>
<td>25</td>
<td><strong>Investigation of In-Custody Death</strong></td>
<td>Paul 10/13</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td><strong>Select a new MHC Representative to the BMH Safety Committee</strong></td>
<td>Staff 1/14/14</td>
<td></td>
</tr>
</tbody>
</table>

**Completed Items** – Staff has removed the items below because they appear to have been completed or were delegated to a Subcommittee. If the latter, once the committee is ready to report back to the Commission, the item can be placed on the agenda. This is an attempt to organize the Commission’s agenda prioritization process.

<table>
<thead>
<tr>
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<th>Item Description</th>
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<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td><strong>Safety Standards</strong></td>
<td>Kim</td>
<td>The new Safety Plan has been issued, incorporating recommendations from staff and the Commission.</td>
</tr>
<tr>
<td>C</td>
<td><strong>Re-opening the Drop-In Café</strong></td>
<td>Public Comment</td>
<td>Letter written to MH Manager – re-opening can be considered upon Completion of Safety Policy.</td>
</tr>
<tr>
<td>D</td>
<td><strong>Presentation on Due process, including</strong></td>
<td>Kim 8/13/12</td>
<td>Staff suggestion that this be brought to the Safety Plan Subcommittee.</td>
</tr>
<tr>
<td></td>
<td>a) Adequate and meaningful notice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Rule/Standards as interpreted by BMH</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>c) Fact finding</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>d) Right to Confrontation</td>
<td></td>
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<tr>
<td></td>
<td>e) Right to Appeal</td>
<td></td>
<td></td>
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<td></td>
<td>f) ADA rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td><strong>Commission discussion on requirements of due process compared to existing safety policy.</strong></td>
<td>Kim 8/13/12</td>
<td>Staff suggestion that this be brought to the Safety Plan Subcommittee.</td>
</tr>
<tr>
<td>F</td>
<td><strong>Recommending wording on Informing Materials/Informed Consent</strong></td>
<td>Kim</td>
<td>Staff suggestion that this be brought to the Informed Consent Subcommittee.</td>
</tr>
<tr>
<td>F1</td>
<td>a. <strong>Review of Informed Consent</strong></td>
<td>Kim</td>
<td>Staff suggestion that this be</td>
</tr>
<tr>
<td>Principles</td>
<td>Kim 4/26/12</td>
<td>brought to the Informed Consent Subcommittee.</td>
<td></td>
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</tr>
<tr>
<td>F2 b. Review existing Informed Consent materials</td>
<td>Kim 4/26/12</td>
<td>Staff suggestion that this be brought to the Informed Consent Subcommittee.</td>
<td></td>
</tr>
<tr>
<td>F3 c. Review of materials that Kim has submitted</td>
<td>Kim 4/26/12</td>
<td>Staff suggestion that this be brought to the Informed Consent Subcommittee.</td>
<td></td>
</tr>
<tr>
<td>G Input into Medication Informed Consent Policy</td>
<td>Commission motion</td>
<td>Draft policy was presented at December 2012 Commission meeting. Informed Consent Subcommittee created at 1/24/13 meeting to gather additional input.</td>
<td></td>
</tr>
<tr>
<td>H MHSA Updates</td>
<td></td>
<td>Innovations Update presented at Dec 2013 meeting. Future updates will come to the Commission.</td>
<td></td>
</tr>
<tr>
<td>I Have a progress report on the implementation of Management Partners’ recommendations</td>
<td>Jeffrey 9/27/12</td>
<td>Council Work session report 2/19/13 included in February 2013 packet</td>
<td></td>
</tr>
</tbody>
</table>