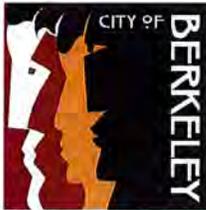


Berkeley, CA 94704  
(510) 981-5410 (tel)  
(510) 981-5450 (fax)  
[rbabka@ci.berkeley.ca.us](mailto:rbabka@ci.berkeley.ca.us)

**Please note:** Many City of Berkeley physical offices have limited hours and operations due to COVID-19. Please refer to the [City's website](#) for the most up-to-date information on City services and COVID -19.

**Please note:** As a cost saving measure the City of Berkeley is closed the 2nd Friday of every month. Additional closures may occur. For the latest City Closures and Holidays please check the City of Berkeley Homepage at [www.ci.berkeley.ca.us](http://www.ci.berkeley.ca.us).



Office of the City Manager

## MEMORANDUM

**From:** Dee Williams-Ridley, City Manager *DR for DW*

**Date:** October 29, 2021

**Subject:** **Proposed Changes to ESG-CV Expenditures**

The City of Berkeley has received \$6,648,603 in Emergency Solutions Grant coronavirus (ESG-CV) funding from the US Department of Housing and Urban Development (HUD) made available through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). The proposed spending for the ESG-CV funds was adopted by City Council after a [Public Hearing on September 15, 2020](#). In response to the ever-evolving coronavirus response, the City has identified a need to shift the ESG-CV expenditure plan, while staying within budget and providing eligible activities.

The CARES Act funds are available for "eligible activities" to prevent, prepare for, and respond to the coronavirus (COVID-19). Eligible ESG-CV activities include street outreach, emergency shelter, homelessness prevention, rapid re-housing, Homeless Management Information System (HMIS) and administration. Specific activities using ESG funding under the CARES Act do not require a public comment period under the [City's Citizen Participation Plan](#) but shall, at minimum, be posted on the City of Berkeley's website.

The City is proposing to decrease funds for rapid rehousing and administration, increase funds for emergency shelter and street outreach activities and make no changes to HMIS ESG-CV funds. The following table details both the initial and revised expenditure plans:

ELIGIBLE EXPENDITURES	INITIAL Expenditure Plan	01/21 REVISED Expenditure Plan	11/21 REVISED Expenditure Plan
Rapid Rehousing	\$ 2,597,578	\$2,591,095	\$ 2,160,000
Emergency Shelter and Street Outreach	\$ 3,386,165	\$3,380,648	\$ 4,013,906
Homeless Management Information System	\$0	\$12,000	\$ 12,000
Administration (7.5%)	\$664,860	664860	\$ 462,697
<b>Total</b>	<b>\$6,648,603</b>	<b>\$6,648,603</b>	<b>\$ 6,648,603</b>

At the time of this notice, charges to the revised activities have not yet been incurred by the City, but eligible expenses may be retroactive and reimbursable to contracted

*Proposed Changes to ESG-CV Expenditures*  
*October 29, 2021*  
Page 2 of 2

agencies as of the beginning of the fiscal year (July 1, 2020) in alignment with the ESG-CV funding as part of the City's Annual Action Plan.

**All written comments must be sent to both [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) AND [CPD COVID-19WaiverSFO@hud.gov](mailto:CPD_COVID-19WaiverSFO@hud.gov) no later than November 22, 2021, at 5:00 p.m.**

For more information only email or call Rhianna Babka at the Health, Housing and Community Services Department. Email: [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) Phone: 510-981-5410.

cc: Lisa Warhuus, PhD, Director, HHCS

**CITY OF BERKELEY**

**REQUEST FOR COMMENTS ON ITS  
CONSOLIDATED PLAN (2020-2025) AMENDMENT #3 – CHANGES TO  
EMERGENCY SOLUTIONS GRANT CARES ACT FUNDS**

The City has opened a comment period during which the public is invited to review and comment on the City of Berkeley’s Consolidated Plan Substantial Amendment #3 for Housing and Community Development that covers the period July 1, 2020 through June 30, 2025 including the City of Berkeley’s FY 2021 Annual Action Plan, which covers the period July 1, 2020 through June 30, 2021. The comment period will conclude on November 22, 2021.

The City of Berkeley has received \$6,648,603 in Emergency Solutions Grant coronavirus (ESG-CV) funding from the US Department of Housing and Urban Development (HUD) made available through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). The proposed spending for the ESG-CV funds was adopted by City Council after a [Public Hearing on September 15, 2020](#). In response to the ever-evolving coronavirus response, the City has identified a need to shift the ESG-CV expenditure plan, while staying within budget and providing eligible activities.

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The City is proposing to decrease funds for rapid rehousing and administration, increase funds for emergency shelter and street outreach activities and make no changes to HMIS ESG-CV funds. The following table details both the initial and revised expenditure plans:

<b>ELIGIBLE EXPENDITURES</b>	<b>INITIAL Expenditure Plan</b>	<b>01/21 REVISED Expenditure Plan</b>	<b>11/21 REVISED Expenditure Plan</b>
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<b>Total</b>	<b>\$6,648,603</b>	<b>\$6,648,603</b>	<b>\$ 6,648,603</b>

At the time of this notice, charges to the revised activities have not yet been incurred by the City, but eligible expenses may be retroactive and reimbursable to contracted

agencies as of the beginning of the fiscal year (July 1, 2020) in alignment with the ESG-CV funding as part of the City's Annual Action Plan.

**All written comments must be sent to both [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) AND [CPD COVID-19WaiverSFO@hud.gov](mailto:CPD_COVID-19WaiverSFO@hud.gov) no later than November 22, 2021, at 5:00 p.m.**

For more information only email or call Rhianna Babka at the Health, Housing and Community Services Department. Email: [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) Phone: 510-981-5410.

### **Notice in Spanish:**

La ciudadanía está invitada a revisar y dar comentarios a la Enmienda Substancial # 3 del Plan Consolidado para Vivienda y Desarrollo Comunitario. Este Plan cubre el periodo de trabajo a partir del 1 de julio de 2020 hasta el 30 de junio de 2025 y también incluye el Plan de Acción Anual de la Ciudad de Berkeley que cubre el período a partir del 1 de julio de 2020 hasta el 30 de junio de 2021. El periodo para presentar comentarios públicos concluirá el 22 de noviembre de 2021.

La Ciudad de Berkeley ha recibido \$6,648,603 en fondos de la beca Soluciones de Emergencia Coronavirus (ESG-CV) del Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos. Estos fondos están disponibles por medio del Acta de Ayuda, Mitigación y Seguridad Económica (CARES Act). El gasto propuesto para estos fondos se adopto por el Concilio Municipal después de una Audiencia Publica el 15 de septiembre 2020. En respuesta a la mitigación del coronavirus que constantemente se esta evolucionando, la Ciudad ha identificado una necesidad de cambiar el plan de gastos para ESG-CV, mientras mantener las actividades elegibles dentro del presupuesto.

Los fondos del "CARES Act" son disponibles para actividades elegibles para prevenir, preparar, y responder al coronavirus. Actividades elegibles incluyen promoción comunitaria, habitación de emergencia, prevención de desamparo, rehabilitación rápido, "Sistema del Administración de Información de Desamparo," y administración. Actividades específicas usando los fondos de ESG-CV bajo el "CARES Act" no requieren un periodo de comentario publico bajo el Plan de Participación de Ciudadanía, pero, por lo menos, será publicado en el sitio de internet de la Ciudad de Berkeley.

La Ciudad esta proponiendo a disminuir fondos para rehabilitación y administración, aumentar fondos para habitación de emergencia y actividades relacionadas a promoción comunitaria, y no hacer cambios a los fondos dedicados a la "Sistema del Administración de Información de Desamparo." Los detalles en seguidas muestran los planes de gasto originales, y revisadas:

<b>GASTOS ELEGIBLES</b>	<b>Plan de Gasto Original</b>	<b>Plan de Gasto Revisado 01/21</b>	<b>Plan de Gasto Revisado 11/21</b>
Rehabilitación rápida	\$2,597,578	\$2,591,095	\$2,160,000
Habitación de emergencia y promoción comunitaria	\$3,386,165	\$3,380,648	\$4,013,906
“Sistema del Administración de Información de Desamparo”	\$0	\$12,000	\$12,000
Administración (4.5%)	\$664,860	\$664,860	\$462,697
<b>Total</b>	<b>\$6,648,603</b>	<b>\$6,648,603</b>	<b>\$6,648,603</b>

Al momento de esta noticia, gastos debidos a los actividades revisados no han estado incurridos por la Ciudad, pero gastos elegibles pueden ser retroactivos y reembolsados a los agencias contratados empezando el año fiscal (1° de julio 2020) en alineación con los fondos de ESG-CV de parte del Plan Anual de Acción de la Ciudad.

**Todos los comentarios escritos deben ser enviados a los correos electrónicos de la representante de la Ciudad [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) Y a la oficina del CPD [COVID-19WaiverSFO@hud.gov](mailto:COVID-19WaiverSFO@hud.gov). Los comentarios serán recibidos hasta el 22 de noviembre del 2021 a las 5:00 pm.**

Para más información sobre este plan y su enmienda favor contactar a Rhianna Babka, (correo electrónico: [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info); teléfono: 510-981-5410) en el Departamento de Salud, Vivienda y Servicios Comunitarios.

伯克萊市

計劃評論徵求

關於市政府的年度行動之綜合計劃書（2020-2025年）第3輪修正案 -  
《CARES法案》緊急解決方案經費的修改

伯克萊市將開闢一段討論時間，在此期間，公眾將被邀請對伯克萊市的住房和社區發展綜合計劃之第3輪修正案進行審查和評論，該修正案涵蓋 2020 年 7 月 1 日至 2025 年 6 月 30 日期間，此外本修正案亦包括伯克萊市的 2021 財年年度行動計劃，涵蓋時間為 2020 年 7 月 1 日至 2021 年 6 月 30 日。評論期將於2021年11月22日在市議會前舉行的公開聽證會結束。

伯克萊市從美國住房和城市發展部（HUD）獲得了 6,648,603 美元的冠狀病毒緊急解決方案補助金（ESG-CV）經費，該經費通過冠狀病毒援助、救濟和經濟安全法案（CARES Act）提供。市議會在 2020 年 9 月 15 日舉行的公開聽證會後通過了 ESG-CV經費的擬議支

出。為了應對不斷變化的冠狀病毒反應，伯克萊市已確定需要改變 ESG-CV 支出計劃，同時 保持在預算範圍內並提供符合條件的活動。

CARES 法案經費可用於“符合條件的活動”。此類活動以預防、準備、和應對冠狀病毒 (COVID-19) 所引起的狀況為主。符合條件的 ESG-CV 活動包括街頭個人聯系、建立緊急避難所、防止無家可歸的策略、快速安頓新近失去住房的住戶、無家可歸者管理信息系統 (HMIS) 和行政管理。根據 CARES 法案，使用 ESG 經費的特定活動不需要根據伯克萊市公民參與計劃的公眾意見徵詢期，但至少應發佈在伯克利市的網站上。

本市將提議削減快速安頓新近失去住房的住戶、和行政管理的經費，繼以增加其經費用於加強街頭個人聯系、和建立緊急避難所的活動，並且不改變 HMIS ESG-CV 經費。下表詳細說明了初始和修訂後的支出計劃：

<b>ELIGIBLE EXPENDITURES</b>	<b>INITIAL Expenditure Plan</b>	<b>01/21 REVISED Expenditure Plan</b>	<b>11/21 REVISED Expenditure Plan</b>
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在本通知發布之時，本市尚未對修訂後的活動經費做為調整，但符合條件的費用可能會追溯至本財政年度開始（2020 年 7 月 1 日）舉行報銷。以上目標是期望 ESG-CV 經費和伯克萊市的年度行動計劃保持一致的財務調整。

所有書面意見請通過電子郵件同時郵寄於 [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) 和 [CPD\\_COVID-19WaiverSFO@hud.gov](mailto:CPD_COVID-19WaiverSFO@hud.gov)。所有書面評論必須在 2021 年 11 月 22 日下午五時之前收到。

市民如有意諮詢，請聯絡房屋及社區服務部 Rhianna Babka 小姐，電郵地址：[rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info)。或者，您可以致電：(510) 981-5410。

## Works-Wright, Jamie

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**From:** Kim Nemirow <nemirowkimmy@aol.com>  
**Sent:** Sunday, November 14, 2021 6:57 PM  
**To:** Works-Wright@aol.com; Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** Fwd: Please Include in MH Packett as Communication from Public

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

-----Original Message-----

From: Kim Nemirow <nemirowkimmy@aol.com>  
 To: JLouis@cityofberkeley.org <JLouis@cityofberkeley.org>  
 Cc: AMcDougall@cityofberkeley.org <AMcDougall@cityofberkeley.org>; VID3577@gmail.com <VID3577@gmail.com>; boonache@aol.com <boonache@aol.com>; berkeleycopwatch@yahoo.com <berkeleycopwatch@yahoo.com>; BPhelps@cityofberkeley.info <BPhelps@cityofberkeley.info>; margaretcарolfine@gmail.com <margaretcарolfine@gmail.com>; eopton1@gmail.com <eopton1@gmail.com>; daphnesflight@yahoo.com <daphnesflight@yahoo.com>; LWarhuus@cityofberkeley.info <LWarhuus@cityofberkeley.info>; s@aol.com <s@aol.com>  
 Sent: Sun, Nov 14, 2021 6:52 pm  
 Subject: Re: Intervention Refused for Mentally Impaired Homeless Man

-----Original Message-----

From: Kim Nemirow <nemirowkimmy@aol.com>  
 To: JLouis@cityofberkeley.org <JLouis@cityofberkeley.org>  
 Cc: AMcDougall@cityofberkeley.org <AMcDougall@cityofberkeley.org>; VID3577@gmail.com <VID3577@gmail.com>; boonache@aol.com <boonache@aol.com>; berkeleycopwatch@yahoo.com <berkeleycopwatch@yahoo.com>; r@aol.com <r@aol.com>; margaretcарolfine@gmail.com <margaretcарolfine@gmail.com>; eopton1@gmail.com <eopton1@gmail.com>; daphnesflight@yahoo.com <daphnesflight@yahoo.com>; LWarhuus@cityofberkeley.info <LWarhuus@cityofberkeley.info>; daphnesflight@yahoo.com <daphnesflight@yahoo.com>; s@aol.com <s@aol.com>  
 Sent: Sun, Nov 14, 2021 6:30 pm  
 Subject: Intervention Refused for Mentally Impaired Homeless Man

To: Office of the Chief- BPD  
 cc: Officer Andrew McDougall- area coordinator  
 Fr: Kim Nemirow  
 Re: Complaint- Refusal to Render Aide to Mentally Ill Homeless Man

On or about 5pm I observed a man in a blanket completely blocking the side walk adjacent to the entrance at McDonalds on San Pablo in Berkeley. The man was positioned almost horizontally across the side walk at a slight angle where it was possible for pedestrians in single file to walk past him but impossible for a motorized bike, or scooter or non motorized bike to pass him without hitting him.

That area of San Pablo sees a great deal of foot traffic day and night . The way the man was positioned it was not possible to see his head from the Northerly direction and he his body could easily be confused with the blanket he was using- To say- anyone approaching could easily involuntarily drive right over him. And many, intoxicated or indifferent might drive over him whether or not they suspected that a person was under the blanket.

In fact, I had to stop one bike that indeed was approaching him rapidly and he dismounted. When I contacted BPD, there was a long wait. I finally called back and was told that officer Badge 153 refused to assist in moving the man from this position- which

presumably could be done without making physical contact. The reason given- as it was relayed to me by dispatch was that the police already checked on him and he refused medical help.

However, the call I made was not directed at his medical condition but that he was a current risk to himself in the manner in which he collapsed on the sidewalk. I did not ask for a 51.50 evaluation but simply that police effect a removal of him from the MIDDLE of the SIDEWALK as it placed his safety in jeopardy- apparently.

The supervisor of dispatch in her infinitely superior wisdom attempted to explain to me that " the man " CHOSE" to lie down on the sidewalk and therefore there was nothing anyone could do- as we cannot control what others do" . And I, in my infinite stupidity attempted to explain to her that a man well known for being ostensibly psychotic or otherwise impaired through drug and alcohol into a delirium was not in a position to CHOOSE to lie across a sidewalk at night in a highly trafficked area.

And come to think of it- I cannot imagine anyone who is not a threat to themselves of "sound mind and body" who elects knowingly and voluntarily to place their body across a sidewalk but for in a protest where others are present to safeguard the prone person or persons.

So this is what much of what policing has come to for the gravely impaired in Berkeley. Now instead of being required to relocate to safety or being evaluated for being a danger to himself- we have a live and let die philosophy that some beat officers have adopted

I am hurt and disgusted by the attitude and refusal to render assistance. It is beneath this department to showcase a kind of deliberate indifference that has developed over the last few decades as the situations on the streets have grown more dire- police are withdrawing. I have encountered MUCH WORSE scenarios where officers simply refuse to intervene. In one such encounter in West Berkeley, a woman was barely dressed and holding onto an oncoming train at the Amtrack Station as it approached and slowed down to prevent injury. An officer, with whom I otherwise had a good repore, told me that if she refused assistance there is nothing that BPD can do.

I don't know how to put this politely. So forgive my New York slang- that is utter bullshit.

The police are fully charged to protect those unable to protect themselves even as against themselves and their own will. We all know that- its not a news flash.

Whatever is preventing BPD from intervening and using its discretion to allow a mentally ill person to remain in peril- in any meaningful sense of the that word- has to stop.

This isn't a game or a pick and choose who we will assist exercise of preference or judgment.

The fact that some BPD officers are willing to disregard the safety of some people is a status based offense. BPD officers are required to protect all citizens- and not just those who happen to ask or cooperate with assistance. And again, we all know this.

## Works-Wright, Jamie

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**From:** MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>  
**Sent:** Friday, November 12, 2021 3:23 PM  
**Subject:** Mental Health Advisory Board Meeting (November 15, 2021)  
**Attachments:** 2021 11-15 MHAB Agenda - FINAL.pdf; MHAB (MAIN) 2021 10-18 Minutes UNAPPROVED.pdf; 11.15.2021 ACBH Departmental Review (2021) - MHAB Presentation.pdf; 2021 11-15 MHAB Agenda - FINAL.pdf

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

Good afternoon,

Please see attached materials for the MHAB meeting on Monday, November 15, 2021.

**Please join my meeting from your computer, tablet or smartphone.**

<https://global.gotomeeting.com/join/985234885>

**You can also dial in using your phone.**

United States: [+1 \(571\) 317-3116](tel:+15713173116)

**Access Code:** 985-234-885

**Join from a video-conferencing room or system.**

Dial in or type: 67.217.95.2 or inroomlink.goto.com

Meeting ID: 985 234 885

Or dial directly: 985234885@67.217.95.2 or 67.217.95.2##985234885

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<https://global.gotomeeting.com/install/985234885>

Dainty Castro

MHAB Liaison/Admin Specialist II | Office of the ACBH Director

Alameda County Behavioral Health Care Services Department

2000 Embarcadero Cove, Suite 400

Oakland, CA 94606

Tel: 510.567.8139 | Fax: 510.567.8180 | QIC: 22711

Email: [Dainty.Castro2@acgov.org](mailto:Dainty.Castro2@acgov.org)



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Alameda County  
Mental Health Advisory Board

# Mental Health Advisory Board Agenda 237

Monday, November 15, 2021 ♦ 3:00 PM – 5:00 PM

This meeting will be conducted exclusively through videoconference and teleconference

<https://global.gotomeeting.com/join/985234885>

Teleconference: 1-571-317-3116, Access Code: 985-234-885

<b>MHAB Members:</b>	<b>Lee Davis</b> (Chair, District 5) <b>L.D. Louis</b> (Vice Chair, District 4) <b>Lucy Hernandez</b> (District 2) <b>Cicley Winston</b> (District 2)	<b>Warren Cushman</b> (District 3) <b>Loren Farrar</b> (District 3) <b>Ashlee Jemmott</b> (District 3) <b>Brian Bloom</b> (District 4)	<b>Jessie C. Slafter</b> (District 4) <b>Anh Thu Bui</b> (District 5) <b>Juliet Leftwich</b> (District 5) <b>Rebekah Kharrazi</b> (BOS Rep., District 3)
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<p><b>Committees</b></p> <p><b>Adult Committee</b> Lee Davis, Co-Chair Warren Cushman, Co-Chair</p> <p><b>Children’s Advisory Committee</b> L.D. Louis, Chair</p> <p><b>Criminal Justice Committee</b> Brian Bloom, Co-Chair Juliet Leftwich, Co-Chair</p> <p><b>Quality Improvement Committee</b> Jessie C. Slafter</p> <p><b>MHSA Stakeholders Committee</b> L.D. Louis</p> <p><b>Measure A Oversight Committee</b> Vacant</p> <p><b>MHAB Mission Statement</b></p> <p>The Alameda County Mental Health Advisory Board has a commitment to ensure that the County’s Behavioral Health Care Services provide quality care in treating members of the diverse community with dignity, courtesy and respect. This shall be accomplished through advocacy, education, review and evaluation of Alameda County’s mental health needs.</p>	<p><b>3:00 PM</b> Call to Order _____ Chair <b>Lee Davis</b></p> <p><b>3:00 PM</b> I. Roll Call</p> <p><b>3:02 PM</b> II. Approval of Minutes</p> <p><b>3:05 PM</b> III. Chair’s Report</p> <p style="margin-left: 20px;">A. Acknowledgement of Supervisor Chan</p> <p style="margin-left: 20px;">B. No MHAB Main Meeting – December 2021</p> <p style="margin-left: 20px;">C. Annual Retreat (January 22, 2022 / 10am – 3pm)</p> <p style="margin-left: 20px;">D. High Utilizer Ad Hoc Committee</p> <p style="margin-left: 20px;">E. Care First, Jail Last MHAB Representative</p> <p><b>3:20 PM</b> IV. Data Notebook</p> <p><b>3:30 PM</b> V. Director’s Report</p> <p><b>3:40 PM</b> VI. Committee Reports</p> <p style="margin-left: 20px;">A. Adult Committee</p> <p style="margin-left: 20px;">B. Children’s Advisory Committee</p> <p style="margin-left: 20px;">C. Criminal Justice Committee</p> <p style="margin-left: 20px;">D. MHSA Stakeholders Committee</p> <p style="margin-left: 20px;">E. Quality Improvement Committee</p> <p><b>3:55 PM</b> VII. ACBH Departmental Review - 2021</p> <p><b>4:55 PM</b> VIII. Public Comment</p> <p><b>5:00 PM</b> IX. Adjourn</p>
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Contact the Mental Health Advisory Board at [ACBH.MHBCommunications@acgov.org](mailto:ACBH.MHBCommunications@acgov.org)



Alameda County  
Board of Supervisors

**Alameda County** ac bh  
**Behavioral Health Care Services**



<b>MHAB Members:</b>	<input checked="" type="checkbox"/> <b>Lee Davis</b> ( <i>Chair, District 5</i> ) <input type="checkbox"/> <b>Cicley Winston</b> ( <i>District 2</i> ) <input type="checkbox"/> <b>Ashlee Jemmott</b> ( <i>District 3</i> ) <input checked="" type="checkbox"/> <b>Anh Thu Bui</b> ( <i>District 5</i> ) <input checked="" type="checkbox"/> <b>L.D. Louis</b> ( <i>Vice Chair, District 4</i> ) <input type="checkbox"/> <b>Warren Cushman</b> ( <i>District 3</i> ) <input checked="" type="checkbox"/> <b>Brian Bloom</b> ( <i>District 4</i> ) <input checked="" type="checkbox"/> <b>Juliet Leftwich</b> ( <i>District 5</i> ) <input type="checkbox"/> <b>Lucy Hernandez</b> ( <i>District 2</i> ) <input checked="" type="checkbox"/> <b>Loren Farrar</b> ( <i>District 3</i> ) <input type="checkbox"/> <b>Jessie C. Slaffter</b> ( <i>District 4</i> ) <input checked="" type="checkbox"/> <b>Rebekah Kharrazi</b> ( <i>BOS Rep</i> )
<b>ACBH Staff:</b>	<input checked="" type="checkbox"/> <b>Dr. Karyn Tribble</b> ( <i>ACBH Director</i> ); <input checked="" type="checkbox"/> <b>James Wagner</b> ; <input checked="" type="checkbox"/> <b>Asia Jenkins</b> ; <input checked="" type="checkbox"/> <b>Dainty Castro</b> ( <i>Administrative Liaison</i> )
<b>Unexcused Absences:</b>	<input checked="" type="checkbox"/> Lucy Hernandez, <input checked="" type="checkbox"/> Cicley Winston, <input checked="" type="checkbox"/> Ashlee Jemmott

Meeting called to order at 3:01PM by **Chair Lee Davis**

ITEM	DISCUSSION	DECISION/ACTION
<b>Roll Call / Introductions</b>	Roll Call completed.	
<b>Approval of Minutes</b>	Vice Chair Louis moved to adopt the September 20, 2021 meeting minutes with corrections as provided. Seconded by Juliet Leftwich. Motion carried 8-0.	
<b>Chair's Report</b>	<p><b>A. Get Together Event</b> November 11, 2021 from 4:00 p.m. to 6:00 p.m. at Doña Restaurant, 3770 Piedmont Avenue in Oakland.</p> <p><b>B. Ad Hoc Committee</b> The Committee's goal is to provide an overview to the main Board next month to provide an update regarding the data to be collected. Another meeting will be scheduled.</p> <p><b>C. Annual Banquet Ad Hoc Committee</b> The annual banquet has been rescheduled to May 19, 2022 and will be an in-person event. Chair Davis requested for MHAB members to volunteer/participate with the planning. More information to follow.</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p><b>D. Annual Retreat</b> The date of January 22, 2022 has been set. The venue has not been determined yet.</p>	
<p><b>Director's Report</b></p>	<p><b>A. EQRO Audit</b> The California External Quality Review Organization (EQRO) annual audit is scheduled from October 19<sup>th</sup> through 21<sup>st</sup></p> <p><b>B. Forensic Plan Update</b> Dr. Tribble provided a PowerPoint presentation regarding the forensic plan update by providing context, ACBH planning and next steps.</p> <p>An estimated cost summary was also provided. Highlighting specifically the medium-term goal wherein approximately \$2.9M have been secured to date. Most of the long-term goals will utilize ongoing funds or the ability to fund on an ongoing basis. \$1.5M has been identified in the long-term goals.</p> <p>Dr. Tribble shared that ACBH have applied and has been granted some funds from the State and will continue to do so. The department will also continue to review the current contracts to see how to best support the system. Additionally, ACBH Director will Chair the Care First, Jails Last Taskforce, a part of this project.</p>	
<p><b>Committee Reports</b></p>	<p><b>A. Criminal Justice Committee</b> The proposed settlement in the <i>Babu</i> case was discussed at last month's meeting. One of the attorneys involved in the litigation will attend to explain and discuss some of the aspects of the proposed settlement and discuss the Committee recommending that MHAB send a letter to the BOS with concerns about the settlement. The next will take place on Wednesday, October 20, 2021 at 4:30pm to 6:00pm.</p> <p><b>B. Children's Advisory Committee</b> – No report.</p> <p><b>C. Adult Committee</b> The Adult Committee will not be meeting for the remainder of the year. Chair Davis is asking for MAHB members to volunteers and Co-Chair the committee.</p>	<ul style="list-style-type: none"> <li>Interested MHAB members should notify Chair Davis via email.</li> </ul>

ITEM	DISCUSSION	DECISION/ACTION
	<p><b>D. MHSA Stakeholders Committee</b> An overview was presented regarding the activities of the Committee as there were a number of new members. There is a move to revamp the Committees in an effort to make the Stakeholders more responsive.</p> <p><b>E. Quality Improvement Committee – No report.</b></p>	
<b>Data Notebook</b>	<p>The Data Notebook is due in November 30, 2021 and is completed by either questionnaire or Survey Monkey. This will be completed for presentation to the main MHAB meeting next month.</p> <p>Vice Chair Louis suggested that all MHAB members review the Data Notebook and discuss it with their respective subcommittees. It was also suggested that Sarina Hill attend the next MHAB Executive Committee meeting.</p>	<ul style="list-style-type: none"> <li>• ACBH Sarina Hill will be invited to attend the next MHAB Executive Committee meeting to discuss.</li> </ul>
<b>Presentation</b>	<p>Betty Dominici of A&amp;A Health Services Clinical and Recreational Program shared a PowerPoint presentation regarding their services, specifically highlighting their primary focus in assisting the mental health and dual diagnoses communities.</p> <p>They are a for-profit Adult Residential Facility (ARF) located in San Pablo with a capacity of 225 beds. The average all-inclusive cost is \$200 per day per client, including the client's SSI. This facility is the largest ARF in the State and strives to provide services and assistance to clients for independently living.</p>	
<b>Public Comment</b>	Public comment was provided.	
<b>Adjournment</b>	Adjourned at 5:00 p.m.	

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

## Departmental Review 2021 Mental Health Advisory Board Presentation

November 15, 2021  
ACBH Director's Annual Report

Karyn Tribble, PsyD, LCSW, Director

# ACBH Annual Departmental Review (2021)

## Mental Health Advisory Board (MHAB) Presentation

### Contents Summary:

- A. Departmental Overview & Update
- B. Overview of Significant Changes
- C. Highlights of ACBH Key Initiatives
- D. New Year Goals (2022)

# Departmental Overview & Update

Systems, Budget, and Infrastructure

# Mission, Vision, & Values

*We envision a community where all individuals and their families can successfully realize their potential and pursue their dreams; and where stigma and discrimination against those with mental health and/or alcohol or drug issues are remnants of the past.*

- ▶ Contracting Organizations deliver approximately 86% - 87% of all Mental Health and 100% of all Substance Use Services for the Department.

- ▶ **Fiscal Year (FY 2020-21) Budget:**

- ▶ \$563 Million Dollars
- ▶ 713.67 FTE County Civil Service Positions
- ▶ 19,252 individuals served in Outpatient Mental Health Programs
- ▶ 5,949 Individuals served in Substance Use Programs.

- ▶ **CURRENT Fiscal Year (FY) 21-22 Budget:**

- ▶ \$572 Million Dollars
- ▶ 742.00 FTE+ County Civil Service Positions
- ▶ *Final Client-level encounter data pending*

# County Behavioral Health Department Overview:

- ▶ Behavioral Health Department (Mental Health & Substance Use)
- ▶ Mental Health Plan (MHP)
  - ▶ *Managed Care Plan*
  - ▶ *“Specialty Mental Health Services”*
- ▶ Drug Medi-Cal Organized Delivery System (DMC – ODS)
  - ▶ *Substance Use System of Care*
- ▶ Early and Periodic Screening, Diagnostic, and Treatment Services
  - ▶ *Full-Scope Medi-Cal & Services for children up to 21 Years*
- ▶ Medi-Cal Beneficiaries & Uninsured Individuals (**Medi-Cal/Medicare**)
- ▶ Funding Sources: County General Fund; State & Federal; Tax Revenue; Local Measures; Mental Health Services Act (MHSA); Grants, etc.

# Care Delivery System

**Adult & Older  
Adult System  
of Care**

*Serving Adults 18 Years & Older*



**Child &  
Young Adult  
System of  
Care**

*Serving Children & Youth from  
Birth – 24 years*



**Substance Use  
Treatment**

*Continuum of Care with Gender  
and Age-Specific Programs*



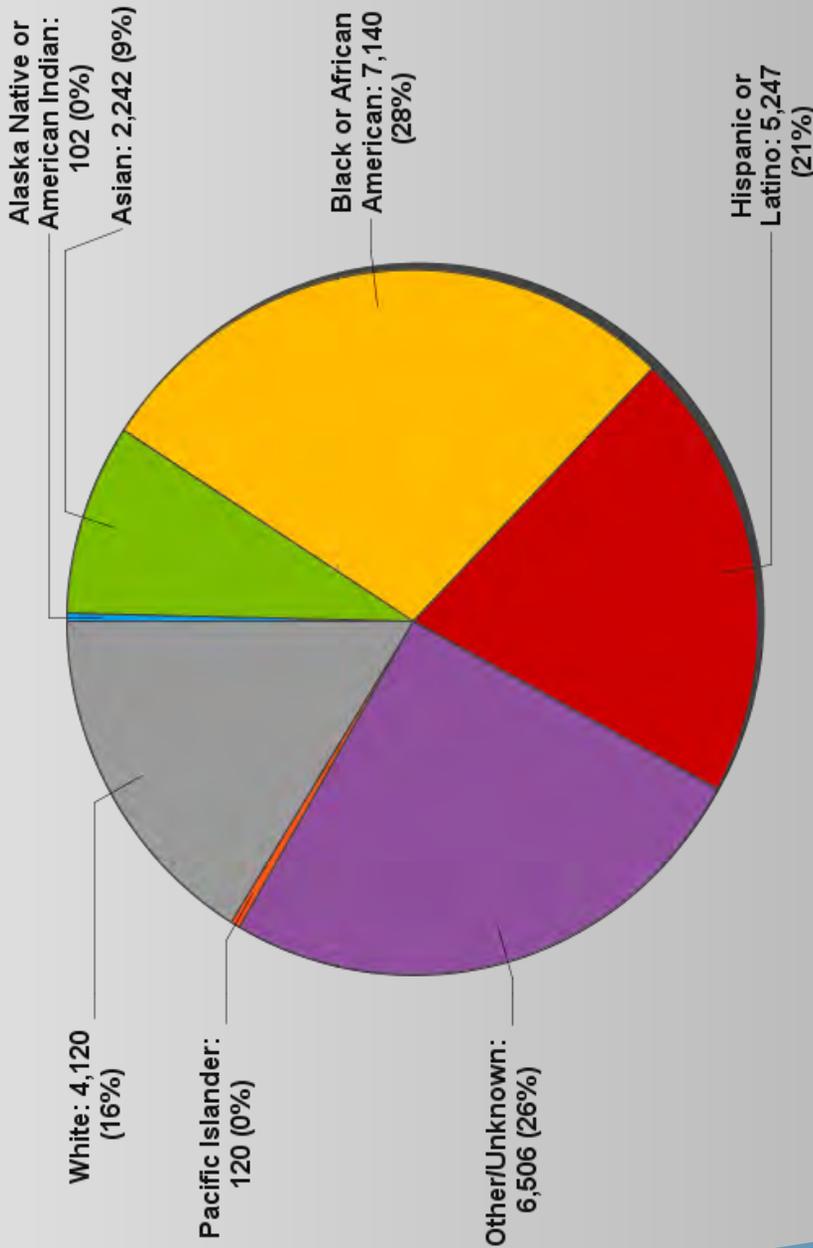
**Forensic,  
Diversion, &  
Re-Entry  
System of Care**

*Supporting Youth & Adults in  
Custody and within the Community*



# FY 20/21 Demographic Information: Who we served\*?

(\*NOTE: Includes both Mental Health & Substance Use beneficiaries, primarily Medi-Cal or Medi-Cal eligibility; may exclude MHSA prevention & early intervention program services.)



- ▶ Majority of clients served were between the ages of **0-17 Years** & **25-40 Years**
- ▶ Followed by clients **ages 41-59, 18-24, and clients 60+ Years**
- ▶ **Gender:**
  - ▶ 54% Male (13,828)
  - ▶ 46% Female (11,639)
  - ▶ 9% Unknown/Missing
  - ▶ 1% Other

# ACBH Departmental Priority Framework & “True North” Metrics:

- ▶ **The Framework (The “How”):**
  - ▶ *Alignment; Communication; & Organizational Structure*
- ▶ **Our True North Metrics (The “What”):**
  - ▶ *Quality; Investment in Excellence; Accountability; Financial Sustainability; & Outcome-Driven Goals*
- ▶ **The Process (Our Path):**
  - ▶ *ACBH System Goals; Results Based Accountability (RBA); and Stakeholder Engagement*

# Our priority Framework...

**The**

**“HOW”**

▶ **Alignment**

▶ **Communication**

▶ **Organizational  
Structure**

# Our TRUE NORTH...

- ▶ **Quality**
- ▶ **Investment in Excellence**
- ▶ **Accountability**
- ▶ **Financial Sustainability**
- ▶ **Outcome-Driven Goals**

## The *“What”*

# THE PROCESS...

▶ **ACBH System Goals**

▶ **Results Based Accountability (RBA)**

▶ **Stakeholder Engagement**

## Our Path

# Overview of Significant Changes

COVID-19 Update, Organizational Changes, & Important Developments/Updates

# Novel Coronavirus (COVID-19) Impacts:

- ▶ Departmental & Interagency Coordination
- ▶ Employee Deployment
- ▶ Employee Vaccinations & Remote Work
- ▶ Clinical Services Delivery
- ▶ Budget Stakeholder & Strategy Planning
- ▶ Resumption of Normal Operations Planning (County)

# Overview of Significant Changes:

- ▶ New ACBH Website Re-Design
- ▶ New Leadership & Departmental Restructuring
- ▶ Development of the Forensic, Diversion, & Re-Entry Services System
- ▶ Designation of Professionals for LPS Holds & Continued Expansion
- ▶ Development of the Health Equity Division, Health Equity Officer
- ▶ Daily Huddles, Town Halls, Community Outreach/Communication
- ▶ Name Change: Office of Peer Support Services, Peers Organizing Community Change (POCC)
- ▶ Workforce, Education, & Training Unit (WET) Reassignment

# Important Updates:

- ▶ Babu Litigation & Consent Decree
- ▶ Disability Rights California (DRC)
- ▶ Department of Justice (DOJ)

# Highlights & Key Initiatives

Projects, System Change Initiatives, and Strategic Planning

# Highlights of ACBH Current Key Initiatives:

- ▶ System Coordination in support to the Afghanistan Community
- ▶ CaAIM Planning & Coordination
- ▶ Integrated Services (Hospitals, FQHC Pilot Projects)
- ▶ Community Services Planning & Forensic Services System Re-Design
- ▶ CATT Pilot & Analysis
- ▶ SmartCare Billing Implementation

# Highlights of ACBH Current Key Initiatives (continued):

- ▶ Child & Youth Related Changes (Foster Care, Coordination, Crisis, & STRTPs)
- ▶ Peer Certification (SB 803)
- ▶ Health Equity Division & Departmental Planning
- ▶ “ACCESS” Division Planning & Staff Engagement
- ▶ African American Wellness Hub Facility Planning
- ▶ Departmental Strategic Planning (Launch Pending November 2021)

# 2022 Calendar Year Goals

Next Steps & Goals for 2022

ACBH Departmental Review (2021) - MHAB Presentation (11\_15\_2021)

19

# Next Steps & Departmental Goals for Calendar Year 2022:

- ▶ CalAIM Enhanced Care Management (ECM) Program (Launch June 2022)
- ▶ Service Delivery System Quality Improvement, Re-Design, & Expansion
- ▶ Health Equity & Departmental Initiatives Alignment
- ▶ LPS (5150 & 5585) Pilot Programs Analysis Completed
- ▶ Community Access Initiative Launched
- ▶ SmartCare Billing System Configuration & Data Migration Completed
- ▶ Departmental Workforce, Education, & Training Plan Developed
- ▶ Strategic Planning Completed

# Next Steps & Departmental Goals for Calendar Year 2022:

## Strategy ↓

▶ **HOW:** Alignment, Communication, & Organizational Structure

▶ **WHAT:** *True North Metrics* →

▶ **OUR PATH:** System Goals, Results Based Accountability (RBA), & Stakeholder Engagement

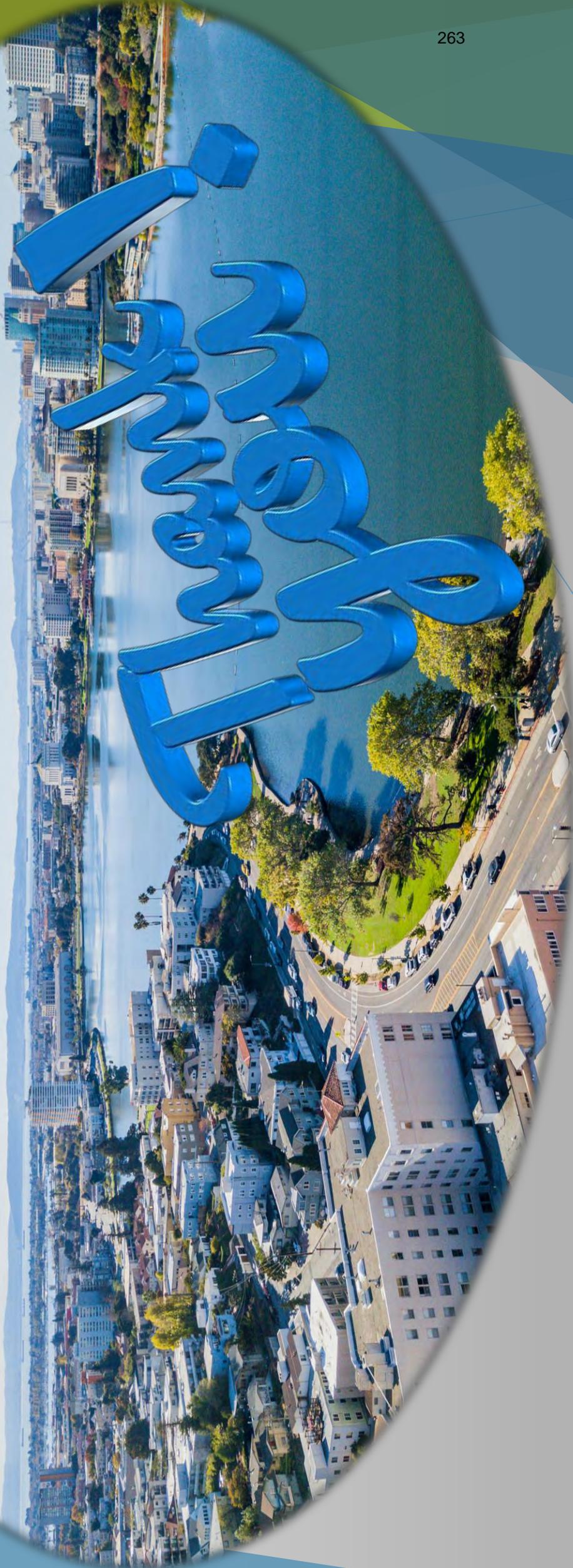
## Departmental Goals ↓

- ❑ CalAIM Enhanced Care Management (ECM) Program (Launch June 2022) – *(Quality & Outcome-Driven Goals)*
- ❑ Service Delivery System Quality Improvement, Re-Design, & Expansion *(Quality, Outcome-Driven Goals, & Accountability)*
- ❑ Health Equity & Departmental Initiatives Alignment *(Quality)*
- ❑ LPS (5150 & 5585) Pilot Programs Analysis Completed *(Quality & Outcome-Driven Goals)*
- ❑ Community Access Initiative Launched *(Quality)*
- ❑ SmartCare Billing System Configuration & Data Migration Completed *(Financial Sustainability & Accountability)*
- ❑ Departmental Workforce, Education, & Training Plan Developed *(Investment in Excellence)*
- ❑ Strategic Planning Completed *(Quality & Accountability)*



# Alameda County <sup>ac</sup> <sup>bh</sup> Behavioral HealthCare Services

MENTAL HEALTH & SUBSTANCE USE SERVICES





Alameda County  
Mental Health Advisory Board

# Mental Health Advisory Board Agenda 264

Monday, November 15, 2021 ♦ 3:00 PM – 5:00 PM

This meeting will be conducted exclusively through videoconference and teleconference

<https://global.gotomeeting.com/join/985234885>

Teleconference: 1-571-317-3116, Access Code: 985-234-885

<b>MHAB Members:</b>	<b>Lee Davis</b> (Chair, District 5) <b>L.D. Louis</b> (Vice Chair, District 4) <b>Lucy Hernandez</b> (District 2) <b>Cicley Winston</b> (District 2)	<b>Warren Cushman</b> (District 3) <b>Loren Farrar</b> (District 3) <b>Ashlee Jemmott</b> (District 3) <b>Brian Bloom</b> (District 4)	<b>Jessie C. Slafter</b> (District 4) <b>Anh Thu Bui</b> (District 5) <b>Juliet Leftwich</b> (District 5) <b>Rebekah Kharrazi</b> (BOS Rep., District 3)
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**Committees**

**Adult Committee**  
Lee Davis, Co-Chair  
Warren Cushman, Co-Chair

**Children’s Advisory Committee**  
L.D. Louis, Chair

**Criminal Justice Committee**  
Brian Bloom, Co-Chair  
Juliet Leftwich, Co-Chair

**Quality Improvement Committee**  
Jessie C. Slafter

**MHSA Stakeholders Committee**  
L.D. Louis

**Measure A Oversight Committee**  
Vacant

**MHAB Mission Statement**

The Alameda County Mental Health Advisory Board has a commitment to ensure that the County’s Behavioral Health Care Services provide quality care in treating members of the diverse community with dignity, courtesy and respect. This shall be accomplished through advocacy, education, review and evaluation of Alameda County’s mental health needs.

- 3:00 PM** Call to Order \_\_\_\_\_ Chair **Lee Davis**
- 3:00 PM** I. Roll Call
- 3:02 PM** II. Approval of Minutes
- 3:05 PM** III. Chair’s Report
  - A. Acknowledgement of Supervisor Chan
  - B. No MHAB Main Meeting – December 2021
  - C. Annual Retreat (January 22, 2022 / 10am – 3pm)
  - D. High Utilizer Ad Hoc Committee
  - E. Care First, Jail Last MHAB Representative
- 3:20 PM** IV. Data Notebook
- 3:30 PM** V. Director’s Report
- 3:40 PM** VI. Committee Reports
  - A. Adult Committee
  - B. Children’s Advisory Committee
  - C. Criminal Justice Committee
  - D. MHSA Stakeholders Committee
  - E. Quality Improvement Committee
- 3:55 PM** VII. ACBH Departmental Review - 2021
- 4:55 PM** VIII. Public Comment
- 5:00 PM** IX. Adjourn

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



Alameda County  
Board of Supervisors

**Alameda County** ac bh  
**Behavioral Health Care Services**

## Works-Wright, Jamie

**From:** Specialized Training Services <info+specializedtraining.com@ccsend.com>  
**Sent:** Thursday, November 11, 2021 2:14 PM  
**To:** Berkeley/Albany Mental Health Commission  
**Subject:** Detecting Malingering, Ethics in Mental Health, 2 year end webinars

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



## The Detection of Malingered Psychosis

### Phillip Resnick, MD

December 3, 2021 – 4 hours  
 (9am–1pm Pacific, noon–4pm Eastern)



This program is designed to give mental health clinicians practical information about the detection of malingering and lying. What motivates people to malingering? Is it possible to differentiate between real vs. faked hallucinations and delusions? What are the important characteristics of command hallucinations? Are there evidence-based clues to lying? What are the common errors in lie detection? Noted forensic psychiatrist, Phillip Resnick, MD, will examine those issues and more. Participants will be able to test their new skills with videotaped examples. [Information](#).

#### Workshop Content

- What motivates people to malingering?
  - Clues to malingered psychosis
  - Phenomenology of genuine hallucinations
  - Characteristics of command hallucinations
  - The nature of hallucinatory questions
  - Strategies to cope with hallucinations
  - Patterns of atypical hallucinations
  - Evidence based clues to lying
  - Common errors in lie detection
  - Approaches to detecting faked insanity defenses
- \$99.95 (4 CE hours), Excellent group and student rates - please call
  - Early tuition rate **extended through 11/19!** Register now!
  - Replay available for those who can't attend live presentation

**Register now!**

**Legal and Ethical Issues in Mental Health**

## Phillip Resnick, MD

December 9, 2021, 3 hours, (9-noon Pacific, noon-3pm Eastern)

Mental health professionals are regularly faced with ethical and legal conundrums in their clinical practice. Common pitfalls will be reviewed to avoid malpractice suits and discipline by state licensure boards. The presenter will review the law of negligence so clinicians can understand what plaintiffs are required to prove to succeed in a malpractice case. Differences between confidentiality and privilege and HIPPA duties will be explained. Guidance will be given on how to balance your duty to keep client information protected against your duty to protect others from serious harm. Documentation techniques which reduce the risk of adverse consequences will be covered, particularly with clients who are at risk of self harm. This program is essential for mental health professionals to improve their understanding of legal and ethical issues critical to performing at the standard of practice. [Information.](#)

### Workshop Content

- Negligence law and how it applies to mental health malpractice
- Trends in Mental Health Malpractice
- Confidentiality and Privilege, HIPPA duties
- The Duty to Protect Others
- \$74.95 (3 CE hours), Excellent group and student rates - please call
- Early tuition rate **extended through 11/19!** Register now!
- Replay available for those who can't attend live presentation

**Register now!**

### Phillip Resnick, MD

Phillip J. Resnick is an internationally known forensic psychiatrist noted for his expertise in risk assessment, the detection of malingered mental illness and legal and ethical issues. He is a past president of the American Academy of Psychiatry and the Law. He has provided testimony or consultation in many high profile cases including: Jeffrey Dahmer, Susan Smith, Timothy McVey, Andrea Yates, Scott Petersen, Brian Mitchell (kidnapper of Elizabeth Smart), Theodore Kaczynski (Unabomber) and Casey Anthony. He has written over 215 professional journal articles and book chapters, including two chapters in Clinical Assessment of Malingering and Deception. He received the Isaac Ray Award from the American Psychiatric Association for outstanding contributions to forensic psychiatry and psychiatric aspects of jurisprudence. Dr. Resnick's presentations are well organized, humorous and packed with vital information.



Specialized Training Services is approved by the American Psychological Association to sponsor continuing education for psychologists. Specialized Training Services maintains responsibility for these programs and their content.

Typically LCSW's, LMFT's, LPC's and LMHC's can receive continuing education from APA approved providers but there are a few exceptions. Please check with your licensing board if there is any question as to whether credit from an APA approved provider is valid for your license.

[Specialized Training Services](#)

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info@specializedtraining.com  
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## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Wednesday, November 10, 2021 4:30 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: COB Notice: 12/14/2021 Public Hearing and Opportunity to Comment - Substantial Amendment to the PY21 (FY22) Annual Action Plan to Accept and Administer HOME-ARP funds  
**Attachments:** PublicNotice\_HOME-ARP\_Amendment1\_Translated.pdf

Hello Commissioners,

Please see the information below.

### Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



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

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**From:** Babka, Rhianna  
**Sent:** Wednesday, November 10, 2021 3:36 PM  
**To:** Babka, Rhianna <[RBabka@cityofberkeley.info](mailto:RBabka@cityofberkeley.info)>  
**Subject:** COB Notice: 12/14/2021 Public Hearing and Opportunity to Comment - Substantial Amendment to the PY21 (FY22) Annual Action Plan to Accept and Administer HOME-ARP funds

Dear Key Stakeholders & Community Partners,

This email contains important information regarding opportunities for public comment on the City's expenditure of Housing and Urban Development (HUD) funds. **Please post and/or distribute the attached flyer to your program participants, commissions, community centers, etc.**

**NOTICE OF PUBLIC HEARING  
 CITY OF BERKELEY**

**REQUEST FOR COMMENTS ON ITS  
 ANNUAL ACTION PLAN (2021) AMENDMENT #1 – HOME-ARP**

Starting on Friday, November 12, 2021, the City will open a 30-day comment period during which the public is invited to review and comment on the City of Berkeley's **Annual Action Plan** Amendment #1 for Housing and Community Development that covers the period July 1, 2021 through June 30, 2022. The comment period will conclude at the December 14, 2021 Public Hearing in front of City Council.

The Annual Action Plan Amendment #1 is to allow the City of Berkeley to receive and administer \$2,735,696 in HOME Investment Partnerships Program (HOME) funding from the US Department of Housing and Urban Development (HUD) made available through the American Rescue Plan (ARP).

The City of Berkeley, and all jurisdictions receiving certain types of federal funds, are required to submit a Consolidated Plan, Annual Action Plans, and any amendments thereto to HUD. The Consolidated Plan covers five years and outlines the City's needs and goals in the areas of Housing, Homelessness, Community Development, and Non-Homeless Special Needs. It acts as a framework for the use of federal funds in these areas for the time frame. The City of Berkeley's Annual Action Plan, supports the Consolidated Plan, by presenting the City's plan for funding housing and community services each year.

The addition of HOME-ARP funds allows the City to perform four activities that must primarily benefit qualifying individuals and families who are homeless, at risk of homelessness, or in other vulnerable populations. Eligible HOME-ARP activities include, but are not limited to (1) Development and support of affordable housing, (2) tenant-based rental assistance (TBRA), (3) provision of supportive services; and (4) acquisition and development of non-congregate shelter units.

The draft PY21 Annual Action Plan Amendment #1 is available for public review on the web at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=12160>.

**All written comments must be sent to both [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) AND [CPD\\_COVID-19WaiverSFO@hud.gov](mailto:CPD_COVID-19WaiverSFO@hud.gov) no later than December 14, 2021, at 5:00 p.m.**

For more information, contact Rhianna Babka (email: [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info)) at the Health, Housing and Community Services Department 2180 Milvia Street, 2<sup>nd</sup> Floor, Berkeley, 94704.

The hearing will be held on December 14, 2021 at 4:00 pm during a Special Meeting of City Council conducted via videoconference pursuant to Governor's Executive Order N-29-20.

A copy of the agenda material for this hearing will be available on the City Council agenda webpage at [https://www.cityofberkeley.info/Clerk/City\\_Council/City\\_Council\\_Agenda\\_Index.aspx](https://www.cityofberkeley.info/Clerk/City_Council/City_Council_Agenda_Index.aspx) in advance of the meeting. **Once posted, the agenda for this meeting will include a link for public participation using Zoom video technology.**

Thank you,

Rhianna Babka  
 City of Berkeley  
 Housing and Community Services  
 2180 Milvia Street, 2nd Floor  
 Berkeley, CA 94704  
 (510) 981-5410 (tel)  
 (510) 981-5450 (fax)  
[rbabka@ci.berkeley.ca.us](mailto:rbabka@ci.berkeley.ca.us)

**Please note:** Many City of Berkeley physical offices have limited hours and operations due to COVID-19. Please refer to the [City's website](#) for the most up-to-date information on City services and COVID -19.

**Please note:** As a cost saving measure the City of Berkeley is closed the 2nd Friday of every month. Additional closures may occur. For the latest City Closures and Holidays please check the City of Berkeley Homepage at [www.ci.berkeley.ca.us](http://www.ci.berkeley.ca.us).

**NOTICE OF PUBLIC HEARING  
CITY OF BERKELEY**

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The addition of HOME-ARP funds allows the City to perform four activities that must primarily benefit qualifying individuals and families who are homeless, at risk of homelessness, or in other vulnerable populations. Eligible HOME-ARP activities include, but are not limited to (1) Development and support of affordable housing, (2) tenant-based rental assistance (TBRA), (3) provision of supportive services; and (4) acquisition and development of non-congregate shelter units.

The draft PY21 Annual Action Plan Amendment #1 is available for public review on the web at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=12160>.

**All written comments must be sent to both [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) AND [CPD\\_COVID-19WaiverSFO@hud.gov](mailto:CPD_COVID-19WaiverSFO@hud.gov) no later than December 14, 2021, at 5:00 p.m.**

For more information, contact Rhianna Babka (email: [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info)) at the Health, Housing and Community Services Department 2180 Milvia Street, 2<sup>nd</sup> Floor, Berkeley, 94704.

The hearing will be held on December 14, 2021 at 4:00 pm during a Special Meeting of

City Council conducted via videoconference pursuant to Governor's Executive Order N-29-20.

A copy of the agenda material for this hearing will be available on the City Council agenda webpage at

[https://www.cityofberkeley.info/Clerk/City\\_Council/City\\_Council\\_Agenda\\_Index.aspx](https://www.cityofberkeley.info/Clerk/City_Council/City_Council_Agenda_Index.aspx) in advance of the meeting. **Once posted, the agenda for this meeting will include a link for public participation using Zoom video technology.**

**Published:** November 12, 2021 in the Berkeley Voice

### **Notice in Spanish:**

A partir del viernes, 12 de noviembre de 2021 y por 30 días la ciudadanía está invitada a revisar y dar comentarios sobre la Enmienda #1 para Vivienda y Desarrollo Comunitario del Plan de Acción Anual para la Ciudad de Berkeley. . Este Plan cubre el periodo de trabajo a partir del 1 de julio de 2021 hasta el 30 de junio de 2022. El periodo para presentar comentarios públicos concluirá el 14 de diciembre de 2021 durante la Audiencia Pública ante el Concejo Municipal.

La Enmienda #1 permitirá a la Ciudad de Berkeley recibir y administrar \$2,735,696 en fondos adicionales de la beca del Programa de Colaboraciones de Inversiones ("HOME"), de partedel Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos.

La Ciudad de Berkeley y todas las jurisdicciones que reciben ciertos tipos de fondos federales tienen como requisito presentar un Plan Consolidado y Planes de Acción Anual y enmiendas del mismo al departamento de Vivienda y Desarrollo Urbano (HUD). El Plan Consolidado cubre cinco años y enumera las necesidades y metas de la Ciudad en las áreas de vivienda, indigencia, desarrollo comunitario y necesidades especiales. Sirve como referencia para el uso de fondos federales en estas áreas para el periodo de tiempo mencionado. El Plan de Acción Anual de la Ciudad de Berkeley, apoya el Plan Consolidado, en cuanto presenta el plan de la Ciudad para financiar servicios comunitarios y de vivienda cada año.

La adición de fondos de "HOME-ARP" permitirá a la Ciudad a realizar cuatro actividades que deben principalmente beneficiar individuales y familias que califican que son sin hogar, a riesgo de perder su hogar, o parte de otros grupos vulnerables. Actividades elegibles de "HOME-ARP" incluyen, pero no son limitados a, (1) Desarrollo y apoyo de vivienda accesible, (2) asistencia de renta para inquilinos, (3) provisión de servicios comprensivos; y (4) adquisición y desarrollo de unidades de refugio.

El borrador de la Enmienda #1 del Plan Consolidado, estará disponible para revisión público en la página electrónica  
<http://www.cityofberkeley.info/ContentDisplay.aspx?id=12160>.

**Todos los comentarios escritos deben ser enviados a los correos electrónicos de la representante de la Ciudad [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) Y a la oficina del CPD [COVID-19WaiverSFO@hud.gov](mailto:COVID-19WaiverSFO@hud.gov). Los comentarios serán recibidos hasta el 14 de diciembre 2021 a las 5:00 pm.**

Para más información sobre este plan y su enmienda favor contactar a Rhianna Babka, (correo electrónico: [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info)) en el Departamento de Salud, Vivienda y Servicios Comunitarios localizado en la dirección 2180 Calle Milvia, 2do piso, Berkeley, CA 94704.

La audiencia pública se llevará a cabo el 14 de diciembre del 2021 a las 4:00 pm durante una Reunión Especial del Concejo Municipal, conducido virtualmente conforme a la Orden Ejecutiva N-29-20 emitida por el Gobernador Newsom.

Copia de la agenda y los materiales que serán discutidos durante la audiencia estarán disponibles en la página electrónica de la ciudad  
[https://www.cityofberkeley.info/Clerk/City\\_Council/City\\_Council\\_Agenda\\_Index.aspx..](https://www.cityofberkeley.info/Clerk/City_Council/City_Council_Agenda_Index.aspx..)  
**Una vez que la agenda sea publicada, incluirá un enlace para conectarse a la videoconferencia usando la tecnología Zoom.**

伯克萊市  
 公眾視訊聽證會通知  
 及  
 計劃評論徵求

關於市政府的年度行動計劃書（2021年）第1輪修正案 - 《HOME ARP法案》

由星期五，2021年11月12日開始，在30天期間，伯克萊市政府將邀請公眾人士對伯克萊市政府的年度行動計劃書的第1輪修正案加以檢討及評論。本計劃書之修正案蓋括2021財政年度（由2021年7月1日至2022年6月30日）。評論期將於2021年12月14日在市議會前舉行的公開聽證會結束。

此修正案將允許伯克萊市接收和管理HOME投資夥伴計劃（HOME）經費-約兩百七十三萬五千六百九十六美元（\$2,735,696.00）。以上資金來自美國聯邦政府住房和城市發展部門（HUD）的美國救援計劃《ARP法案》。

伯克萊市和所有接受聯邦資金的司法管轄區都必須向 HUD 提交綜合計劃、年度行動計劃及其任何修訂。綜合計劃涵蓋五年，概述了伯克萊市在住房、無家可歸、社區發展和非無家可歸者特殊需求領域的需求和目標。它作為在這些領域使用聯邦資金的時間框架的

框架。 伯克萊市的年度行動計劃通過提出城市每年的住房和社區服務資金計劃來支持綜合計劃。

《HOME ARP法案》的經費增額將會允許本市開展四項活動，這些活動主要是以無家可歸、有無家可歸風險、或其他弱勢群體的個人和家庭之受益作為前題。本計劃書之修正案符合以上條件的活動包括但不限於 (1) 經濟適用房的開發和支持， (2) 租戶租賃援助 (TBRA) ， (3) 提供其他類型的租戶支持服務； (4) 收購和發展非聚集庇護單位。

《年度行動計劃書第1輪修正案》草案可在互聯網上通過 <http://www.cityofberkeley.info/ContentDisplay.aspx?id=12160>進行公開審查。

所有書面意見請通過電子郵件同時郵寄於 [rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info) 和 [CPD\\_COVID-19WaiverSFO@hud.gov](mailto:CPD_COVID-19WaiverSFO@hud.gov)。 所有書面評論必須在2021年12月14日下午五時之前收到。

市民如有意諮詢， 請聯絡房屋及社區服務部 Rhianna Babka 小姐， 電郵地址：[rbabka@cityofberkeley.info](mailto:rbabka@cityofberkeley.info)。 伯克萊市房屋及社區服務部， 地址：2180 Milvia St., 2<sup>nd</sup> Floor, Berkeley, CA 94704。

根据加州州長紐森 (Gavin Newsom) 于二零二零年三月十七日发布的N-29-20行政命令第三條程章， 本次市議會聽證會將仅通过视频會議將在2021年12月14日下午4:00舉行。

在會議之前, 該聽證會議程材料的副本可在市議會議程網頁上找到：[https://www.cityofberkeley.info/Clerk/City\\_Council/City\\_Council\\_Agenda\\_Index.aspx](https://www.cityofberkeley.info/Clerk/City_Council/City_Council_Agenda_Index.aspx)。 議程材料的副本發布後， 本次會議的議程將包括一個使用Zoom video技術的公眾參與鏈接。

**發佈時間：2021年11月12日， 伯克利之聲**

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Wednesday, November 10, 2021 1:51 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Amber House and Deschutes County Crisis System Presentation - Mental Health Commission, December 16, 7 pm

Hello Commissioners,

Please see email below from Margaret.

Thank you for your time.

### Jamie Works-Wright

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




---

**From:** Margaret Fine <margaretcarolfine@gmail.com>  
**Sent:** Wednesday, November 10, 2021 1:42 PM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** Amber House and Deschutes County Crisis System Presentation - Mental Health Commission, December 16, 7 pm

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

Hi Jamie,

I hope you're well. Would you please kindly send this email to the Mental Health Commissioners to inform them about the December presentation? Thank you so much!

Dear Commissioners,

I would like to let you know about the program for the Mental Health Commission meeting on Thursday, December 16, 2021 at 7 pm.

We will hear about the behavioral health crisis systems in Alameda and Deschutes County; the 24 hour crisis stabilization programs that are part of these systems; and how they provide continuity of care for people in crisis.

The Chief Program Officer for Bay Area Community Services (BACS) and the Program Manager from Amber House will join our program, and the Program Manager from Deschutes County.

There will be discussion about the fundamental components and nature of crisis stabilization and related programs, including as they pertain to both mental health and substance use.

We want to let you know straightaway about this program and will follow-up to gather input in the not too distant future. Thank you so much.

Best wishes,  
Margaret

Margaret Fine  
Cell: 510-919-4309

**Works-Wright, Jamie**

---

**From:** Works-Wright, Jamie  
**Sent:** Tuesday, November 2, 2021 2:17 PM  
**To:** Works-Wright, Jamie  
**Subject:** Agenda items for MHC meeting December 16

Hello Commissioners,

I hope you all are well.

Friendly reminder we will not have a meeting in November. The next Mental Health Commission meeting is Thursday, December 16, 2021.

Please have any topics you want to add to the agenda to me by **Monday November 22, 2021** and any items for the packet to me by **Friday, December 3<sup>rd</sup>**.

Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



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**Works-Wright, Jamie**

---

**From:** Works-Wright, Jamie  
**Sent:** Tuesday, November 2, 2021 9:11 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Training - SUICIDE SAFETY FOR OUR COMMUNITIES, OUR FAMILIES, AND OURSELVES  
**Attachments:** SUICIDE SAFETY FOR OUR COMMUNITIES, OUR FAMILIES, AND OURSELVES - 2021.pdf

Hello Commissioner,

Here is a training that you may be interest in.

**Jamie Works-Wright**

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



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**From:** White, Barbara Ann  
**Sent:** Friday, October 29, 2021 11:20 AM  
**To:** All Mental Health <AllMentalHealth@cityofberkeley.info>  
**Subject:** Training - SUICIDE SAFETY FOR OUR COMMUNITIES, OUR FAMILIES, AND OURSELVES

**FREE TRAINING - FLYER ATTACHED**  
**Berkeley Mental Health Division**

**SUICIDE SAFETY FOR OUR COMMUNITIES, OUR FAMILIES, AND OURSELVES**

Friday, November 19, 2021 - 9:00 am – 4:00 pm  
**(6 – CE Credits)**

\*This course meets the California Board of Behavioral Sciences requirement for Suicide Prevention training\*

**REGISTRATION LINK:**

[https://us06web.zoom.us/webinar/register/WN\\_AG5x087ETuOv95K3pCU4CQ](https://us06web.zoom.us/webinar/register/WN_AG5x087ETuOv95K3pCU4CQ)

**TRAINER: DR. STEVEN TIERNEY***Webinar Description*

The Coronavirus disease 2019 (COVID-19) has emerged as a new global health threat. By increasing the risk of isolation, fear, stigma, abuse and economic fallout, COVID-19 has led to increase in risk of psychiatric disorders, chronic trauma and stress, which eventually increase suicidality and suicidal behavior. Cases of suicides have been rising since COVID-19 first emerged.

In view of the already existing significant public health problem of suicide across the globe and the many likely consequences of viral pandemics that are known to increase suicidality, drawing attention to this issue seems appropriate. The good news is that the initial data suggests that suicide rates have remained steady. The long-term implications of isolation, loneliness and the economic impacts of COVID are, unfortunately, expected to reverse that trend and report increases.

The rates of suicides amongst adolescents and transition aged youth have increased in recent years and the disparity of suicide rates, always higher for boys have leveled as young women have increasingly died by suicide. A recent report by the Congressional Black Caucus (Ring the Alarm: The Crisis of Black Youth Suicide in America) has demonstrated the actual suicide rates among black youth, highlighting the under-reporting and lack of services.

All of this make this workshop a must for those who are willing to help create a safer, more connected and healthier community. Do not worry that this is too complicated a call to action. As you will hear and experience during our workshop: everyone can help; everyone can save a life.

***FREE CE CREDITS (6) FOR THIS TRAINING***

*This Course meets the qualifications for 6-hours of CE Credit for LMFTs, LCSWs, LPCCs, and/or LEPs; as required by the California Board of Behavioral Sciences. However, you must attend the entire training to qualify for CE Credit. Certificates will be issued within 30-days. The City of Berkeley is approved by California Association of Marriage and Family Therapists to sponsor continuing education for MFTs and LCSWs; the provider number is 140938. The City of Berkeley maintains responsibility for this program/course and its content. If you would like to attend this free training, please email [kawhite@cityofberkeley.info](mailto:kawhite@cityofberkeley.info). For additional information and to request an accommodation for special needs, or file a complaint, please call (510) 981-7646. Cancellation Policy: Attendees will receive advance notification in the event of a cancellation.*

*Barbara Ann White, MA*

**Training and Diversity & Multicultural Coordinator**

**City of Berkeley Mental Health**

**3282 Adeline Street**

**Berkeley, CA 94703**

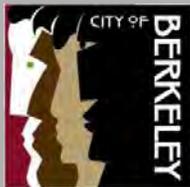
**510-981-7646 (Office)**

**510-833-0843 (Cell)**

**[bawhite@cityofberkeley.info](mailto:bawhite@cityofberkeley.info)**

**[#RacismIsAPublicHealthCrisis](#)**

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## FREE TRAINING

Berkeley Mental Health Division

# ***SUICIDE SAFETY FOR OUR COMMUNITIES, OUR FAMILIES, AND OURSELVES***

**Friday, November 19, 2021 - 9:00 am – 4:00 pm  
(6 – CE Credits)**

\*This course meets the California Board of Behavioral Sciences requirement for Suicide Prevention training\*

### **REGISTRATION LINK:**

[https://us06web.zoom.us/webinar/register/WN\\_AGsX087ETuOv95K3pCU4CQ](https://us06web.zoom.us/webinar/register/WN_AGsX087ETuOv95K3pCU4CQ)

### **TRAINER: DR. STEVEN TIERNEY**



Dr. Tierney is the Clinical Director of Seeds of Awareness in Oakland and Professor Emeritus in Counseling Psychology at the CA Institute of Integral Studies. Dr. Tierney is also a psychotherapist in private practice with certifications and interests in: Mindfulness-based psychotherapy, Child and Adolescent Therapy, and Addictions Therapies. He is a certified addiction specialist and has worked in community-based organization in Boston and San Francisco for four decades; creating and providing innovative mental health and substance use prevention and treatment models for adolescents and adults. He

is also a certified trainer in Suicide Prevention and Interventions. Steven works closely with the groups: Meditation in Recovery and Mindfulness-based Relapse Prevention and the ASIST Suicide Interventions Network. He holds an MA in Counseling from Wayne State University, an EdD from Northeastern University and post graduate certificates in Child and Adolescent Therapy from Boston University and Mindfulness-based psychotherapy from the Institute for Meditation and Psychotherapy. Dr. Tierney is an ordained Buddhist priest and is a co-founder and CEO of the San Francisco Mindfulness Foundation.

### **Webinar Description**

The Coronavirus disease 2019 (COVID-19) has emerged as a new global health threat. By increasing the risk of isolation, fear, stigma, abuse and economic fallout, COVID-19 has led to increase in risk of psychiatric disorders, chronic trauma and stress, which eventually increase suicidality and suicidal behavior. Cases of suicides have been rising since COVID-19 first emerged.

In view of the already existing significant public health problem of suicide across the globe and the many likely consequences of viral pandemics that are known to increase suicidality, drawing attention to this issue seems appropriate. The good news is that the initial data suggests that suicide rates have remained steady. The long-term implications of isolation, loneliness and the economic impacts of COVID are, unfortunately, expected to reverse that trend and report increases.

The rates of suicides amongst adolescents and transition aged youth have increased in recent years and the disparity of suicide rates, always higher for boys have leveled as young women have increasingly died by suicide. A recent report by the Congressional Black Caucus (Ring the Alarm: The Crisis of Black Youth Suicide in America) has demonstrated the actual suicide rates among black youth, highlighting the under-reporting and lack of services.

All of this make this workshop a must for those who are willing to help create a safer, more connected and healthier community. Do not worry that this is too complicated a call to action. As you will hear and experience during our workshop: everyone can help: everyone can save a life.

Please join us to find out what you can do and to tell us about the needs in your community and workplace.

### **Workshop Goals and Objectives**

1. Participants will learn language and communications strategies to identify suicidal behavior and to engage effectively with their clients, colleagues, friends or family members.
2. Participants will review, and use, suicide assessment tools and strategies.
3. Participants will be introduced to suicide prevention interventions, best practices and engage in experiential learning with the strategies.
4. Participants will determine the most effective strategies for responding to suicidal behavior by building a system of support within their circle of colleagues and friends.

#### **FREE CE CREDITS (6) FOR THIS TRAINING**

This Course meets the qualifications for 6-hours of CE Credit for LMFTs, LCSWs, LPCCs, and/or LEPs; as required by the California Board of Behavioral Sciences. However, you must attend the entire training to qualify for CE Credit. Certificates will be issued within 30-days. The City of Berkeley is approved by California Association of Marriage and Family Therapists to sponsor continuing education for MFTs and LCSWs; the provider number is 140938. The City of Berkeley maintains responsibility for this program/course and its content. If you would like to attend this free training, please email [bawhite@cityofberkeley.info](mailto:bawhite@cityofberkeley.info). For additional information and to request an accommodation for special needs, or file a complaint, please call (510) 981-7646. Cancellation Policy: Attendees will receive advance notification in the event of a cancellation.

## Works-Wright, Jamie

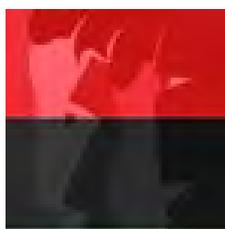
---

**From:** Works-Wright, Jamie  
**Sent:** Tuesday, October 26, 2021 4:19 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Invitation - Crisis Care Continuum Teleconference 11/5 10 am - Please Share!

Please see the information below

### Jamie Works-Wright

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



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---

**From:** CAL BHBC <cal@calbhbc.com>  
**Sent:** Tuesday, October 26, 2021 11:31 AM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>; Grolnic-McClurg, Steven <SGrolnic-McClurg@cityofberkeley.info>; margaretcARolfine@gmail.com  
**Subject:** Invitation - Crisis Care Continuum Teleconference 11/5 10 am - Please Share!

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**CALBHB/C Statewide Teleconference Invitation**  
**November 5, 2021, 10:00 am - 11:30 am**  
[Registration Link](#)  
 (There is no fee to register.)

We invite you to join us for presentations and discussion regarding:

**Crisis Care Continuum for Behavioral Health:**

## Building & Sustaining Effective Services

### Speaker Panel

The Vision of 988 within CA's Behavioral Health Crisis Care Continuum  
*Maggie Merritt, Steinberg Institute Executive Director*

AB 988 - Key Components for Implementation of "988" in California  
*Tara Gamboa-Eastman, Steinberg Institute Legislative Advocate*

Moving Toward an Effective Behavioral Health Crisis Care Continuum: Addressing Resources and Gaps  
*County Behavioral Health Directors Association of CA (Tentative)*

Crisis Care Continuum CALBHB/C Issue Brief  
*Theresa Comstock, CALBHB/C Executive Director*

**Discussion** of statewide, regional and local needs, barriers and successes. Local board members and staff are encouraged to participate.

### [Registration Link](#)

(There is no fee to register.)

CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) supports the work of CA's 59 local mental and behavioral health boards and commissions.

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Tuesday, October 26, 2021 1:20 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: please forward to the commission ..sent by the secretary of Kim's cabinet....humor is in short supply  
**Attachments:** Kim Staff qualifications.docx

Hello Commissioners,

Please see the email from boona.

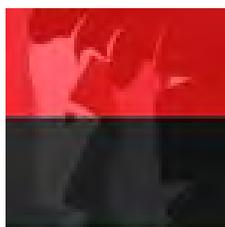
### Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



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---

**From:** boona cheema <boonache@aol.com>  
**Sent:** Tuesday, October 26, 2021 1:02 PM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Cc:** Grolnic-McClurg, Steven <SGrolnic-McClurg@cityofberkeley.info>; Warhuus, Lisa <lwarhuus@cityofberkeley.info>; nemirowkimmy@aol.com  
**Subject:** please forward to the commission ..sent by the secretary of Kim's cabinet....humor is in short supply

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**STAFF Competencies: Personal and Professional**  
**Submitted by Kim Nemirow to the City of Berkeley Mental Health Commission.**  
**Competencies needed to work in the Mental Health Field.**  
**Date:10/26/2021**

**COMPETENCY:** Valuing service population, concerned for outcomes; and willingness to design and execute flexible plans, policies, protocols, procedures that are effective and regularly reviewed for effectiveness incorporating best practices per circumstances.

Willing to be transparent and fair- especially in processing or responding to complaints or grievances by consumers.

**INTEGRATED:** beyond being reasonably healthy in their personality and current mental health; there should be a healthy balance of being able to work alone and in collaboration.

Collaboration is essential in working with agencies and other entities to produce the best outcomes from the streets contact on call physicians, ER charge nurses or on call nurses to help assess medical conditions bearing on crisis or conditions which may or may not be completely attributable to "mental illness".

A well-developed capacity to leverage resources including working with psyche intake or admitting MDs at hospitals to help determine if a hold is appropriate and with social workers to provide insight for after care.

\* The level of follow up and collaboration is the only method to produce long term positive MH outcomes.

**CONSCIOUS** educated in various SOCIAL forms of abuse and oppression including racism, sexism, homophobia, stigma against those experiencing homelessness and living with mental illness and physical disabilities.

Generational trauma such as war or ethnic cleansing, police violence, the holocaust discerned as contributing to mental health problems.

Systemic oppressions such as abuses in the foster care system, sex trafficking of woman, men and young people, violence against the homeless, violence within the homeless communities, rampant theft, arson, involuntary exposure to drugs, or by secondhand smoke, being coerced or pressured into drug use.

**COMMON SENSICAL:** balancing one's insight, feelings, awareness, sensitivity, with the actual experience unfolding- using practical skills and resolutions if practical solutions are warranted. Also balancing perspectives- rather than polarizing perspectives. The most important perspectives to integrate or not polarize are orientations to that blame or hold responsible or morally evaluate persons symptomatic whose symptoms harm others and orientations which identify with the person in crisis or symptomatic, which empathize, seek to understand and appreciate both what is occurring and why it is occurring- which explains illness as largely "unintentional"- Either extremity standing alone is harmful- as both accountability and compassion are appropriate and necessary.

**KNOWABLE:** a stable and evolving RESEARCH BASED compilation of models, practices, interventions which are evidence based, emerging evidence based, and innovative but tested. Also using experience as an addition to any evidence-based practice

**AUTHENTICITY: Clients consistently show a surprising degree of insight and consistent insight into the motives, attitudes, orientations, perception of staff in mental health and social services. Even those clients one would expect to be to 'out of it' to notice, are among the most sensitive to the state of the staff conducting an intervention.**

**Authenticity, honesty, straightforwardness- where appropriate- are among the personal traits most trusted by those with urgent and emergent MH needs**

**EMPATHETIC experiencing,** appreciating and intellectually understanding various states and conditions intuitively. Desire to and a predilection to **feel and express affinity**, empathy, shared humanity, acceptance, affirmation, alignment with the PERSON experiencing crisis or in need of help.

**Relatable capable** of forming relationships by building REPORE: creating interpersonal, practical, cognitively, and emotionally responsive, supportive, encounters which build trust, self-initiative and agency which result in new abilities to negotiate systems safely.

**MORAL:** seeking to model and embody morally aspirational values behaviors, community, and personal standards; honest about reality and aimed at attainable ideality- research appear to support that the more aspirational the ultimate aims of engagement are or inspiring of aspiration the more participatory a client will be and more committed to their own recovery.

## **STAFF QUALIFICATIONS: Personal and Professional**

**ETHICAL:** seeking to practice excellent self monitoring or supervisory monitoring of transference, countertransference, and any obstructive emotions, beliefs or thoughts that harmfully impact the service population. Inherent in this characteristic are GOOD boundaries-

**COMPETENCY:** Valuing service population, Concerned for Outcomes; and Willing to Design and execute flexible plans, policies, protocols, procedures that are effective and regularly reviewed for effectiveness incorporating best practices per circumstances.

**RESPONSIBLE:** committed and willing to participate in oversight concerns and mandates and recommendations to improve the program Willing to be transparent and fair-pecially in processing or responding to complaints or grievances by clients

**INTEGRATED:** beyond being reasonably healthy in their personality and current mental health; there should be a healthy balance of a independent and collaborative and connected orientation to others. Collaboration is essential in working with agencies an other entities to produce the best outcomes from the streets contact on call physicians, ER charge nurses or on call nurses to help assess medical conditions bearing on crisis or conditions which may or may not be completely attributable to "mental illness". AND a well-developed capacity to leverage resources including working with psych intake or admitting MDs at hospitals to help determine if a hold is appropriate and with social workers to provide insight for after care.

\* The level of follow up and collaboration is the the only method to produce long term positive MH outcomes and placement

**CONSCIOUS** educated in various SOCIAL forms of abuse and oppression including:racism, sexism, homophobia, stigma against those experiencing homelessness and living with mental illness and physical disabilities. Generational trauma such as war or ethnic cleansing, police violence, the holocaust discerned as contributing to mental health problems. Systemic oppressions such as abuses in the foster care system, sex trafficking of woman, men and young people, violence against the homeless, violence within the homeless communities, rampant theft, arson, ainvoluntary exposure to drugs, or by secondhand smoke, being coerced or pressured into drug use.

**COMMON SENSICAL:** balancing one's insight, feelings, awareness, sensitivity, with the actual experience unfolding- using practical skills and resolutions if practical solutions are warranted. Also balancing perspectives- rather than polarizing perspectives. The most important perspectives to integrate or not polarize are orientations to that blame or hold responsible or morally evaluate persons symptomatic whose symptoms harm others and orientations which identify with the person in crisis or symptomatic, which empathize, seek to understand and appreciate both what is occurring and why it is occurring- which explains illness as largely "unintentional"- Either extremity standing alone is harmful- as both accountability and compassion are appropriate and necessary.

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Reply Reply All Forward

## Works-Wright, Jamie

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**From:** Works-Wright, Jamie  
**Sent:** Friday, October 22, 2021 4:08 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Status of 24 Hour Crisis Stabilization Recommendations & Amber House Research  
**Attachments:** 10.13.21 Full Agenda Package.pdf

Hello Commissioners,

Please see this information from Margaret

### Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



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

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**From:** Margaret Fine <margaretcарolfine@gmail.com>  
**Sent:** Friday, October 22, 2021 3:37 PM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** Status of 24 Hour Crisis Stabilization Recommendations & Amber House Research

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

Hi Jamie,

Would you please kindly send this email to the Mental Health Commissioners? Hope you have a lovely weekend!

Dear Mental Health Commissioners,

I would like to let you know that Councilmember Terry Taplin's office is gathering research on 24 hour crisis stabilization, and welcomes contributions to this research. As I understand they have not written or submitted a recommendation for this type of proposed legislation to the Berkeley City Council. As previously mentioned, we will discuss this subject at our next meeting on 10/28/21

Further, I would like to share additional research. Amber House offers a 24 hour crisis stabilization program and a two week crisis residential treatment program, and it is located in Oakland, California. Amber House is available to Berkeley people for 24 hour crisis stabilization, people can be transported there, and walk-in. Amber House accepts people who

do not have insurance, people with Medi-Cal in Alameda County, or in progress of obtaining it. The two week crisis residential treatment program requires a referral but not the 24 hour crisis stabilization.

In addition, Amber House accepts people who do not meet the 5150 criteria but may be experiencing suicidal or homicidal thoughts (including on a spectrum of psychosis), but they must remain safe, follow directions, and not trigger other persons who accepted into the 24 hour crisis stabilization. This same applies in Bend, Oregon. It is noted that the programs are not designed for prescribing medication, and the core issue is whether the person is suitable for this specific level of care of 24 hour crisis stabilization care. People with mental illness and substance use may access both programs.

As many know, there are also forthcoming Community Engagement and SCU Recommendations Reports from RDA, and the final report to be released by the National Institute for Criminal Justice Reform on Reimagining Public Safety. These reports are scheduled for release by the end of October and they will address behavioral health crisis response system, and will likely be important to this discussion.

There will be relevant community engagement research about the existing co-responder police and mobile crisis team emergency response system. There will be relevant research about input about the Specialized Care Unit (SCU) program design, the non-police crisis response program. It is also noteworthy that RDA and NICJR include mental health and substance use as part of their commissioned work for the City of Berkeley.

I look forward to seeing you next Thursday at the Mental Health Commission meeting.

Best wishes,  
Margaret

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



Homeless Commission

## MEETING AGENDA October 13, 2021 – 7:00 PM

Join Zoom Meeting:

<https://zoom.us/j/96645301465>

To join by phone: Dial 1-669-900-6833 and enter Meeting ID: 966 4530 1465

Commission Secretary: Josh Jacobs ([jjacobs@cityofberkeley.info](mailto:jjacobs@cityofberkeley.info); 510-225-8035)

### ***All agenda items are for Discussion and Possible Action.***

1. Roll Call.
2. Public Comment.
3. Approval of minutes from September 8, 2021. [Attachment 1].

### **Updates/Action Items:**

4. Agenda Approval.
5. Staff to report on current numbers of persons receiving housing through Shelter Plus certificates, Section 8 vouchers for homeless, flex subsidies under Measure P and other subsidies; number of people placed in permanent housing from Project Roomkey motels and hotels; and number of people currently at Horizon.
6. Chair and vice-chair update.
7. Q&A with Peter Radu, or his designee, from City Manager's office, on enforcement of sidewalk ordinance and RV ordinance.
8. Presentation update on COVID vaccine from Healthcare for the Homeless.
9. Recommendation for crisis stabilization program in Berkeley.
10. Discussion, and possible action, regarding the RV lot on Grayson.
11. Discussion of shelter designated expressly for seniors.

### **Attachments:**

1. Minutes from Meeting of September 8, 2021.
2. Development of Crisis Stabilization Program in Berkeley.

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

***If you do not wish for your name to appear on the screen, then use the drop-down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon by rolling over the bottom of the screen.***

*A Vibrant and Healthy Berkeley for All*

2180 Milvia Street, 2<sup>nd</sup> Floor, Berkeley, CA 94704 Tel: 510. 981.5435 TDD: 510.981.6903 Fax: 510. 981.5450  
E-mail: [jjacobs@cityofberkeley.info](mailto:jjacobs@cityofberkeley.info) | [Homeless Commission](http://HomelessCommission.org)

**To join by phone: Dial 1-669-900-6833 and enter Meeting ID: 938 4539 3201. If you wish to comment during the public comment portion of the agenda, Press \*9 and wait to be recognized by the Chair.**

**Correspondence and Notice of Decision Requests:**

Deadlines for Receipt:

- A) Supplemental Materials must be received by 5 PM the day before the meeting.
- B) Supplemental Communications must be received no later than noon the day of the meeting.

Procedures for Distribution:

- A) Staff will compile all Supplemental Materials and Supplemental Communications received by the deadlines above into a Supplemental Packet, and will print 15 copies of this packet for the Commission meeting.
- B) For any Supplemental Material or Communication from a Commissioner received after these deadlines, it is the Commissioner's responsibility to ensure that 15 printed copies are available at the meeting. Commissioners will not be reimbursed for any printing or materials expenses.
- C) Staff will neither print nor distribute Supplemental Communications or Materials for subcommittee meetings.

Procedures for Consideration:

- A) The Commission must make a successful motion to accept and receive all Supplemental Materials and Communications into the record. This includes the Supplemental Packet compiled by staff.
- B) Each additional Supplemental Material or Communication received by or before the meeting that is not included in the Supplemental packet (i.e., those items received after the respective deadlines above) must be individually voted upon to be considered by the full Commission.
- C) Supplemental Materials subject to a Commission vote that are not accepted by motion of the Commission, or for which there are not at least 15 paper copies (9 for each Commission seat, one for staff records, and 5 for the public) available by the scheduled start of the meeting, may not be considered by the Commission.

**\*Supplemental Materials** are defined as any items authored by one or more Commissioners, pertaining to an agenda item but available after the agenda and packet for the meeting has been distributed, on which the Commission is asked to take vote at the meeting. This includes any letter to Council, proposed Council report, or other correspondence on behalf of the Commission for which a full vote of the Commission is required.

**\*\*Supplemental Communications** are defined as written emails or letters from members of the public or from one or more Commissioners, the intended audience of which is the full Commission. Supplemental Communications cannot be acted upon by the Commission, and they may or may not pertain to agenda items.

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at Health, Housing & Community Services Department located at 2180 Milvia Street, 2nd Floor.

**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 not speak more than once on any given item. The Chair may limit public comments to 3 minutes or less.

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at Health, Housing & Community Services Department located at 2180 Milvia Street, 2nd Floor.

**COMMUNITY 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 3 business days before the meeting date. Please refrain from wearing scented products to this meeting.*

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

*ADA Disclaimer "This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services Specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. Please refrain from wearing scented products to this meeting."*



**Berkeley Homeless Commission**

**MEETING MINUTES**

September 8, 2021

1. Roll Call: 7:05 PM

**Present:** Kealoha-Blake, Marasovic, Behm-Steinberg.

**Absent:** Andrew, Gomez.

**Staff:** Jacobs, Carnegie.

**Council:** None.

**Public:** 6.

2. Public Comment: 1

3. Approval of minutes from July 14, 2021.

**Action:** M/S/C Kealoha-Blake/Marasovic move to approve the minutes from July 14, 2021 as written.

**Vote:** Ayes: Kealoha-Blake, Marasovic, Behm-Steinberg.

*Noes: None. Abstain: None. Absent: Andrew, Gomez.*

**Updates/Action Items:**

4. Agenda Approval

**Action:** M/S/C Marasovic/Behm-Steinberg move to move item 6 above item 5 and to approve the agenda.

**Vote:** Ayes: Kealoha-Blake, Marasovic, Behm-Steinberg,

*Noes: None. Abstain: None. Absent: Andrew, Gomez.*

5. Presentation from Women's Daytime Drop-In Center on new system of transitioning placement of family homelessness in Albany, Berkeley and Emeryville, from Family Front Door to the Women's Daytime Drop-In Center and challenges in addressing family homelessness.

Discussion; no action taken.

6. Chair and Vice-Chair Update.

Discussion; no action taken.

7. Presentation from Neighborhood Services in City Manager's office on sidewalk ordinance, RV ordinance, disposition of persons displaced from the freeway

encampments and other encampments following notice, plans in process for alternative shelter and housing placement.

Discussion; no action taken.

8. Statistics on COVID vaccination and testing of persons experiencing homelessness, sheltered and unsheltered, and outreach being conducted to promote vaccinations among persons experiencing homelessness. Staff to report data and outreach practices on COVID vaccination.

Discussion; no action taken.

9. Staff to report number of current, and recent, COVID positive cases for persons in Berkeley shelters and encampments/streets and on current protocol followed when COVID-positive cases are identified in shelters.

Discussion; no action taken.

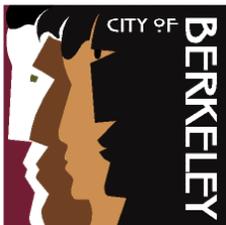
10. Explanation of how HMIS data is used on a day-to-day basis, how it is used to set priorities and how it can be used to create system-wide reports to track progress on homelessness.

Discussion; no action taken.

Meeting adjourned at 9:00 PM

Minutes Approved on: \_\_\_\_\_

Josh Jacobs, Commission Secretary: \_\_\_\_\_



## Berkeley Homeless Commission

To: Mayor and Members of the Berkeley City Council  
 From: Homeless Commission  
 Submitted by: Paul Kealoha-Blake, Chair, Homeless Commission  
 Carole Marasovic, Vice-Chair, Homeless Commission  
 Subject: Development of Crisis Stabilization Program in Berkeley

**RECOMMENDATION:** That City Council refer to the City Manager to develop a crisis stabilization program based on the Bend, Oregon crisis stabilization model, tailored to Berkeley, consistent with Councilmember Terry Taplin's proposal for same.

**FISCAL IMPACTS:** The exact fiscal impact will have to be determined by the City Manager's office. However, the costs will be substantially offset by the costs that will be saved by reducing the number of 5150 transports for which the City of Berkeley currently allocates 2.4 million annually from Measure P monies. Grants are also available that will fund the crisis stabilization program.

**CURRENT SITUATION and ITS EFFECTS:** Currently, Berkeley has no options to transport persons in mental health crisis except to the County John George mental health facility or the Santa Rita Jail. As such, the City absorbs the cost of transporting persons which are not covered by insurance and persons, in mental health crisis, are at best, generally, brought to an inpatient facility that stigmatizes them and warehouses them briefly, only to discharge them back to the same situation from where they came, and at worst, acts punitively in placing them into a correctional setting without needed mental health treatment and linkage to resources in their own community.

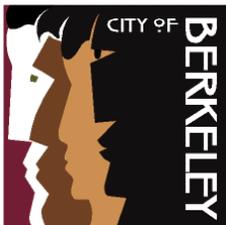
The United States Department of Justice recently released a scathing investigative report on the lack of community mental health models in Alameda County.

[Justice Department Finds that Alameda County, California, Violates the Americans with Disabilities Act and the U.S. Constitution](#)

Disability Rights California has filed litigation based on the same premise. <https://www.disabilityrightsca.org/press-release/disability-rights-california-files-lawsuit-against-alameda-county-for-its-failed>

Berkeley is one of two mental health divisions in the state that has its own mental health division, independent from the County, with its own mental health streams of funding. Thus, Berkeley is responsible, in large part, for establishing its own community mental health programs. Yet, Berkeley has provided no alternative for persons in mental health crisis to seek stabilization, on a voluntary basis, nor an alternative for law enforcement to transport persons in mental health crisis, when the Berkeley Police Department is actively engaging with a person in mental health crisis, other than the same County facilities, being John George and the Santa Rita Jail, that the Department of Justice has found to be deficient in providing needed mental health services, and as overly restrictive and punitive.

It has been estimated that 40%-50% of Berkeley's 5150 transports are homeless. Thus, the unhoused are greatly impacted by the inappropriate and punitive transports to John George and Santa Rita because of the lack of community mental health models. The unhoused are also greatly impacted by the lack of models so that they are frequently returned to the streets, in the same situation, instead of facilitating linkage to resources in the Berkeley community. The substantial number of unhoused persons that receive 5150 transport has resulted in 2.4 million of Measure P monies, allocated for homeless services, directed towards this transport.



## Berkeley Homeless Commission

**BACKGROUND:** On October 13, 2021, the Homeless Commission passed a motion as follows:

That City Council refer to the City Manager to develop a crisis stabilization program based on the Bend, Oregon crisis stabilization model tailored to Berkeley, consistent with Councilmember Terry Taplin's proposal for same and that this report be incorporated into the Homeless Commission's recommendation.

M/S:

Yes:

Noes:

Abstentions:

**ENVIRONMENTAL SUSTAINABILITY and CLIMATE IMPACT:** Following the implementation of a crisis stabilization program, a substantial number of persons in mental health crisis will be diverted away from transport to farther away unnecessary institutionalization and incarceration into a community-based model in their own Berkeley community.

**RATIONALE for RECOMMENDATION:** As an independent mental health division, Berkeley has a responsibility to step up and establish appropriate treatment community mental health models that are community-based. At this juncture, persons in mental health crisis have no local place to stabilize and voluntarily seek assistance, to take respite and to intensively linked up with other services on a 24/7 model. The Berkeley Police Department has no location to bring persons in mental health crisis other than the inappropriate ones provided by the County.

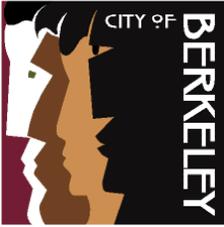
Bend, Oregon has successfully implemented a 23 hour crisis stabilization program that is an excellent model for Berkeley to tailor to Berkeley needs.

There are multiple reasons that the Bend model would work in Berkeley. First, Bend's population, at 93,917, is similar to Berkeley's in numbers. The Bend program is a 24/7 program with recliners where people rest while they are provided intensive mental health support and linkage to community resources as needed. Unlike some crisis stabilization programs elsewhere, Bend's crisis stabilization program is focused on mental health needs. It is not a program directed exclusively towards sobriety or a homeless shelter as are some programs elsewhere. Albeit that they have behavioral health clinicians on staff, Bend's focus is not a medical model. With Bend's current increasing homelessness, they estimate that 30% of persons in mental health crisis utilizing their crisis stabilization program are of homeless status.

Bend's program takes walk-ins unlike some programs. Any person seeking mental health crisis stabilization can walk in voluntarily on a 24/7 basis. There are no financial eligibility requirements. Thus, whether or not a person is medically insured, they will be easily welcomed and accepted into Bend's mental health crisis stabilization program. Persons can come in from any source as long as they voluntarily choose to do so.

When law enforcement engages with a person in mental health crisis in Bend, they present them with three options: the inpatient mental health facility, the jail or the crisis stabilization program. The choice is that of the person in crisis. They will not otherwise be involuntarily directed into the program but provided the three options where they can be transported. Persons in mental health crisis frequently choose the crisis stabilization program. Doing so not only allows them to receive respite and linkage to resources within their own community, it frees them from the stigma of being involuntarily committed or incarcerated.

A survey of participants in the Bend crisis stabilization program revealed that 3% of persons in mental health crisis who had come to the program (37 persons) had stated that had they not come to the



## Berkeley Homeless Commission

program, they would have taken their lives. There is no greater cost-effectiveness than the cost of saving human lives.

Bend also found that when there was a transport from law enforcement, law enforcement spent only an average of four minutes transitioning persons into the crisis stabilization program as opposed to far longer time required of law enforcement when a person in mental health crisis was directed towards institutionalization or incarceration.

Berkeley's direction will have one distinction in that the Bend program is operated by their County which has an elaborate crisis system. Berkeley's program would be based in Berkeley and contracted out to a nonprofit provider competent to provide 24/7 crisis stabilization program services.

The issues that will have to be addressed by the City Manager's office, which, in part, will be within Councilmember Terry Taplin's proposal, will be funding issues, staffing (both numbers and qualifications) and location.

ALTERNATIVE ACTIONS CONSIDERED: The only alternative is to do nothing and to be complicit with the County in providing a lack of appropriate community-based mental health services for persons in mental health crisis.

CITY MANAGER:

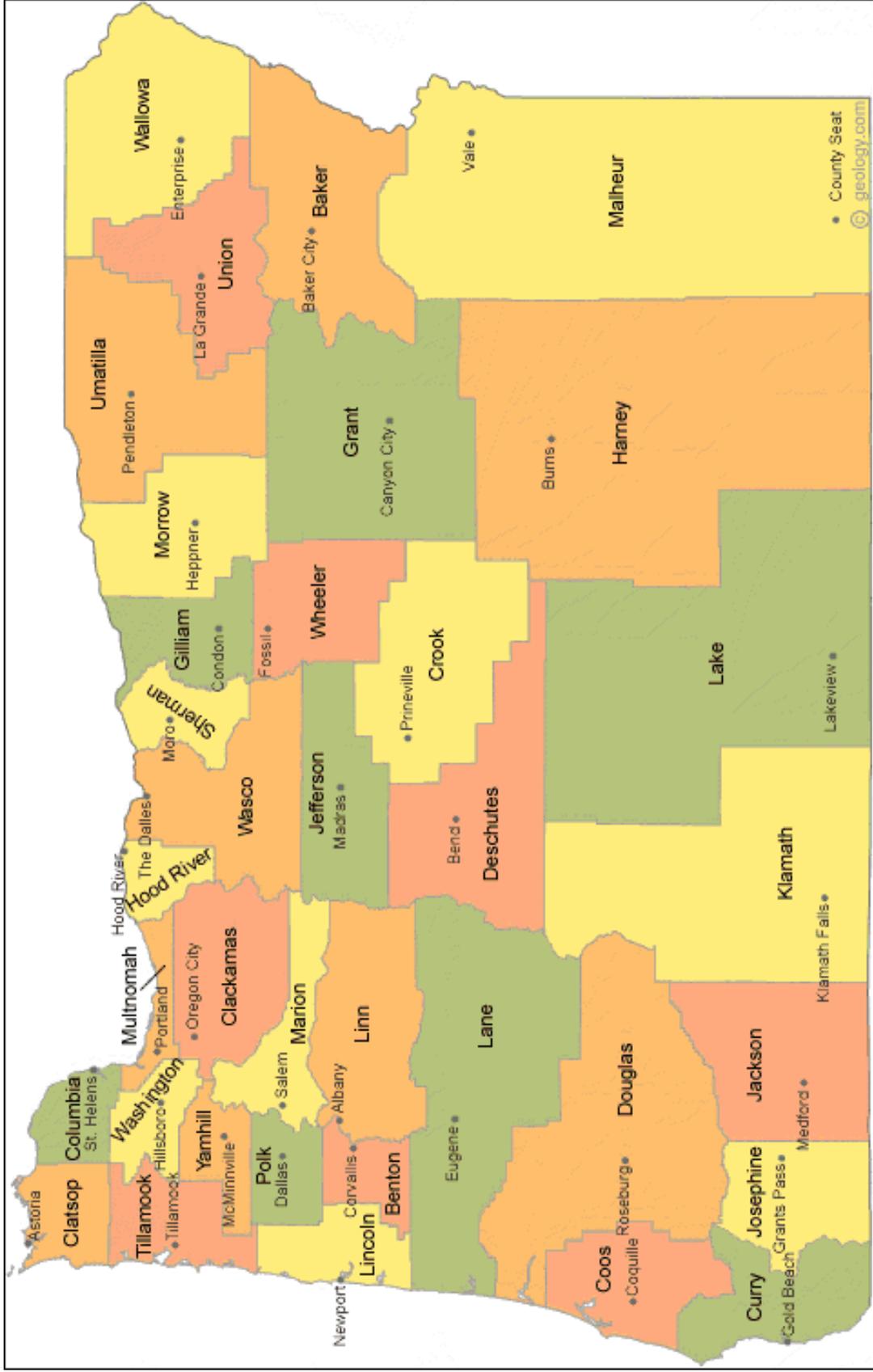
CONTACT: Josh Jacobs, Homeless Services Coordinator, (510) 981-5435

Attachment: Powerpoint presentation from Bend, Oregon

# Practical Tips to Open a Crisis Stabilization Unit: A medium-sized county perspective

Holly Harris, M.Ed., LPC – Program Manager, Crisis Services

Adam Goggins, MA, LPC – Crisis Team Supervisor



# Deschutes County, Oregon

Population: 200K

County Seat: Bend

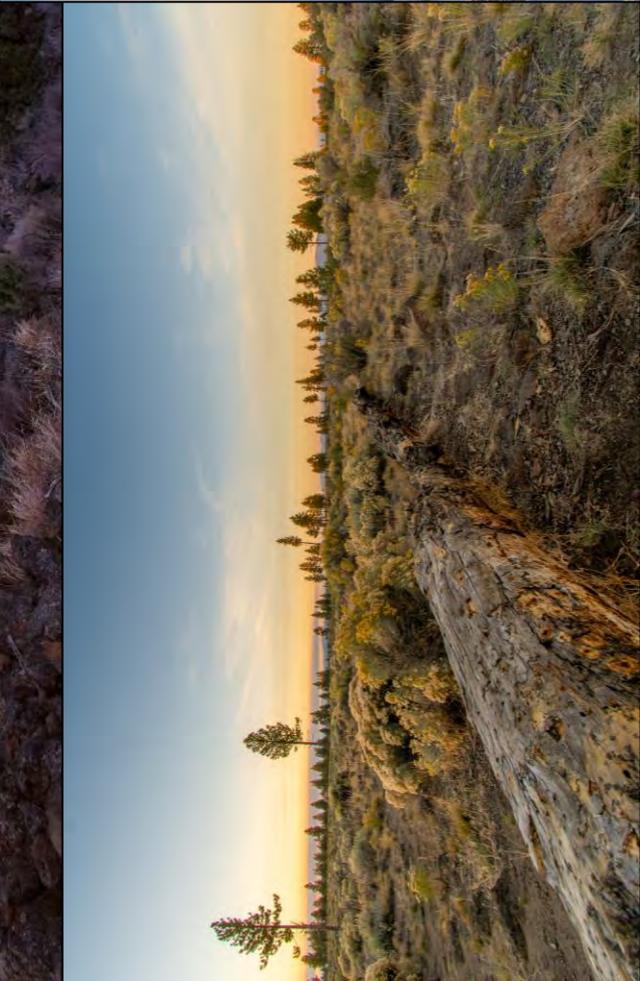
Area: 3018 miles<sup>2</sup>

Person's per

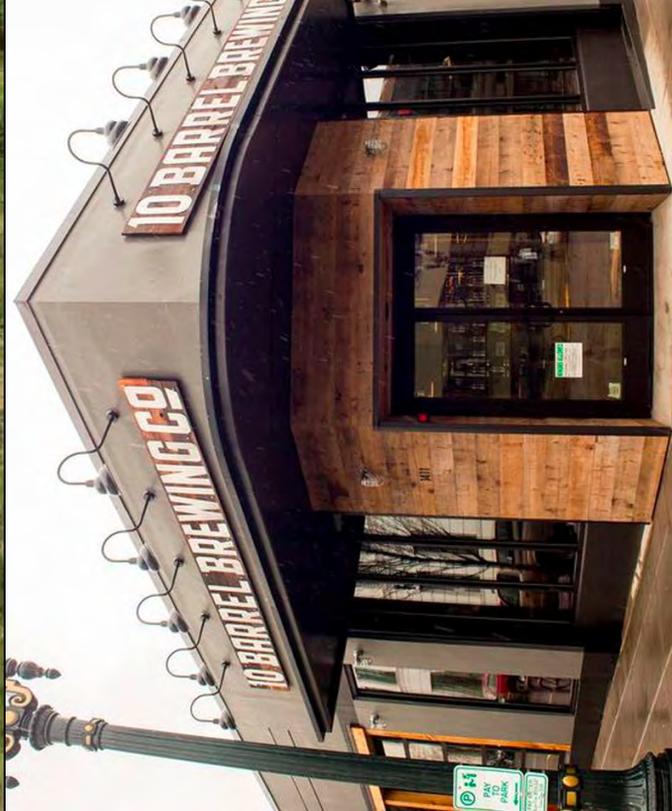
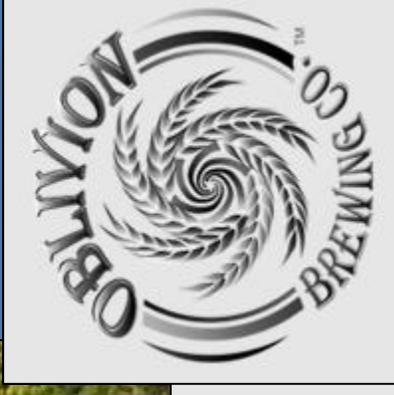
Square Mile: 52

Topography: High Desert







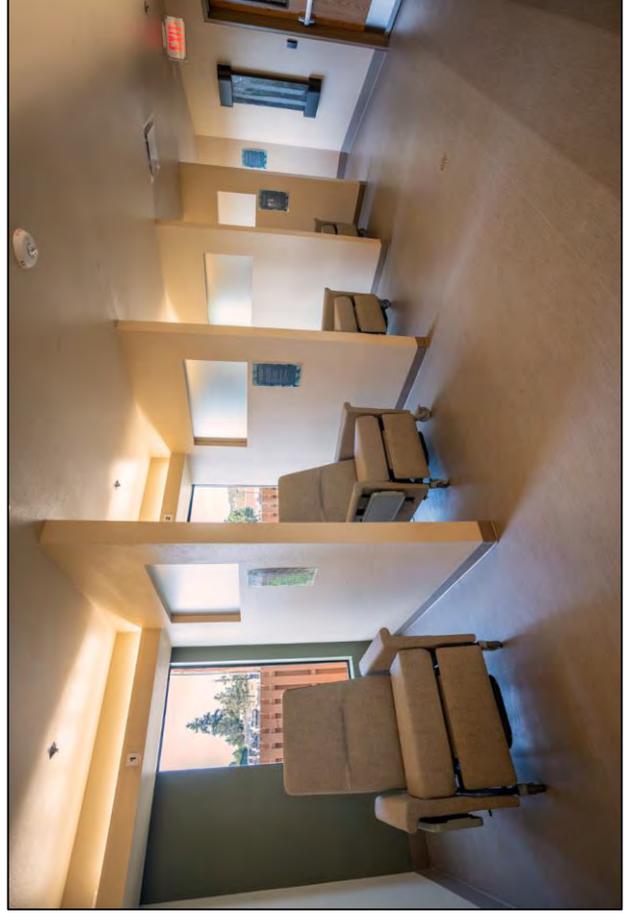


# Deschutes County Stabilization Center (DCSC)

Est. June 2020



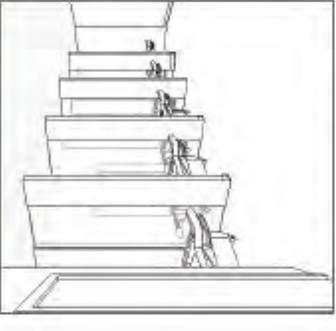
- Quick Facts:
- Voluntary facility
  - Treats children and adults
  - Accepts walk in's and law enforcement drop off
  - 23-hour respite unit



# PROPOSED FLOORPLAN

# 3D VIEWS

View 1 (Stabilization Room 119)



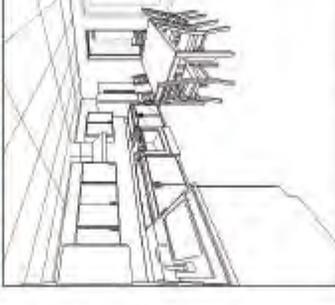
View 2 (Stabilization Room 119)



View 3 (Lobby)



View 4 (Break Room)



Security viewing allows staff to view the stabilization room through two-way windows (clients cannot see into the office) for monitoring and observation.

The lobby includes comfortable seating and an enclosed water feature to create a calm environment for visitors.

An equipped employee break room provides a reprieve for staff with access to an outdoor fenced patio.

# INSPIRATION



307

Example of an enclosed water feature.

Secure Staff Exit  
Includes card readers for access

# Goals of the Stabilization Center



- To reduce the number of individuals with Serious Mental Illness who end up in the criminal justice system.

# Goals of the Stabilization Center

- To provide a place for law enforcement to quickly bring someone in a crisis so they can get back to their duties



# Goals of the Stabilization Center

- To reduce the number of individuals going to the Emergency Department for mental health crisis.



# Goals of the Stabilization Center



- To help people experiencing a mental health crisis stabilize in their community and become connected to resources so they engage in mental health treatment to regain a better quality of life.

Services  
Provided at  
the  
Stabilization  
Center

Crisis Intervention  
Case Management  
Peer Support  
Medication management  
Respite  
Civil Commitment Investigations  
Jail Diversion Program  
Crisis Line



**Case Managers (BHS I)**  
Bachelor's level clinician who provides direct case management services and web navigating resource systems

**Behavioral Health Tech (BHT)**  
A mental health technician runs front desk operations, performs administrative tasks, and provides supportive services to individuals receiving services at the crisis center

**Behavioral Health Specialist II (BHS II)**  
Master's level clinician who assesses the needs of client's and make referrals to appropriate resources and to levels of care. All BHS I's have the ability to refer individuals into respite, schedule prescriber appointments, and utilize other services at the DCSO

**Peer Support Specialist**  
Individuals with lived life experience who offer support and encouragement to individuals struggling with a mental health condition

# Practical Tips to Open a Crisis Stabilization Unit

# Practical Tip: Actively Use Sequential Intercept Mapping



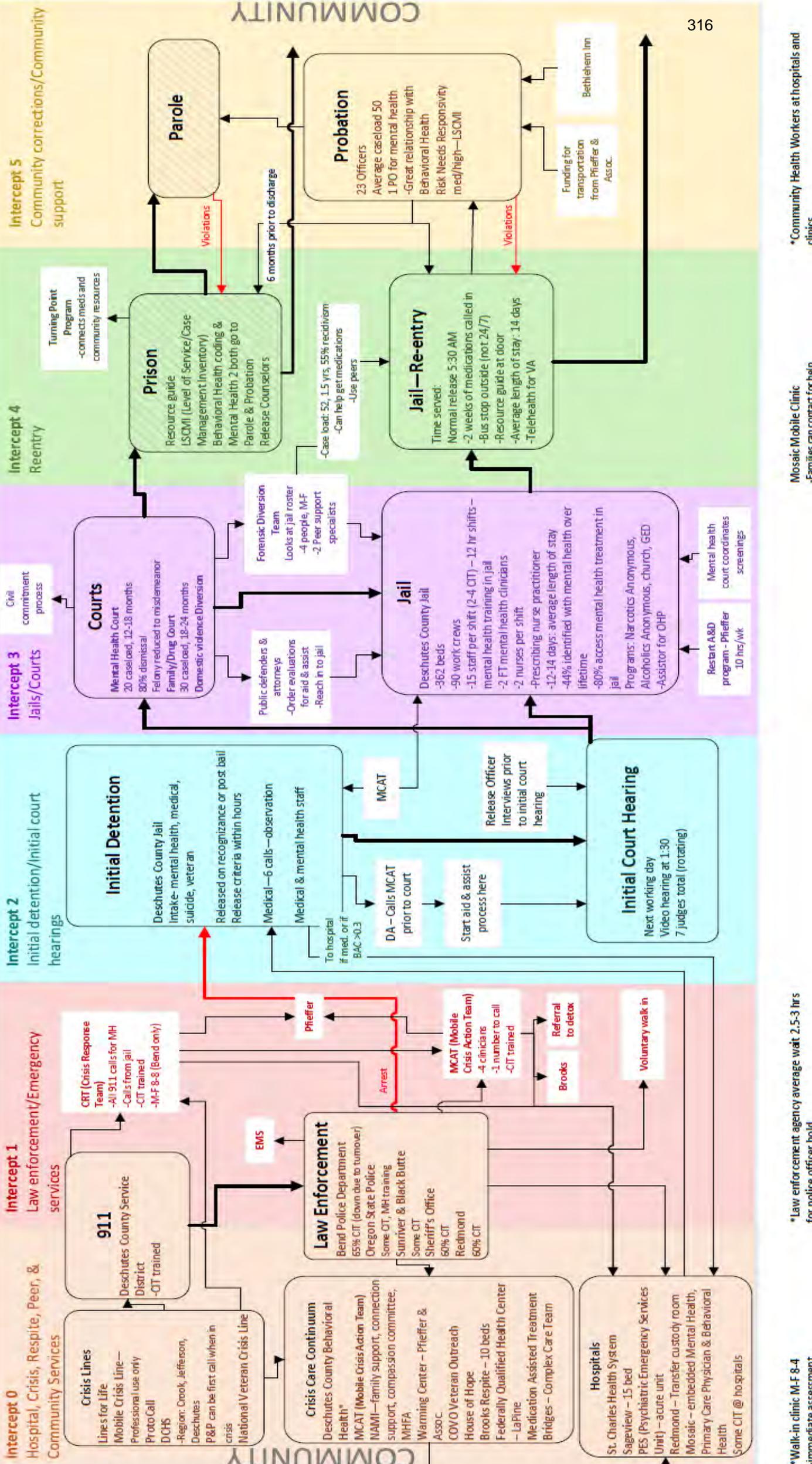
## SEQUENTIAL INTERCEPT MAPPING

### 2012 Top Priorities

- Focus on High Criminal Justice Utilizers
- Expand Detoxification Services
- Hire Court Release Officer
- Enhancement of Jail Mental Health Services

### 2018 Top Priorities

- 24 hour Stabilization Center/23-hour respite
- Increase the number of Peer Support Specialist
- 100% of officers trained in CIT or MHFA
- Increase the number of LE agencies with a mental health unit



\*Walk-in clinic M-F 8-4 -immediate assessment

\*Law enforcement agency average wait 2.5-3 hrs for police officer hold.

Mosaic Mobile Clinic -Families can contact for help

\*Community Health Workers at hospitals and clinics

## Practical Tip: Leverage Relationships Through a Robust CIT Program



Deschutes County has an active CIT Program with dedicated individuals and agencies who show up and contribute. We discuss difficult cases and ongoing systems issues. The meeting is solution focused and is based on mutual respect, trust, and accountability.

Speaking: **Melissa Thompson**

Layout

Megan (Me)	Kim Boh... (Host)	Cory Darling	Brandi S	AbbyL
Chris Perry	Melissa Thomps...	Christy	Drew Norris	Jake Chandler
Michael Gill	potela	Rachel Gerken	Call-in User_2	Call-in User_3

Dustyn Putzier	Holly Harris	Rachel Gerken
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Unmute Stop video Share Participants Chat

# Practical Tip: Harness Existing Collaborations and Garner Buy- In



- Advocacy groups (NAMI)
- CIT steering committee
- Acute Care Advisory Board
- Behavioral Health Advisory Board
- Coordinated Care Organizations
- Commissioners
- Local City Councils
- Local Public Safety Coordinating Council (LPSCC)

**Present, present,  
present....to anyone  
who will listen!**

# Practical Tip: Have a Good Referral System in Place BEFORE You Open



## Mobile Crisis Team and Co-responder

- Operational since approximately 2004
- Currently consists of 2 teams of 3 Masters level clinicians
- They operate in 24 hour shifts where one clinician is the primary on-call clinician for 12 hours with the other two positions serving as back up. They rotate primary
- Recently implemented response without police to certain call types

# THE STEPPINGUP INITIATIVE

*National initiative to reduce the number of individuals with mental illness in jails*

## Jail Diversion

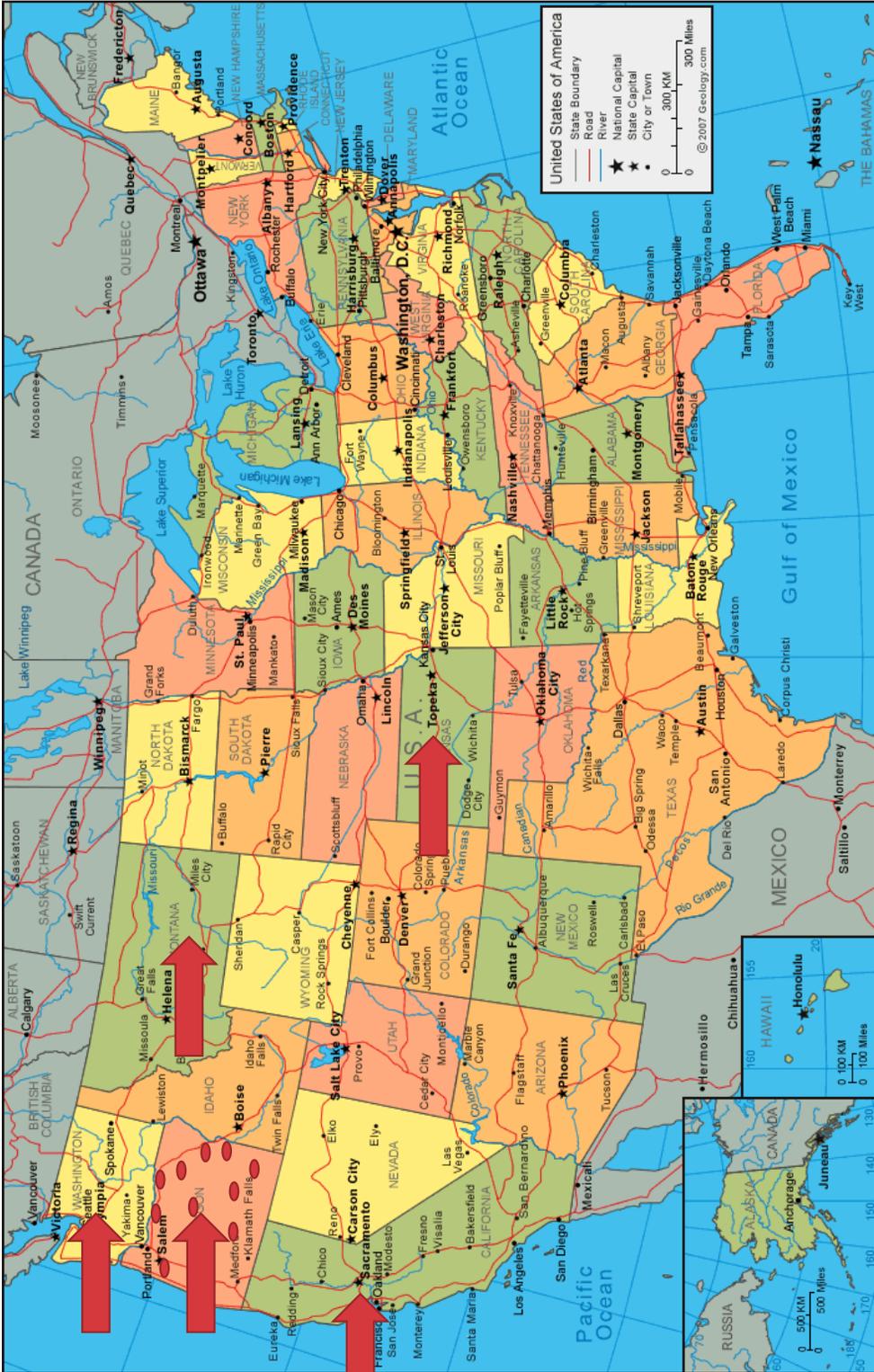
### Deschutes County Forensic Diversion Program

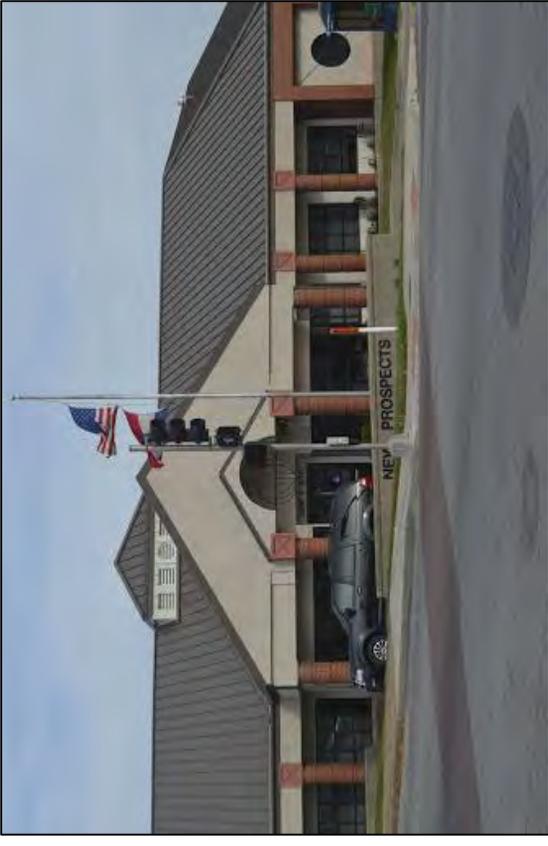
- Established in 2015 through a State grant that later became ongoing funding
- 2 peer support specialist and a case manager
- In reach to the jail, follow up from mobile team contacts
- Consistent reduced the recidivism of the people served
- We Stay involved until the individual achieves four clinical contacts in 60 days

# Practical Tip: Maintain a Good Referral System Place AFTER You Open



# Practical Tip: Do Your Research





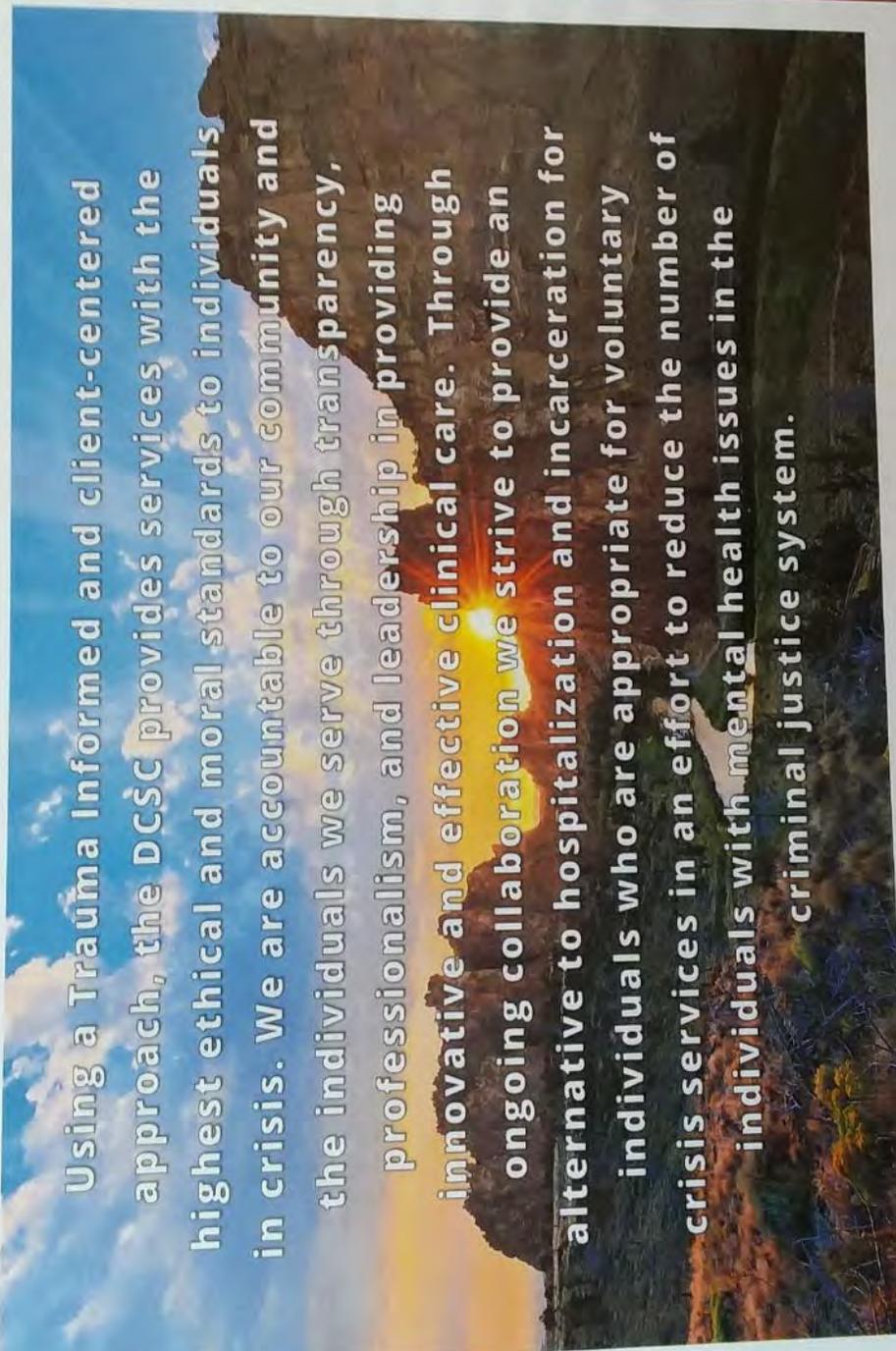
### Researching other programs:

- Policies and procedures
  - Services provided
    - Respite
    - Sobering
    - Case Management
    - Peer Support
    - Medication Management
  - Staffing models
- Forms and paperwork
  - Referral Sources
    - Police
    - Walk-Ins
    - Both
  - Budgets and funding models
  - Site reviews
  - Hours and days of operation

## Practical Tip: Have Consistent Messaging

- Set Goals Early (in collaboration with key stakeholders) and stick with them
  - Stick to your mission
- Build the program around the goals
- Stay on message
- Garner Media Support when possible





Using a Trauma Informed and client-centered approach, the DCSC provides services with the highest ethical and moral standards to individuals in crisis. We are accountable to our community and the individuals we serve through transparency, professionalism, and leadership in providing innovative and effective clinical care. Through ongoing collaboration we strive to provide an alternative to hospitalization and incarceration for individuals who are appropriate for voluntary crisis services in an effort to reduce the number of individuals with mental health issues in the criminal justice system.

## Goals of the Deschutes County Stabilization Center

To reduce the number of individuals with serious mental illness who end up in the criminal justice system

To reduce the number of individuals going to the emergency department to address their crisis

To help people experiencing a crisis stabilize in their community and become connected to resources so they can engage in appropriate treatment to regain a better quality of life

To provide a place for law enforcement to quickly bring someone in a crisis so law enforcement can get back to their duties

## Deschutes County appears to be moving forward with mental health crisis center

\$1 million in grant funding no longer in jeopardy

By Emma Goss The Bulletin July 23, 2019

Central Oregon daily News

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TEAM TRUCKS

Big Prize Drop

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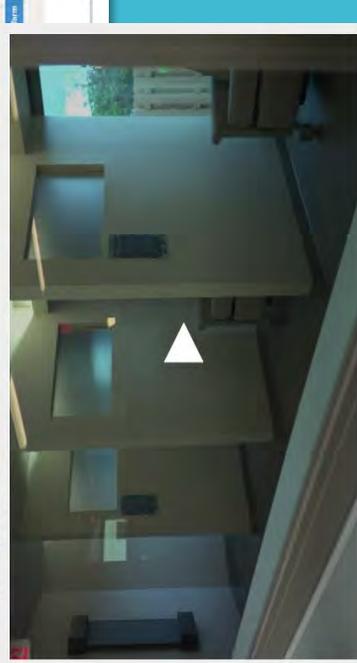
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WEDNESDAYS 5-6PM

THURSDAYS 12PM-6PM



## Stabilization Center a new tool for mental health professionals

It puts a strain on emergency rooms and law enforcement - people in the middle of a mental health crisis. Last year, there were 3,000 calls to the crisis line.

6/17/2020

By Garrett Andrews - The Bulletin July 9, 2019

## In Bend, mental health worker teams with police

Counselor rides with cops to keep mentally ill people out of jail

By Garrett Andrews - The Bulletin July 9, 2019



Abby Lewis, a licensed professional counselor with the Deschutes County Health Department, talks with Bend Police Officer James Chamberlain while working with together. (Ben Benenroth/The Bulletin photo)

## Long-sought Deschutes County Stabilization Center set to open Monday

Deschutes County Sheriff visits Stabilization Center



Deschutes County Sheriff visits Stabilization Center

NEWS & FEATURE FOOD & DRINK OUTSIDE CALENDAR SHOP

## Decriminalizing Mental Illness

Deschutes County is set to open a stabilization center this spring. With a 17-fold increase in mental health calls over the past decade, it's a welcome addition.

By LAUREL BRAUNS

Calls to the Bend Police Department involving people who were allegedly mentally ill increased by 175% from 2010 to 2018. People are being arrested for crimes that used to be considered mental health issues than people without a diagnosis. In response to the increase in calls, Deschutes County has created a number of innovative programs—backed by federal grants—aimed at intervening early to connect people with the resources they need to stay out of jail and the emergency room.

During these difficult times, it's time to transition from a traditional emergency room to a long-sought facility to

ter off Highway 20 in Bend, Deschutes County Health Services

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## Deschutes County Stabilization Center Opens

People experiencing a mental health crisis finally have a place to go that's not jail or the emergency room

By LAUREL BRAUNS

Central Oregon has gained a national reputation for trying out progressive mental health approaches that cost less and help people more. Some of these innovative programs—such as the new Deschutes County Stabilization Center—demonstrate cooperation between local law enforcement, behavioral health agencies and emergency response teams.

City and county governments across the U.S. are currently discussing new partnerships and programs to overhaul the criminal justice system and defund the police. This comes in response to worldwide protests against the killing of George Floyd by a police officer in Minneapolis and other incidents of police brutality. Some people in the reform movement believe that it would make more sense for someone in distress to work with a mental health professional rather than an armed police officer who could potentially hurt them or may be perceived as threatening, according to Vox.

In Deschutes County, the new stabilization center adopts this philosophy by providing a place for people to go besides jail when they have mental breakdowns or commit petty crimes.

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We're always interested in hearing about news in our community. Let us know what's going on!

Go to form

## A Progressive Approach To Health

An inside look at Deschutes County Behavioral Health

By LAUREL BRAUNS

Last week, the Source Weekly published a piece about the county's efforts to decriminalize mental illness. Local crisis experts told stories of working within jails and police departments to identify and assist people coping with chronic mental health disorders.

This week, Deputy Director Janice Garceau of Deschutes County Behavioral Health provides an inside look at the organization's progressive approach to mental health, its ability to win competitive national grants and its team of peer support specialists who bring hope to those suffering in the community.



## Deschutes County wants to build mental health, sober center

Center would relocate current crisis services, extend hours

By Alice Colvety The Bulletin July 22, 2019



Deschutes County Health Services building. (Deschutes County photo)

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## ASK AMY ABOUT EVs

Who Drives Electric Vehicles? Live Q&A with EV Driver, Amy Mitchell

Tue, June 30, 12-1 p.m. VIEW ALL OUR PICKS

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## DIY?

Hooker Creek construction



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## Practical Tip: Develop Creative Approaches to Funding

- Existing Resources
- Grants
- Coordinated Care Organizations
- Phased in approach
- Sustained funding through county general fund & community partner contributions



# Initial Funding for the Deschutes County Stabilization Center

- \$504,606 – Pacific Source Strategic Investment Dollars (Capital)
- \$510,428 – WEBCO Dissolution Payment (Capital)
- \$70,000 – Bend Police Department
- \$570,000/annually – Deschutes County Sheriff's Office
- \$700,000 – Bureau of Justice Assistance Grant
  - Case manager, 20 hours of psychiatric services, contract with OHSU for program evaluation and data collection
- \$350,000 – SAMHSA (CCBHC Extension)
- \$584,000 – Central Oregon Health Council
- 2.4 million - IMPACTS Grant/Oregon Criminal Justice Commission

## Practical Tip: Think outside the 9 to 5

- 2 Master's level clinicians/1 Behavioral Health Technician (front desk)
- Day shift M-F 7 am – 3:30 pm
- Swing Shift M-F 3:00 pm – 11:30 pm
- Night Shift M-W, W-F 8:00pm to 8:30 am
- Saturday/Sunday Day 7am to 7pm
- Saturday/Sunday Night 7pm to 7 am
- 30 min change of shift



# Developing a Schedule

- Look at many alternatives as possible
  - Unique scheduling options
    - 12 hour shifts
    - 10 hour shifts
    - Redundancy in scheduling
  - Backup plans
    - On-call
    - Stipend pay
    - Exempt vs non-exempt
  - Full staffing vs. minimum staffing
- Look at other 24-hour scheduled agencies in your area
  - Jails
  - Law enforcement agencies
  - Hospitals

# Practical Tip: Work Towards Continuous Growth and Improvement

- Stay Solution Focused
  - Do not avoid difficult topics
  - Do not take things personally or dogmatically
    - Leave your ego at the door and work collaboratively
- Be Flexible
  - Avoid rigidity
  - Get creative with solutions
- Be Responsive (not reactive)
  - Tackling problems as they arise
    - Not tackling problems too “quickly”
  - Solicit feedback
    - Staff, Consumer, and Community Partners
  - Follow through with changes



# The Results are In!

Monthly Totals	# of Walk-Ins	# of LEA drop offs	# of ED Diversions-Client	# of ED Diversions-LEA	# of Respite	# of ED referrals	# of Children	# of adults 18+
June 2020	46	6	3	1	9	6	4	42
July 2020	91	15	10	4	21	5	8	83
August 2020	128	22	19	6	22	4	7	121
September 2020	131	21	23	11	25	8	13	118
October 2020	195	36	28	19	28	22	18	177
November 2020	146	26	30	7	33	18	11	135
December 2020	156	41	19	12	37	7	14	142
January 2021	140	32	16	8	16	14	12	128
February 2021	113	27	11	9	28	3	16	97
March 2021	144	32	10	10	35	11	21	123
April 2021	150	20	20	8	34	2	16	134
May 2021	169	31	16	9	37	9	15	154
June 2021	173	34	27	19	44	7	21	152
July 2021	173	39	18	10	45	12	16	157
Yearly Grand Total	1955	382	250	133	414	128	192	1763

Ongoing Grand Totals 1955  
 Unduplicated Grand Totals 1154

# Data

## YTD Quick Stats June 2020- July 2021

- ❖ Average of 9.5 visits per day
- ❖ 20% brought in by LE (average 4.7 min per drop off)
- ❖ 21% utilize respite
- ❖ 20% diverted from the ED
- ❖ 90% adults and 10% children
- ❖ 3% said they would have ended their life if the Stabilization Center were not here (37 people)
- ❖ 3% were sent to the ED involuntarily

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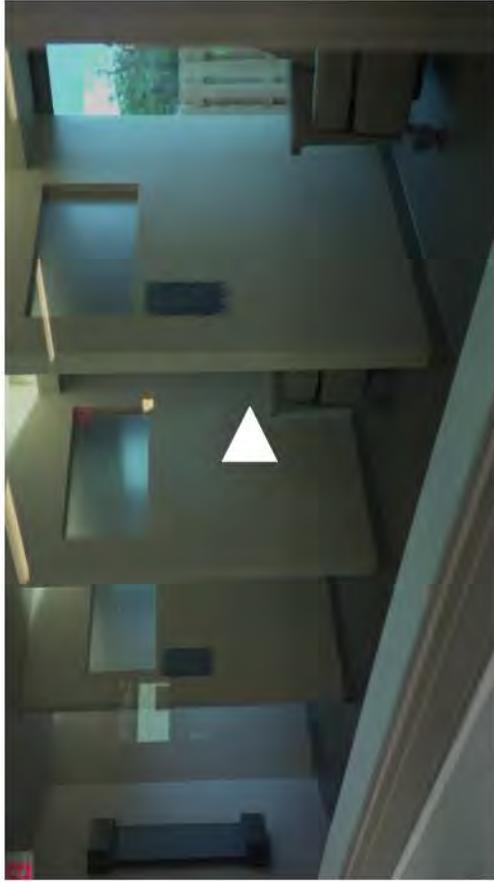
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▶ **Stabilization Center a new tool for mental health professionals**



**BY TED TAYLOR** | Wednesday, June 17th 2020

It puts a strain on emergency rooms and law enforcement – people in the middle of a mental health crisis.

Last year, there were 3,000 calls to the crisis line.

That's a 42% jump – including a 67% jump in calls from law enforcement.

Central Oregon Daily Photojournalist Steve Kaufmann shows us a new facility in Deschutes County set up to break the cycle.

*If you or someone you know is in crisis, you can walk into the crisis stabilization center at 63311 Jamison St. in Bend, Monday through Friday from 8 a.m. to 4 p.m.*

*You can also call the Deschutes County Crisis Line at 541-322-7500 ext. 9.*



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