

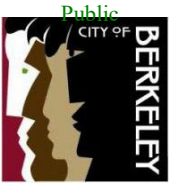


Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: August 16, 2022

Documents Pertaining to 8/23/22 Agenda items:

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Health, Housing & Community
Service Department
Mental Health Commission

Berkeley/ Albany Mental Health Commission

Special Meeting
Tuesday, August 23 2022

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

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

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

To access the meeting remotely: Join from a PC, Mac, and iPad, iPhone or Android device: Please use the URL: <https://us06web.zoom.us/j/83719253558>. If you do not wish for your name to appear on the screen, then use the drop-down menu and click on “rename” to rename yourself to be anonymous. To request to speak, use the “raise hand” icon by rolling over the bottom of the screen.

To Join by phone: Dial 1-669-900-9128 and enter the meeting ID 837 1925 3558. If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.

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

All agenda items are for discussion and possible action

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

AGENDA

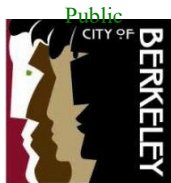
7:00pm

1. Roll Call

2. Preliminary Matters

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

A Vibrant and Healthy Berkeley for All
Office: 2640 Martin Luther King Jr. Way • Berkeley, CA 94704 • (510) 981-7721
(510) 486-8014 FAX • bamhc@cityofberkeley.info



Health, Housing & Community
Service Department
Mental Health Commission

3. SCU, Bridge to SCU and public education and community engagement plan Update – Lisa Warhuus
4. Re-Appoint Andrea Prichett to the Mental Health Commission
5. Re-Appoint Edward Opton to the Mental Health Commission
6. Discussion and possible action for subcommittees
 - a. Crisis Stabilization - Margaret, Tommy
 - b. Site Visit - Monica, Margaret
 - c. Youth Mental Health - Monica, Mary-Lee
 - d. Education - Monica, Andrea
 - e. Santa Rita Jail - Andrea, Ned

7. Adjournment

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

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



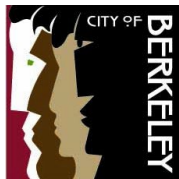
**Health, Housing & Community
Service Department
Mental Health Commission**



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

SB 343 Disclaimer

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



Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission Draft Minutes

7:00pm
Zoom Webinar

Regular Meeting
July 28, 2022

Members of the Public Present: Brigitte Nicoletti, Leslie WWDC, Kellyhammerge, Ryan Wythe, Andrea Zeppa, Pauline M, Paul Kealoha-Blake, Andrew Phelps, Heather Freinkel, Mary Norris, MP, Caitlin Palmer, Jessica Stevenson, SHS, George Lippman, Wendy Alfsen
Staff Present: Lisa Warhuus, Fawn Downs, Jamie Works-Wright

1) Call to Order at 7:03pm –

Commissioners Present: Tommy Escarcega (7:30), Margaret Fine, Monica Jones, Edward Opton, Andrea Prichett, Mary Lee Kimber-Smith, Glenn Turner (7:15)

Absent: Terry Taplin

2) Preliminary Matters

a. Approval of the agenda July 28, 2022 Agenda

M/S/C (Opton, Prichett) Move to adopt the agenda

PASSED

Ayes: Fine, Jones, Opton, Prichett, Kimber- Smith, **Noes:** None; **Abstentions:** None; **Absent:** Escarcega, Taplin, Turner

b. Public Comment- 3 Public Comments

c. Approval of the June 23, 2022 Minutes

M/S/C (Opton, Jones) Motion to adopt the minutes

PASSED

Ayes: Fine, Jones, Opton, Prichett, Kimber- Smith, **Noes:** None; **Abstentions:** None; **Absent:** Escarcega, Taplin, Turner

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

No Motion Made

4) Division of Mental Health Manager’s Report – Dr. Lisa Warhuus (for Jeffery Buell)

a. MHC Manager Report for July 2022

b. MH Caseload Stats Final for June 2022

No Motion Made

- 5) **Public Program: Achieving an Adequate Standard of Living for People with Serious Mental Illness +/-or Substance Use Issues and Disorders, especially for people experiencing homelessness and/or challenges meeting basic needs**
- 6) **Appoint MHC representative to Homeless Encampment Mobile Wellness Center Project**
M/S/C (Prichett, Jones) Motion to nominate Glenn Turner to be the representative to the Homeless Encampment Mobile Wellness Center Project
PASSED
Ayes: Escarcega, Fine, Jones, Opton, Prichett, Kimber- Smith, Turner **Noes:** None; **Abstentions:** None; **Absent:** Taplin
- 7) **Appoint MHC representative to Multicultural Coordination & Training Selection committee**
M/S/C (Prichett, Kimber-Smith) Motion for Monica Jones to be the representative on the Multicultural Coordinator and Training Selection Committee
PASSED
Ayes: Escarcega, Fine, Jones, Opton, Prichett, Kimber- Smith, Turner **Noes:** None; **Abstentions:** None; **Absent:** Taplin
- **8:59 Motion to extend the meeting by 15 minutes
M/S/C (Fine, Kimber- Smith) Motion to extend the meeting to 9:15
PASSED
Ayes: Escarcega, Fine, Jones, Opton, Prichett, Kimber- Smith, Turner **Noes:** None; **Abstentions:** None; **Absent:** Taplin
- 8) **Santa Rita Jail Subcommittee Report & Adding Subcommittee Member - Andrea Prichett**– No Motion Made
- **9:15 Motion to extend the meeting by 10 minutes
M/S/C (Kimber- Smith, Turner) Motion to extend the meeting to 9:25
PASSED
Ayes: Fine, Jones, Opton, Prichett, Kimber- Smith, Turner **Noes:** None; **Abstentions:** None; **Absent:** Escarcega, Taplin
- **9:25 Motion to extend the meeting by 5 minutes
M/S/C (Fine, Turner) Motion to extend the meeting to 9:30
PASSED
Ayes: Fine, Jones, Kimber- Smith, Turner **Noes:** Prichett; **Abstentions:** None; **Absent:** Escarcega, Opton, Taplin

9) Establish Youth Mental Health Subcommittee – Monica Jones**M/S/C (Fine, Turner) Motion to Establish Youth Mental Health****PASSED****Ayes:** Fine, Jones, Kimber- Smith, Turner, **Noes:** None; **Abstentions:** Pritchett; **Absent:** Opton, Escarcega; Taplin**M/S/C (Fine, Turner) Motion to Establish membership for the Youth Mental Health Subcommittee as Mary Lee Kimber- Smith and Monica Jones****PASSED****Ayes:** Fine, Jones, Kimber- Smith, Pritchett Turner, **Noes:** None; **Abstentions:** None; **Absent:** Opton, Escarcega; Taplin**10) Education Subcommittee Report – Did not get to the item****11) Care Court – Discussion and Question for Presentation in September 2022 – Did not get to the item****12) Work Plan and Mental Health Commission Blueprint – Did not get to item****13) Adjournment – 9:30pm****Minutes submitted by:** _____

Jamie Works-Wright, Commission Secretary

Mental Health Commission
Berkeley, CA

March 30, 2022

Via Email

Mayor Arreguin & Berkeley City Councilmembers
Berkeley, CA 94706

Re: **Mental Health Commission's Position on
Establishing a Berkeley Crisis Stabilization Center for
People Experiencing Behavioral Health (mental health, substance use) Challenges**

Dear Mayor and Berkeley City Councilmembers,

Over the last two decades, crisis stabilization centers have been expanding across the country, evolving to become more comprehensive, recovery-oriented, and welcoming spaces for individuals experiencing behavioral health crisis—from mental illness and/or substance use—in the community (NASMHPD, 2020; 10).¹ Crisis stabilization centers further serve as an alternative to using emergency departments and moreover, criminal legal and incarceration systems for individuals who are willing to accept voluntary urgent care.

The Mental Health Commission advises the Berkeley City Council about its position for developing a crisis stabilization center for Berkeley, which generally relies on SAMHSA's definition for crisis stabilization and at least meeting the Administration's recommendations for establishing a crisis stabilization center in Berkeley. In 2020, SAMHSA published National Guidelines for Behavioral Health Crisis care as a best practice toolkit. ²

- **Defining Crisis Stabilization & SAMHSA's Definition**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders (SAMHSA, 2020; 6). SAMHSA's mission is to reduce the

¹ Addressing Substance Use in Behavioral Health Crisis Care: A Companion Resource to the SAMHSA Crisis Toolkit. (2020). [online] Available at: <https://www.nasmhpd.org/sites/default/files/2020paper4.pdf>

² National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit. Knowledge Informing Transformation. SAMHSA (2020). [online] Available at: <https://www.samhsa.gov/sites/default/files/national-guidelinesfor-behavioral-health-crisis-care-02242020.pdf> and Crisis Services: Effectiveness, Cost- Effectiveness, and Funding Strategies. SAMHSA. (2014). [online] Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4848.pdf>

impact of substance abuse and mental illness on America's communities (Ibid.). This administration defines crisis stabilization as:

A direct service that assists with deescalating the severity of a person's level of distress and/or need for urgent care associated with a substance use or mental disorder. Crisis stabilization services are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness by providing continuous 24-hour observation and supervision for persons who do not require inpatient services." (SAMHSA, 2014; 9) (SAMHSA, 2020; 23).

This definition is important as it recognizes the significance of using de-escalation techniques, the need for providing voluntary urgent care, and potentially the need to address behavioral health—both mental health and substance use—to prevent or ameliorate a crisis. It is further important as a crisis can manifest from symptoms associated with mental illness such as schizophrenia that mirror symptoms from substance use such as with methamphetamine. These symptoms can manifest simultaneously and they may not be decipherable unless, for instance, the impacts from substance use diminish in intensity over time. This prevalent reality means addressing both mental health and substance use issues and conditions in order to offer adequate voluntary care to meet the needs of people in crisis and avoid 5150 involuntary holds, arrest, detainment, criminal case processing, and incarceration.

SAMHSA's Minimum Expectations to Operate a Crisis Receiving/Stabilization Center

When considering the suitability of a crisis stabilization center for Berkeley, SAMHSA sets forth the minimum expectations to operate a crisis receiving and stabilization service including the following core elements (SAMHSA, 2020; 22-23):

1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in order to transfer the individual to more medically staffed services if needed;
5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
 - a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
 - b. Nurses
 - c. Licensed and/or credentialed clinicians capable of completing assessments in the region;
 - d. Peers with lived experience similar to experience of those served.

6. Offer walk-in and first responder drop-off options;
7. Be structured in a manner that offers capacity to accept all referrals at least 90% of the time with a no rejection policy for first responders (SAMHSA, 2020; 22).

Additionally, in areas where methamphetamine use is prevalent such as California, crisis providers have further become skilled in addressing methamphetamine induced psychosis, recognizing the need to treat the psychosis first and then connect individuals to the right level of care (NASMHPD, 2020; 10). Further crisis stabilization centers have addressed individuals who may need withdrawal management services (detoxification), including to offer services or provide immediate linkages and referrals, and to arrange transport to detoxification programs for crisis center clients who require that service (Ibid).

Crisis Stabilization Centers can thus represent a clear opportunity for improving the crisis response system to better meet the needs of distressed individuals from mental illness and/or substance use. They can further reduce trauma and costs as a more appropriate level of care for people who do not require involuntary commitment to address their behavioral health needs (Ibid.). In fact, many individuals in crisis brought to hospital EDs for stabilization report experiencing increased distress and worsening symptoms due to noise and crowding, limited privacy in the triage area, and being attended to by staff who have little experience with psychiatric crisis care (SAMHSA, 2020; 23). Crisis stabilization centers, on the other hand, are designed to address the behavioral health crisis, reducing acute symptoms in a safe, warm, and supportive environment while observing for safety and assessing the needs of the individual (NASMHPD, 2020; 10).

We thank you for taking the time to read this letter, and will shortly be sending a recommendation by the Mental Health Commission to the Berkeley City Council.

Respectfully submitted,
Mental Health Commissioners

Mental Health Commission
Berkeley, CA



Kate Harrison
Vice Mayor, District 4

CONSENT CALENDAR
May 24, 2022

To: Honorable Mayor and Members of the City Council
From: Vice Mayor Harrison
Subject: Budget Referral: Fund Behavioral Health, Crisis Response, and Crisis-related Services Needs and Capacity Assessments

RECOMMENDATION

Refer to the FY 23 and FY 24 Annual Budget Process \$100,000 to provide Health, Housing & Community Services Department and Berkeley Fire Department the means study or hire a consultant(s) to:

1. conduct a service needs assessment based on 911 and non-911 calls for service, dispatch, and response, to address the needs of Berkeley people with behavioral health issues and/or are unhoused¹ using computer aided dispatch (CAD) or other data from the Berkeley dispatch, other dispatch agencies, BPD, BFD, and any other relevant data during the COVID pandemic from at least March 2020 through the present; and
2. conduct a capacity assessment of crisis response and crisis-related services available to Berkeley people in Berkeley and Alameda County, including but not limited to with respect to the Specialized Care Unit (SCU), respite, and sobering centers.

CURRENT SITUATION AND RATIONALE FOR RECOMMENDATION

CAD Needs Assessment Study

Currently the City of Berkeley has a Public Safety Communications Center (Center) where call takers and dispatchers answer 911 and non-911 calls on a 24/7 basis for police, fire, medical, behavioral health, and other calls for service. This Center is managed under police leadership and located in the Berkeley Police Department. At this Center, the call takers input call information into the Computer Aided Dispatch (CAD) system and transfer the information to fire/EMS and police dispatch staff.² The dispatchers coordinate all police-related calls requiring a response from law

¹ Behavioral health refers to both mental health and substance use for purposes of this recommendation. It is noted that call takers may transfer crisis calls to alternative hotlines or dispatch responders depending on the nature of the call for service.

² Auditor Report, 2021, 8.

enforcement and enter all officer-initiated incidents into the CAD system such as pedestrian and traffic stops; they maintain radio contact with field staff as well.³ It is noteworthy that City of Berkeley's call takers and dispatchers use BPD's general communications center procedures, which are not specifically tailored for behavioral health (mental health, substance use) and/or homelessness calls for service and/or dispatching first responders into the community.

As part of the omnibus package for reimagining public safety in Berkeley, the Berkeley City Council directed the City's elected Auditor to perform an analysis of the City's 911 calls for service and responses. On July 2, 2021, the Auditor issued the final report, "Data Analysis of the City of Berkeley's Police Response" to calls for service. In this Auditor Report, the Auditor analyzed the CAD data and assessed the number of events related to mental health and homelessness in Berkeley from 2015-2019.⁴ The overall data involved 350,000+ calls for service from 2015-2019.⁵ In the context of the Auditor Report, "events" refer to situations entered into the CAD data system that resulted in a response by at least one sworn officer.⁶ The CAD system is the computer aided dispatch (CAD) system used for call information, assigning call types, inputting narrative descriptions about calls for services as they progress, dispatching responders, and tracking emergency incident using computers.

Based upon the elected City Auditor's study, the Auditor recommended identifying all calls for service that have an apparent mental health and homelessness component in a manner that protects the privacy rights of individuals involved.⁷ Specifically, there is a need to create clear mechanisms for identifying mental health, substance use, and homelessness call types and to use them consistently during 911 call taking and dispatching, including when they are not the primary reason for the call. There is also a need to consistently follow standardized language to describe mental health, substance use, and homelessness-related events in the narrative descriptions for every call. And, there is a need to use behavioral health procedures and protocols, including using consistent, reliable de-escalation techniques during call taking and dispatching the most suitable first responders to people in need. Overall, the ability to realize these goals rests on conducting a needs assessment about 911 and non-911 calls for service, dispatch, and responses for a diversity of people experiencing behavioral health (mental health, substance use) and homelessness crises in the community. While the Auditor did not address substance use, it is critical to include it. It is also key that the needs assessment reflect the demographic populations served where possible.

In addition, this type of needs assessment can inform the level of need for licensed behavioral health clinicians and medical workers including the appropriate education, training and licensing to screen, assess, de-escalate and stabilize people who are experiencing mental health, substance use, and homelessness crises over the phone

³ Id.

⁴ Id., 53-58.

⁵ Id., 17.

⁶ Id., 10, 13.

⁷ Id., 2021, 5.

and in the community. This study may further inform coordination about appropriate levels of care that community members need in order to avoid hospital emergency rooms—which can be crowded, chaotic and harmful to people experiencing behavioral health and homelessness crisis. The study can also inform how to relieve law enforcement and fire/EMS from addressing behavioral health and homelessness needs whenever possible—particularly so they can focus on crime, violence, fire, and natural disasters.

Moreover, this 911 needs assessment can review calls for services, dispatch, and/or response in the community to address any structural police, fire, and/or EMS issues that disproportionately impact diverse and vulnerable people experiencing a behavioral health and/or homelessness crisis. The 911 needs assessment can also assess any reduction in risks of injury and death by police and how diverting calls for service away from police and towards dispatching alternative responders can alleviate trauma for diverse and vulnerable groups: Black, Latinx, Indigenous, AAPI, immigrant, LGBTQIA+, disabled, young, old, unhoused, formerly incarcerated and additional groups.

Overall, this needs assessment can inform operating an effective, empathetic alternative responder program that fundamentally improves the well-being for diverse and vulnerable people experiencing behavioral health crisis in the community. Cities such as Eugene (CAHOOTS), Portland, Seattle, Olympia, Sacramento, San Francisco, Oakland, Santa Cruz, Los Angeles, San Diego, Austin, Houston, Denver, Atlanta, Chicago, Ithaca, New York City and others have already done so with success. Further this needs assessment can improve well-being when call takers transfer people to alternative hotlines with mental health and/or substance use specialists. It is noted that the national 988 mental health hotline will be live beginning July 2022 for call takers to transfer calls to this service. Ultimately, these approaches to 911 call processing and dispatching are key to providing a holistic, equitable, and community-centered public safety approaches for our most diverse and vulnerable communities and for reimagining public safety in Berkeley with reliability and fidelity.

Capacity and Needs Assessment of Crisis Services Available to Berkeley People in Alameda County

Earlier in January 2020, the Division of Mental Health Division released a request for proposal to evaluate the current mental health crisis system in Berkeley and following a robust selection process, the City of Berkeley selected Research Development Associates (RDA). The assessment focused solely on crisis response through the co-responding police and mobile crisis team in the City of Berkeley and not other crisis related services available to Berkeley people in Alameda County. While the City of Berkeley is a unique jurisdiction for certain public mental health services such as this mobile crisis response team, the RDA evaluation did not assess the capacity and quality of county crisis services available to Berkeley people. This type of assessment is critical for assessing the availability of and access to crisis stabilization, sobering and withdrawal centers, crisis peer services and peer respite services, and additional crisis related services in Alameda County. Overall, this capacity assessment is further critical

to taking a diversion approach to transferring calls for service to behavioral health crisis lines and to dispatching alternative responders into the community instead of police.

HHCS staff indicate that the SCU-related portion of this study should occur after the SCU has been operating for at least six months to a year. However, it is expected that from the outset that the SCU will need to incorporate internal analytical tools to capture data and metrics from initial call or referral to ultimate disposition, aiding in in the longer-term needs and capacity study contemplated in this item.

BACKGROUND

On July 14, 2020, the Berkeley City Council adopted an omnibus package to reimagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including: 1) having the City Auditor perform an analysis of the City's emergency 911 calls for service and police responses; 2) analyzing and developing a pilot program to re-assign non-criminal police service calls to an alternative non-police responder, the Specialized Care Unit; and 3) creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider replacing dispatch in the Fire Department or elsewhere outside the Police Department (see Reimagining Public Safety Task Force website).

The City Auditor reported that mental health and homelessness events identified in the CAD data do not represent the total number of events that may have had a mental health or homelessness component as a result of data limitations. First, the report reflected that call types in the CAD system reveal the primary reason for a call which may not capture events where the individuals involved are experiencing a mental health issue or homelessness.⁸ The CAD system has some call types to identify when the primary reason for the call is a mental health issue, such as a "suicide attempt" or "5150" for someone experiencing a mental health crisis.⁹ However, if the primary reason for the call is another issue, dispatchers are trained to assign those to call types that reflect the primary reason, such as family disturbance or pedestrian stop, which do not capture an accompanying mental health issue.¹⁰ According to the Berkeley Police Department, if the event involves a potential crime, dispatchers will always log it using a corresponding crime code and not a mental health call type.¹¹ Lodging in public is further the only call type for homelessness.¹²

Moreover, the City Auditor's analysis identified 42,427 unduplicated events with a mental health component, or 12 percent of all events from.¹³ The City Auditor's analysis further identified 21,683 events involving homelessness, which represent 6.2 percent of all events during the same time period.¹⁴ The City Auditor stated that mental health and

⁸ Auditor Report, 2022, 53.

⁹ Id.

¹⁰ Id.

¹¹ Id.

¹² Auditor Report, 2022, 57.

¹³ Auditor, 2021, 56.

¹⁴ Auditor, 2021, 57.

homeless call types are “significantly undercounted.”¹⁵ The City Auditor’s study did not analyze call types associated with substance use, which is recommended for inclusion in a future needs assessment study. Overall, there appears to be a sizable number of behavioral health and homelessness calls for service that need attention.

It is also noted that while the Berkeley Police Department formally began using “H” for homeless and “MH” for mental health disposition codes when closing out any call involving a homeless or person with mental health issues on July 1, 2021, officers have discretion about using these codes.¹⁶ Per this Reference Guide, officers were instructed that they were not required to ask people about housing status unless necessary for identification purposes or mental health issues unless related to the call.¹⁷ Moreover, according to this Reference Guide if the basis for the disposition code is criminal—despite involving a person who experiencing homelessness and/or mental health issues, then the officer may further not record the disposition code with an “H” or “MH.”

FISCAL IMPACTS OF RECOMMENDATION

Impact on General Fund of \$100,000. However, the benefit of analyses could generate budgetary efficiencies and better outcomes for Berkeley residents.

ENVIRONMENTAL SUSTAINABILITY

No discernable impact.

CONTACT PERSON

Vice Mayor Kate Harrison, (510) 981-7140

¹⁵ Auditor, 2021, 53-58.

¹⁶ Reimagining Public Safety Reference Guide, 2022, 39.

¹⁷ Id.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, August 16, 2022 9:47 AM
To: Works-Wright, Jamie
Subject: FW: Oakland's MACRO project

Please see message from Edward Opton below.

Jamie Works-Wright

Consumer Liaison

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 and destroy this message immediately.

From: Edward Opton <eopton1@gmail.com>
Sent: Monday, August 15, 2022 9:58 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Oakland's MACRO project

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.

8.15.22

I'd appreciate it if you can arrange to distribute the article "Ride along with MACRO" to the members of the Mental Health Commission and other interested parties. The article is published in the 8.15.22 on-line publication "The Oaklandside."

Thanks for your assistance.

Edward Opton

OF THE
OAKLANDSIDE

[Wildfires: How to be prepared](#) | [November election coverage](#)

CITY HALL & POLICING

Ride along with MACRO: Oakland's new alternative to the police

The Oaklandside followed the unarmed emergency responders to see their groundbreaking program at work on the streets.

by **David DeBolt**
August 15, 2022



MACRO members Chiarra Duncan-Perry, left, and Rick Fitzsimmons, right, hand out water and snacks to an unsheltered woman in East Oakland on July 28, 2022. Credit: Amir Aziz

Early on a Thursday morning in late July, a Chrysler minivan loaded with Narcan, a medicine that reverses opioid overdoses, fentanyl test strips, COVID supplies, and stacks of water bottles and snacks rolls out

of the Oakland Fire Department's training grounds near Jack London Square.

Two radios are providing distinct soundtracks for the three-member crew. One is dialed to a FM hip hop and R&B station. The other, a hand-held radio, is connected to the Oakland Fire Department's dispatch center, where emergency calls are routed to first responders.

"MACRO 4 is in service for the day," community intervention specialist Rob Hanna says into the radio's mic, as Tupac raps in the background. Hanna steers the van toward the Nimitz Freeway en route to East Oakland as his fellow crew members game plan what they're about to do.

They'll check on "sleepers"—unsheltered residents at their campsites who might be waking up—and offer them food, water, and an opportunity to receive services through the city's [CARES program](#). Chiarra Duncan-Perry, who goes by "Key," clutches a legal pad ready to take notes on their encounters with Oakland residents. In the front passenger seat, Rick Fitzsimmons, an emergency medical technician, says he wants to track down a couple in their 60s who he hasn't seen in a while, not since the car they were living in was towed.

"They are one of the ones I like to check on," Fitzsimmons says. "There's a crazy opioid epidemic in Oakland right now. I just want to make sure they are ok. We are going to see some people I know are not going to want services, but I still feel obligated to swing by and see what's up."

Duncan-Perry, who grew up in East Oakland, knows the neighborhoods well, but in her third week is still getting to know the list of people Hanna and Fitzsimmons want to check on during each shift.

"There are people who flag us down. They are starting to know our names," Duncan-Perry says.

This is how the day begins for members of the Mobile Assistance Community Responders of Oakland, or MACRO. Now in its third month, the pilot community response program is becoming a familiar presence in several areas hard hit by the housing and homelessness crisis, drugs, poverty, and other social ills.

MACRO was designed to have civilian workers respond to non-violent, non-emergency 911 calls, a dramatic shift away from the traditional response of sending police officers to deal with a multitude of problems—the majority of 911 calls, in fact—like a person suffering from mental illness and causing a disturbance, or someone sleeping in a park, or a welfare check needed for someone unconscious on the sidewalk.

Since April, MACRO crews have roamed about in search of people who may need their assistance. City officials and community members are deeply invested in the program, which is one of a few of its kind in the nation, part of a movement by some cities to try to respond to crises with civilians who are armed only with compassion and resources.

An effort years in the making



Rick Fitzsimmons, a MACRO emergency medical technician, shows the equipment the team goes out with for the day, including water, snacks and emergency medical supplies to treat anyone who made need medical assistance. Credit: Amir Aziz

MACRO could fundamentally change how the city responds to nonviolent and non-criminal 911 calls by sending unarmed civilian responders—EMTs and community intervention specialists—instead of police. Its origin can be traced back to early 2019, when the Oakland Police Commission held a public hearing in West Oakland to hear from unhoused residents about their encounters with police.

Many complained that the police couldn't help them and often did more harm than good. At the same time, members of the Coalition for Police Accountability, a community group focused on police reforms, were recommending that Oakland take a close look at a little-known program from Oregon that sent civilians out on patrol with harm reduction supplies and de-escalation skills. Called CAHOOTS—Crisis Assistance Helping Out On The Streets—the Eugene-based service has been around since 1989 and was shown to have saved the city millions each year while treating people suffering from mental health crises.

The [Urban Strategies Council](#) was tapped by the Police Commission to lead a study to see what it would take to set up a CAHOOTS-like program in Oakland. While the effort predated the police killings of George Floyd in Minneapolis and Breonna Taylor in Kentucky, which caused nationwide protests and calls to “defund” police departments, it became part of Oakland's “reimagining” of public safety.

The Oakland City Council [approved the MACRO pilot program in March 2021](#) under the control of the Oakland Fire Department after proposals to work with community organizations fell apart.

The city hired Elliott Jones, an Oakland native and Bishop O'Dowd High grad who as a youth tagged along with his mother to City Council and other community meetings, as MACRO's first program manager in November. Crews of EMTs and community intervention specialists hit the streets in mid-April.

'One day I won't wake up'

On the morning shift The Oaklandside rode along, Fitzsimmons, an EMT, suggested the first stop they make be a church on High Street across from Fremont High School. There, he jumped out of the van with water and snacks to wake up a bearded man covered in a blue blanket on the church's front steps.

"How was your night last night? Sorry to wake you up but just wanted to check in," Fitzsimmons said. The man rose up on his elbows, still draped in his sleeping bag, and thanked the crew for stopping by, telling them, "that's ok, cause one day I won't wake up."

"That's a reality for him," Fitzsimmons said as he left. Before driving off, Hanna notified dispatchers that they were clearing that scene. Duncan-Perry noted on her legal pad that the man accepted water and a snack and documented the incident.

On E. 12th Street and 50th Avenue, Hanna pulls the van over and they walk up to two people in sleeping bags. Duncan-Perry, who joined MACRO as a community intervention specialist after working for Bay Area Women Against Rape for over six years, asks in a soft voice whether the woman needs any medical attention. She politely declines.

As the crew drives along International Boulevard, Duncan-Perry recalled one encounter where a resident was confused by her wearing an Oakland fire department shirt.

"Some people don't want to talk to the fire department," she explained.

As the sun burns off the marine layer, the crew braces for a shift in the kinds of incidents they'll be responding to. While the morning hours involve checking on sleepers, things pick up by the afternoon,

Fitzsimmons says. “There will be a whole variety of people on International doing whatever.”

International Boulevard is one of Oakland’s busiest streets, running from Lake Merritt through Fruitvale and East Oakland to the San Leandro border. It’s home to diverse Asian, Latino, and Black communities and has some bustling commercial districts and thriving small businesses, but it’s residents also have to endure intense problems like human trafficking, gun violence, high rates of crime including robberies and homicides, disproportionate numbers of traffic injuries, homelessness, and drugs like fentanyl and heroin.

Hanna says he keeps his head “on a swivel” while driving. Earlier in the day, the crew worked out a code word to use if they sense danger. In front of a laundromat on International, where Duncan-Perry and Fitzsimmons were speaking with a woman to see if she wanted a shelter bed that night, Hanna stood on the curb near the van keeping watch.



MACRO community intervention specialist Rob Hanna talks with fire dispatch during a recent morning shift. Credit: Amir Aziz

“I don’t like to hang out on one corner too long,” he says.

Jones also worries about the safety of his workers. He says that’s one of the reasons why MACRO is not a 24-hour operation yet.

“The later we get into the night, the less opportunity there is for us to refer people to services and make connections that will be beneficial to individuals. Our exposure in some of these areas, even with our trusted messengers, does put us at risk. I am always going to prioritize the safety of my team,” Jones said in a recent interview. “Once I can assure our activities later in the day are going to be fruitful, then we will talk about graveyard shifts.”

By the end of the year Jones expects crews will be out for 16 hours a day, seven days a week. But for now they’re working only a 7 a.m. to 3 p.m. shift, as requested by dispatchers.

More than 2,000 contacts in the first few months

When MACRO first hit the streets, Oakland’s dispatch center was not ready to begin assigning them to calls for service, so over most of the past three months crews have been on proactive patrols looking for people in need of help. According to a [report](#) Jones presented to the City Council last month, crew members mostly have been conducting welfare checks of people who appear in distress.

Of the 2,105 calls MACRO responded to, 1,530 were welfare checks, including 433 people sleeping in public places, 61 behavioral health concern cases, 24 cases of panhandling, three instances of nudity, and 54 incidents listed as “other.” Each MACRO unit keeps a log of their encounters, with information about the individual, and what services they were offered.

Not taking calls from dispatch has allowed MACRO team members to take their time in introducing themselves and the program to residents they encounter, said Jones. Disturbed by recent [news reports](#) that about 400 unhoused people died on Oakland streets between 2018 and 2020, Jones asked his staff to begin shifts by checking on people sleeping on sidewalks and in encampments. He called the proactive patrols “truly innovative,” something MACRO plans to continue to do even after they start responding to dispatch. The team already has a list of incidents they can recount to prove their efficacy.

Hanna and an emergency medical technician spotted a man at a gas station who appeared distressed. According to Jones, “by the time they parked he was downhill, on the path to an overdose.” The crew gave

him Narcan and helped him get an ambulance to the hospital. “We just happened to be where we were,” Jones said.

Another situation on 98th Avenue and MacArthur Boulevard demonstrated how MACRO hopes to work with Oakland police. A MACRO unit came upon a person “twirling barefoot” in the middle of the street, putting themselves and others in harm’s way. Determining the person needed to be placed under an emergency psychiatric hold, the responders needed to call OPD to notify the Alameda County Community Assessment & Transport Team, which is comprised of EMTs and behavioral health clinicians who respond to calls of suicide and self-harm in public settings.

The Oakland police officer who arrived “never got out of their car,” Jones told The Oaklandside. This was important because the mere presence of police, even if an officer is calm, can sometimes escalate situations and lead to worse outcomes for everyone involved.

On Aug. 1, fire dispatch began sending MACRO teams to calls determined not to need a police response, like reports of people suffering from a behavioral health concern. Locally, there are several dispatch centers run by the county, California Highway Patrol, Oakland police, and Oakland fire. Dispatchers were trained to identify calls best suited for a MACRO response, Jones said. The way it works is all calls determined to need a MACRO crew get routed to fire dispatch, which relays the incident to the proper on-duty MACRO unit.

In the first 10 days or so, about 15 to 20 behavioral health concern calls have been routed to MACRO, according to Jones. And in some cases, police officers have notified the civilian responders of situations unfolding in front of them.

Jones is managing a staff of eight EMTs and nine community intervention specialists. Of the 17 responders, there are 10 women. Six employees are Black, four white, four Latino, and two Asian Pacific Islander, reflecting the diversity of the city they serve and hopefully helping build trust in the community.

For now, MACRO only serves West Oakland and the flatlands of East Oakland in four zones. Zone 3 is bordered by Interstate 580, Interstate 980, the Port of Oakland and the 7th Street and Maritime area, blanketing West Oakland. The central East Oakland Zone 2 is from

14th Avenue to High Street, below Interstate 580. Zone 4 goes from High Street to 73rd Avenue and from there Zone 2 runs in the flatlands to the San Leandro border at 106th Avenue. If successful, the program will eventually expand citywide.

Some constructive criticism

Elliott Jones, the MACRO program manager, in his office at the Oakland Fire Department's training facility. Credit: Amir Aziz

Rashidah Grinage of the Coalition for Police Accountability, the group that was instrumental in pushing for MACRO, told The Oaklandside that she's concerned the city is more focused on expanding the program geographically and not focused on extending its hours of operation. Grinage and other members of the coalition believe that MACRO should be running 24 hours a day to prove its effectiveness.

"We immediately got push back with the explanation that it was too dangerous for MACRO folks to be out in the middle of the night," Grinage said. "This is just unacceptable and there is no evidence to suggest there is more violent activity between 11 p.m. and 7 a.m. than there is during the day. It's an irrational position."

Although excited that the program has begun, other MACRO supporters said there could be more transparency around the hiring process, if employees are from Oakland, and what barriers applicants face.

Millie Cleveland, a member of the MACRO advisory board, an official city panel which acts as the community's voice to ensure the program is living up to mandate, said they aren't yet privy to the program's inner workings. She is calling on City Council to strengthen the board's role and restructure it so members are appointed by council and not the City Administrator's Office.

"I think our job is to get the council to acknowledge there is a problem and to fix it," Cleveland said. "It's during a pilot phase that you want community input."

Anne Janks, another member of the Coalition on Police Accountability, thinks the city should take advantage of MACRO's popularity. "The thing that was always striking about MACRO is the level of community excitement, and engagement," she said. "You could whisper out your back door at midnight that we were going to have a town hall and 100 people would show up. It's a remarkable opportunity. There's a level of excitement that remains that's not being harnessed."

Jones has asked the community for patience during the pilot phase. He said expansion of coverage areas and shifts will be based on data they are collecting.

"I want to make this perfectly clear: the support from the community as a whole has been overwhelmingly positive. The community also wants to see more. They want us to move even faster," Jones said. "While we are in the pilot phase and have had some initial success, we are trying to push back and reinforce that we have to collect data. The data will dictate what the expansion looks like."

He thinks MACRO's proactive approach is making a difference, even if it's hard to quantify. Jones emphasized that MACRO is focused on individuals and are not the blight police.

"When someone dies you may have to call the fire truck, they may have to stay there until the coroner comes, it clogs the system," Jones said. "We want to put eyes on people hopefully before they expire and see what we can do to reach them before they will desperately need emergency services. If you have a wound, let's clean it so it doesn't get infected in six days and you need to go to the hospital."

“If we have to come by and clean your wound every couple of days, we are praying that one day you will look at us and say can you help get me out of the street and into housing. That’s building rapport.”

Rick Fitzsimmons and Chiarra Duncan-Perry of the MACRO team address Michelle Ramon, an unhoused woman in East Oakland for a wellness check. Credit: Amir Aziz

Back on International Boulevard, the MACRO 4 crew continued making its rounds. An hour into their shift, they had contacted six unhoused residents. As they pull up to another scene, Fitzsimmons hops out to speak with a man sleeping on the steps of Lockwood Gardens School. The conversation, like most on this morning, is brief, but he’s learning more about each individual.

“He’s only 28,” says Fitzsimmons. “I’ve never seen him intoxicated or with alcohol bottles or drugs. But he never leaves those stairs.”

The longtime EMT seems to keep a file in his head of who he wants to check on next. Minutes later, the trio is at the corner of International and 71st Avenue, near the edge of their coverage area. Fitzsimmons rolls down his window as they pull to the curb, explaining he likes “people to see his face” before he approaches.

Michelle Ramon recognizes their faces. Ramon, who is without one of her arms, is seated on the sidewalk next to a cart filled with her clothes. Fitzsimmons and Duncan-Perry tell her about shelter

services, but she's not interested on this day. She does, however, want a soda.

Fitzsimmons goes into the corner store and brings back a coke. Hanna looks on and says much of the work is about repairing relationships with residents.

“Relationships can't be built when people are in crisis,” he says. “You have to build that beforehand.”

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Works-Wright, Jamie

From: Specialized Training Services <info@specializedtraining.com>
Sent: Tuesday, August 16, 2022 11:42 AM
To: Berkeley/Albany Mental Health Commission
Subject: Teen & Pre-Teen violence prevention experts to present November webinars

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**Top Authorities on Teen and Pre-Teen
Threat Assessment & Violence Prevention**

Both to present November webinars. Attend virtually!



**Assessment & Management
of Violence Risk with Pre-
Teens: Using the EARL-V3
(*Early Assessment Risk
List*)**

- Comprehensive, middle-years childhood violence prevention model
- The EARL-V3, 21 risk factors
- Using risk assessment to inform risk management & treatment planning
- SNAP (Stop Now And Plan) and other successful interventions

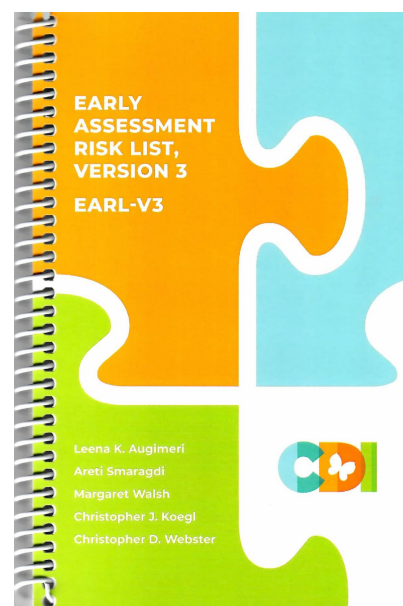
Leena Augimeri, PhD

The award winning author of the EARL-V3 (Early Assessment Risk List), now available in new Version 3 and creator of SNAP (Stop Now And Plan), will present an 8-hour webinar.

Nov. 9-10, 2022: 12:30-4:30 EST,
11:30-3:30 Central, 9:30-1:30 PST.
4 hours per day

[For complete seminar details and to register](#)

[Purchase the EARL-V3 now!](#)



Youth Violence Prevention

- Youth Violence prevention, best practice for assessment and management
- Risk factors for reactive aggression, bullying behavior/targeted violence
- The Salem-Keizer Cascade Model for reducing youth violence
- Preventive behavioral threat assessment with teens
- 20 essential assessment questions

John van Dreal, M.Ed., Ed.S.

Noted former school psychologist and school district safety and risk management director, author of *Assessing Student Threats* and the newly released *Preventing Youth Violence* will present an 8-hour webinar.

Nov. 17-18, 2022: Noon-4:00pm EST, 11:00-3:00 Central, 9:00 - 1:00 PST. 4 hours per day

[For complete seminar details and to register](#)

YOUTH VIOLENCE PREVENTION



THE PATHWAY BACK THROUGH
INCLUSION AND CONNECTION

JOHN VAN DREAL, COURTENAY MCCARTHY,
AND COLEEN VAN DREAL

ASSESSING STUDENT THREATS

IMPLEMENTING THE SALEM-KEIZER SYSTEM
SECOND EDITION



JOHN VAN DREAL

[Buy Youth Violence Prevention](#)

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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.

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Additional upcoming programs

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

Stephen White, PhD

Location: Washington, DC

Attend either in-person or virtually

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

Advanced Threat Assessment and Threat Management: Front Line Defense for Evolving Threats

Reid Meloy, PhD, ABPP

Location: Washington, DC

Attend either in-person or virtually

Nov. 2-3, 2022: 8:45-4:45EST, 14 hours of CE

Essentials of the Personality Assessment Inventory

Leslie Morey, PhD

December 1-2, 2022: virtual

10 hours of CE, Noon-5pm: EST, 11-4pm: Central Time, 9-2pm: PST

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Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Wednesday, August 10, 2022 2:44 PM
To: Works-Wright, Jamie
Subject: FW: Proposed Special Meeting, Wednesday, August 24, 2022, 7 pm
Attachments: MHC Crisis Stabilization Letter to BCC Stating Position.pdf; 911 Needs Assessment and Capacity Assessment BCC Legislation.pdf

Internal

Hello Commissioner,

Please see the message below from Margaret Fine. We would like to have a special meeting on Wednesday, August 24. Please let me know if you are able to attend.

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Hi Jamie,

I hope you're well.

Would you please kindly send this email to the Mental Health Commissioners and Judy Appel? Thank you so much!

Dear Commissioners.

We will be holding a special meeting for the Mental Health Commission. The proposed date is **Wednesday, August 24, 2022 at 7 pm**. Please let our Commission Secretary know if you can attend ASAP.

We need to agendize the nomination of a Commissioner, Andrea Pritchett, to the Mental Health Commission as her term expires before our next scheduled meeting, Thursday, September 22, 2022. Thus, we need to address this matter and have a vote. Moreover, we will mainly take time to focus on the work of our Subcommittees and the Commission.

The special meeting will focus on subcommittees, the roles and responsibilities associated with them, as well as the work of the full Commission. Below I have outlined the subcommittees, the members, and their current status and accomplishments.

I have also listed a number of items to accomplish by our subcommittees before this special meeting so we can have a productive, thoughtful meeting about the direction of each one moving forward and thus, the work by the Commission.

It is appreciated to give overarching consideration to how each of the subcommittees addresses overall improving well-being and equity for diverse people related to mental health and substance use, as well as how each of the subcommittees may be reducing 5150s, enforcement, criminal legal involvement and/or incarceration of people with serious mental illness and/or substance use issues or disorders.

Mental Health Commission Subcommittees Status & Bullet Points—Please Feel Free to Add Bullet Points & Edit for Your Subcommittees:

Crisis Stabilization - Margaret, Tommy

- MHC submitted 4/21 letter on crisis stabilization including mental health & substance use under SAMHSA Best Practices 2020 & Minimum Operating Expectations (attached)
- Discuss other county residential treatment and peer respite programs.

Site Visit - Monica, Margaret

- Requested visit/tour of all Division of Mental Health locations for Commissioners
- 6 Commissioners toured Amber House in June and July 2022 - 23 hour Crisis Stabilization Program (1st Floor) & Short-Term Residential Treatment Program (2nd floor); Detailed PowerPoints from 12/12 crisis stabilization presentation provided beforehand

Youth Mental Health - Monica, Mary-Lee

- Work with Director, Health, Housing and Community Services, Student Advisory Board
- Reviewing resources & connecting BHS mental health services, resources
- 350K allocated by Berkeley City Council on 6/29/22 for FY 23/24 for BHS services
- Potentially Judy Appel join, combine with Education Subcommittee?

Education - Monica, Andrea

- Potentially Judy Appel may join

Santa Rita Jail - Andrea, Ned

- Appeared before Police Accountability Board for Collaboration on Diversion Approach
- Mapped & outlined Diversion for Mental Health & Substance Use from Call to Response

For the Subcommittee meetings before the special meeting, please address the following:

- assign subcommittee chair and decide who will give report at our special meeting
- define purpose of subcommittee
- outline next steps and specific goal(s) to achieve purpose
- describe plan to advise Berkeley City Council by submitting a position letter and/or recommendation as a Council item for proposed legislation
- Letters and Recommendations must be submitted to agenda packet before a full MHC meeting to give adequate notice to Commissioners and the public about the letter or recommendation to be discussed
- Attached are examples:
 - Our Crisis Stabilization Letter to Berkeley City Council with the position that crisis stabilization includes mental health and substance use per federal SAMHSA Best Practices 2020 & minimum operating expectations; Councilmember Taplin modified legislation and added substance use thereafter.
 - Attached is legislation drafted for a 911 needs assessment regarding behavioral health and homelessness call data and a capacity assessment of county crisis services and resources in FY 23/24 that passed as part of 6/29/22 budget for 100K. Drafted in individual capacity.

Further we have 2 new commissioners, Mary-Lee Kimber Smith and Glenn Turner, and another pending nomination of Judy Appel before the Berkeley City Council for 9/13/22. We will ask Judy to come to our special meeting as well. We are very happy Mary-Lee and Glenn have joined the Commission.

- They have visited Amber House.
- Mary-Lee has participated extensively on the Santa Rita Jail Subcommittee, including as a volunteer before joining the Commission.
- Glenn has met with MHSA Coordinator, Karen Klatt, and will serve on the Committee for advising development of the Homeless Encampment Wellness Project. Glenn came to our MHC meetings as a volunteer before joining the Commission.

In addition, our Vice-Chair, Monica Jones, has graciously accepted appointment to the selection process for the MHSA Multi-Cultural Coordinator and Training Manager position for the Division of Mental Health.

The Executive Director of the Pacific Center for Human Rights has attended our Commission meeting, and this organization has an interest in continuing to connect. We have further built relationships with Alameda County Behavioral Health Crisis Services, Amber House, Berkeley Drop-In Center, LifeLong Street Medicine Team, Homeless Action Center, East Bay Community Law Center, Mental Health Association of Alameda County, Research Development Associates, among several organizations. We have heard from presenters of these and other organizations, and our meeting attendance is typically between 20-30 people during presentations.

Moreover, I want to express sincere gratitude to Ned Opton who served as the MHC appointee to the Reimagining Public Safety Task Force for 14 months. This appointment required a tremendous amount of time and thought. Full Task Force meetings were regularly 5 hours and Ned was a committed member of the Policing Subcommittee that met frequently in 2021-2022. Thank you so much for taking on this major appointment and being a dedicated member.

Please reply and provide your input about this proposed meeting.

Best wishes,
Margaret

Margaret Fine
Cell: 510-919-4309

Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

510-981-7721 office



Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, August 5, 2022 4:05 PM
To: Works-Wright, Jamie
Subject: FW: Invitation: August 20th Meeting/Training (Zoom) OR (In-Person: Chico) (CALBHB/C)

Internal

Please see the information below

Jamie Works-Wright

Consumer Liaison

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

510-423-8365 cl

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From: CAL BHBC <cal@calbhbc.com>
Sent: Thursday, August 4, 2022 4:50 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Invitation: August 20th Meeting/Training (Zoom) OR (In-Person: Chico) (CALBHB/C)

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California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Quarterly Meeting/Training Invitation

Virtual by **Zoom** or **In-Person** (Chico)

August 20, 2022, 9 am - 3 pm

We invite you to register! Registration is open to local mental/behavioral health

board/commission members and staff. There is no fee to register.

Please Register at: www.calbhbc.org/registration

August 20th Meeting/Training Agenda:

9 am - 12 pm: Presentations, Updates & Discussion

- CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C)
- CA Behavioral Health "Planning Council"
- Mental Health Services Oversight & Accountability Commission
- Hmong Cultural Center is an MHSOAC Stakeholder Advocacy Contractor
- Peer Certification Update (Implementation of SB 803) - CA Mental Health Services Authority
- CALBHB/C Presentation - Behavioral Health Continuum: Foundational Elements & Sustainable Funding for Local Communities
- Issue-Based Presentation & Discussion

12 pm - 1 pm: Break for Lunch

1 pm - 3 pm - CALBHB/C Training & Issue-Based Discussion

- How to Be an Effective Board/Commission (Duties & Tools)
- Issue-Based Discussion Continued

Please Register at: www.calbhbc.org/registration

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

www.calbhbc.org email: info@calbhbc.com [facebook/CALBHBC](https://www.facebook.com/CALBHBC) [twitter/CALBHBC](https://twitter.com/CALBHBC)

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, August 2, 2022 3:51 AM
To: Works-Wright, Jamie
Cc: Warhuus, Lisa
Subject: FW: MHC's Mission - State Law and Local Mandate - Can We Do Better?

Hello Commissioners and Dr. Warhuus,

Please see the message below from Edward Opton

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: Edward Opton <eopton1@gmail.com>
Sent: Monday, August 1, 2022 10:54 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Cc: Margaret Carol Fine <margaretcarolfine@gmail.com>
Subject: MHC's Mission - State Law and Local Mandate - Can We Do Better?

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[Please circulate to MHC and to Dr. Waarhus]

August 1, 2022

To: Members, Berkeley Mental Health Commission
 Dr. Waarhus

From: Edward Opton

The text below is the California state law that establishes the purpose of our local mental health commission. (Cal. Health & Welfare Code, sec. 5604.2, as amended, effective Jan. 1, 2020.). The state governing body that oversees local commissions such as ours has reemphasized the law by publishing it on the front page of its current newsletter. (Cal. Assn. of Local Behavioral Health Boards & Commissions, Summer 2022.)

I recommend that we schedule substantial time at our next meeting to discuss what more we can do to accomplish the central purpose of this state and local mandate. Even so, I don't think one meeting will be enough. We should establish a committee or subcommittee to give this issue the substantial and continuing attention it requires and to bring back recommendations to the Commission.

I recommend that we give special attention to the time constraints on our members' availability, the distribution of skills among ourselves, the openness of our city's agencies to our potential efforts, and to parallel efforts in other California counties and cities.

Edward Opton

Enc.

5604.2.

(a) The local mental health board shall do all of the following:

- (1) Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
- (2) Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.
- (3) Advise the governing body and the local mental health director as to any aspect of the local mental health program. Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.
- (4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
- (5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.
- (6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
- (7) Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
- (8) This part does not limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

(Amended by Stats. 2019, Ch. 460, Sec. 4. (AB 1352) Effective January 1, 2020.)

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, August 1, 2022 8:27 AM
To: Works-Wright, Jamie
Subject: FW: CALBHB/C Summer 2022 Newsletter - Please share!

Internal

Hello Commissioner,

Please see the information below

Jamie Works-Wright

Consumer Liaison

Jworks-wright@cityofberkeley.info

510-423-8365 cl

510-981-7721 office



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From: CAL BHBC <cal@calbhbc.com>
Sent: Monday, August 1, 2022 8:08 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: CALBHB/C Summer 2022 Newsletter - Please share!

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Please share with local mental/behavioral health board & commission members. Thank you!

[CALBHB/C Summer 2022 Newsletter \(PDF\)](#)



CALBHB/C Newsletter, Summer 2022

In this Issue:

[Advocacy](#)
[Grants/Funding](#)
[Issue Briefs](#)
[Meetings](#)
[Reports & Webinars](#)
[Resources](#)

Thank you for serving on or supporting
 your local board/commission!

Website: www.calbhbc.org

Email: info@calbhbc.com

Reminder: Review & Advise!

Remember that the main duties of local
 mental/behavioral health boards/commissions
 are to review and advise.

Related CALBHB/C resources:

[Review - New!](#)
[Recommendations](#)

These resources and more are provided in the
 "[Best Practices Handbook](#)"
 and at www.calbhbc.org

[CALBHB/C Newsletter \(PDF\)](#)

CALBHB/C supports the work of CA's 59 local mental/behavioral health boards/commissions.

Works-Wright, Jamie

From: Leslie Berkler <leslie@womensdropin.org>
Sent: Thursday, July 28, 2022 8:22 PM
To: Berkeley/Albany Mental Health Commission; Margaret Fine
Subject: attachments from WDDC
Attachments: WDDC Bridge Crisis Response Grant Services.docx; WDDC_Spring_2022_Newsletter_-_Final_Draft_.pdf[1].pdf; Meet_our_WDDC_Counselor_Tracy[1].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.

Hi,
I've attached these docs in case you want to share them with the committee.
I'll be happy to come another time to address any questions you have. Thanks for your good work!

Leslie Berkler
Executive Director
Women's Daytime Drop-In Center, Bridget Transition House
2218 Acton Street,
Berkeley, CA 94702
510-548-2884
510-479-4573 c
Pronouns: She/Her/Hers

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Thank you for your assistance.



Women's Daytime Drop-in Center

A home when there isn't one



SPRING & SUMMER 2022 NEWSLETTER

Since 1988, WDDC has provided a safe space and supportive services to unhoused women, families, and those at risk of becoming unhoused.

A Message from the Executive Director

Dear Friends,

We celebrate the vibrancy of our community powering us through these pandemic years with beautiful gifts of support, most recently a community partnership with the Golden State Warriors and PG&E--their 50 volunteers painted, cleaned, gardened, and energized our space!

GSW and PG&E provided a generous \$5,000 check for operations, \$1,000 in gift cards for families, and purchased hundreds of vital hygiene supplies that we give out daily!

WDDC continues to keep up with the incredible demand for our services.

We provided 30,000 pounds of food last year, almost two times more than the previous year, and distributed thousands of hygiene supplies and housing assistance to even more families now that we have a new Alameda County contract.

We are grateful to be held up by the generosity of our community partners and donors. Through your support, we have served more than 30,000 women and families since 1988!! Thank you!

- Leslie Berkler



Our Staff--Terri Brown, Leslie Berkler, and Lizzy Schneider--with Warriors forward Nemanja Bjelica and Berkeley Mayor Jesse Arreguin

We provide a vital link to the resources that unhoused women and children need to make the transition to safe, permanent housing.

WDDC case managers offer individual client care catered to client goals and individual needs.

Our center has remained open during the COVID-19 pandemic with full business hours offering:

- **Case management counseling via phone**
- **Family assessments and shelter placement**
- **Hot breakfast and lunch to-go**
- **Grocery, hygiene, and childcare product packages**
- **Transitional housing through our *Bridget House* program for five single mothers and their children**



Program Director Terri Brown and a friend

NEW WDDC SERVICES ADDED IN 2021

Our most exciting news is being designated as the ***Family Housing Resource Center for North Alameda County.***

We now can provide critical assessments, shelter placement assistance, and housing support to Berkeley, Albany, & Emeryville families.

So far, we have assessed over 300 new families.

WDDC'S RESPONSE TO GREATER HOUSING NEED



WDDC client just housed!

▶ **Increased Housing Inquiry Call Volume**

- More than 1,000 callers seeking assistance to maintain their current housing
- 600 callers seeking emergency shelter
- 500 callers seeking services for domestic violence or gender-based violence issues

▶ **\$15,000 in Flexible Housing Funding This Year**

- Provided funding to clients for first and last month rent and security deposits to re-enter housing
- Funded by private donor funds and an Alameda County contract

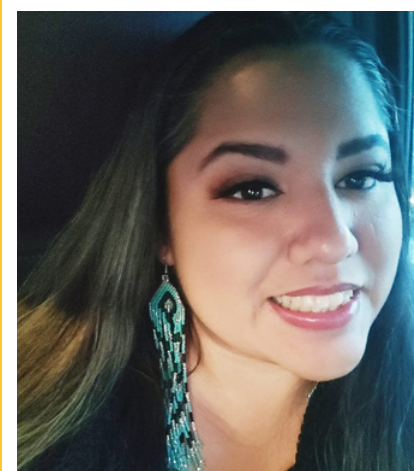


Jennifer Preciado joined WDDC in November, bringing experience working in an emergency shelter setting and providing housing navigation services to unhoused clients. After law enforcement training, Jennifer decided to focus on providing services to folks, who through no fault of their own, get caught up in the system. As a fluent Spanish speaker, Jennifer is extremely popular with many Latinx families.

Aside from going on weekend adventures and BBQs with her family, Jennifer is a fan of psychological thrillers and hopes to be a counselor or therapist for at-risk youth.

Anita previously worked at the Hope Center at San Francisco Safehouse as a Case Manager and Residential Counselor. She was also a crisis counselor for San Francisco Women Against Rape (SFWAR). She has a passion to help women who have experienced domestic violence, sexual violence, and homelessness.

Anita is Mescalero Apache and loves to bead earrings. She is reconnecting to her culture and loves jingle dress dancing. On weekends, she enjoys escape rooms with family and friends.



MORE HEARTFELT THANKS TO:

- **Help a Mother Out**

One year ago, we partnered with HAMO to support safe and healthy diapering for our low-income families. HAMO has provided WDDC with free diapers. We have given out over 25,000 diapers to our families. WDDC covers the operational costs of this valuable program.



- **Ms. Innis's class at Oxford Elementary, Berkeley**

This 5th grade class celebrated Kwanzaa this year and really embraced the Ujamaa principle by sharing resources and giving back to the community. They voted to donate money to support unhoused people. WDDC gratefully accepted their \$350 donation.

- **Rheem Elementary School in Moraga**

WOW - thank you for providing over 40 bags of holiday gifts for over 300 women and children.



- **Ian Swinson**

We especially love Ian's birthday because he always does a Facebook post requesting that his friends and family support WDDC for his birthday! We received more than \$2,000 this year alone.

As the VP of the Board, Ian is extremely proud to be involved with this excellent organization. "I can think of no better way to celebrate my birthday than by giving to those in greater need."

Happy belated birthday Ian!

WDDC has operated *The Bridget Transitional Housing Program* since 2004 when the West Berkeley bungalow was transformed with Bayer Mitigation Funds to renovate a five bedroom home for single parents and their children.

Since then, **70 families** have moved into permanent housing and the program continues with generous funding from the City of Berkeley and private donors! Families can stay at Bridget House for six months or longer while receiving highly subsidized rent and support to improve income and education and seek stability from homelessness

In fiscal year 2020 - 2021, our program subsidized housing and supportive services to 8 families with 17 children, with a 95% occupancy rate. 6 mothers successfully exited after receiving employment and permanent housing for their families.

RESIDENT SUCCESS!

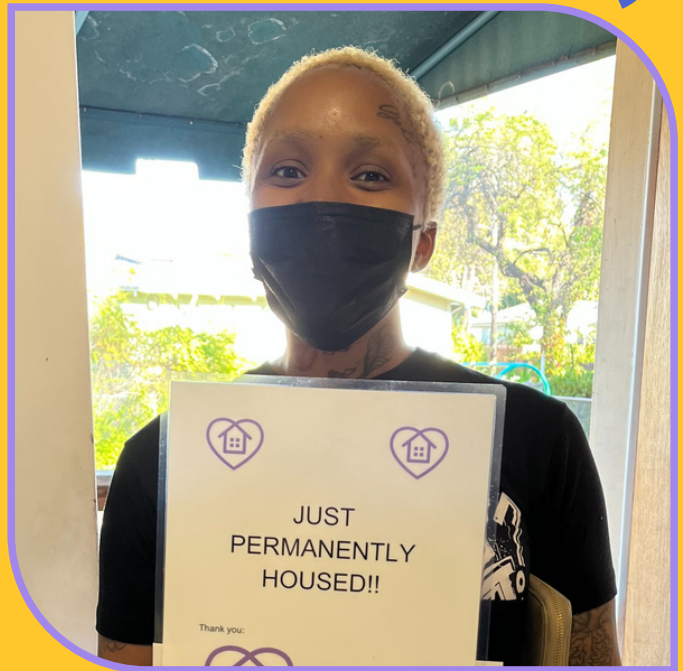


Briana is an extremely creative and talented person. Her growth during her short time with us was astonishing.

While Bridget House and its staff provided some stability, it was her hard work and constant movement toward bettering her life--and that of her children--that led to her finding permanent housing.

Her independence, drive, and ability to go out and make it happen ultimately led to her success. She does not wait for things to be handed to her. Briana goes out and gets it! These qualities contribute to her constant success!

Way to go, Briana!



LAKIETHA SANFORD: BRIDGET HOUSE MANAGER



Lakietha Sanford joined our team this year after extensive experience working with Transition Age Youth (TAY, ages 18-24) and with persons experiencing domestic violence and other issues. She loves the joy that is created from helping people and brings a deep understanding of the trauma surrounding homelessness to Bridget House.

Lakietha's joy is infectious and only possibly equal to the high spirits of the children living at our Bridget Transition House! Lakietha also collects rare plants.

The Berkeley School



A special thank you to MTO for their donation of over 6,000 items of non-perishable food, hygiene products, and adult and children's masks this Spring.

Our participants were overjoyed by the choice of snacks, beverages, and children's masks.

Teacher Danette Swan and her kindergarten class from The Berkeley School organized an annual holiday meal parade!

We served 80 hot holiday meals with turkey, sweet potatoes, mac & cheese, pies and provided almost 200 grocery bags with beautiful holiday messages from the students!

M.T.O. Shahmagsoudi Berkeley



Native American Health Clinic



WDDC provided over 30 holiday family meals to the NAHC!

"Our partnership with other community agencies is the true spirit of WDDC. We're honored to share our resources with NAHC."
said Program Director, Terri Brown.

VOLUNTEER AND BOARD MEMBER FEATURES

From Volunteer to Board Member, LaTanya Mitchell

"This started as a community service project with a few of the women from my church. I believe WDDC is an awesome location to invest your time. I've been coming one day a week since April 2021 and have enjoyed every bit of it."

LaTanya also serves as Trustee Chairperson of the Beth Eden Baptist Church in Oakland.



Carolyn Hunt, Berkeley Resident

"I've been volunteering with WDDC for a year and have loved every minute! It's a perfect blend of human interaction and practical support. The staff are so responsive. Most importantly, everyone embodies the warmth and love of the WDDC mission. I'm very grateful to be a part of it!"



**Women's Daytime
Drop-in Center**

A home when there isn't one

P.O. Box 11612
Berkeley, CA 94712

NON PROFIT⁴⁸
ORGANIZATION
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HOW YOU CAN HELP

Your donation allows us to fund the growing need for our services. Support us today via:

- Financial donations:
 - Online @ www.womensdropin.org
 - Send checks to WDDC PO Box 11612 Berkeley, CA 94712
 - Through employer matching gift programs
- Donate essential hygiene supplies:
 - Via our amazon wish list - see our website
 - Organize a hygiene or gift card drive with friends and community groups
- Volunteer at our center



Contact us at staff@womensdropin.org for more ways to make a difference!

CONTACT US:

2218 Acton Street
Berkeley, CA 94702
510-548-2884

WDDC HOURS:

Monday - Friday
8AM - 4PM

FOLLOW US ON SOCIAL MEDIA!

 @womensdaytimedropin

 @wddc.berkeley

NEWSLETTER DESIGN BY
MADELEINE FRAIX



Women's Daytime Drop-In Center Bridge Crisis Services Grant Update 7/28/22

WDDC received a *City of Berkeley grant* to provide mental health services at our site at 2218 Acton Street in Berkeley from the *American Rescue Plan*.

WDDC has served unhoused and under-resourced women and families in Berkeley since 1988. Daily we are visited by 30-50 people seeking help with housing, resources, food and hygiene. Last year we provided more than 20,000 pounds of food to about 2,500 people.

Many clients who use WDDC have experienced trauma from being unhoused in addition to mental health issues, substance abuse or other health conditions which make it difficult to obtain permanent housing.

Tracy Chocholousek, MFT, began at WDDC June 13 and will be providing 15-20 hours of service in the summer and 20 or more in the fall.

Thus far we have held 30 individual client meetings, some brief intakes, others full counseling sessions and have introduced our program to our clients and to local partner agencies. We have met with Berkeley Mental Health staff and in August will meet with Neighborhood Services to make sure that we are able to access helpful resources when necessary and avoid calling Berkeley Police Department for mental health issues.

Our goal is to be able to provide rapid response to clients who may be extremely vulnerable to prevent their victimization on the street and direct them to crisis services whenever possible. Of course the implementation of the SCU will allow us greater more immediate access to crisis services once established.

Barriers that continue to nearby safe places for people to stay who are experiencing mental health issues and availability of enough residential programs for people who

need an ongoing higher level of care.

We are grateful for the City of Berkeley grant and to work cooperatively with you to expand services. We will be hosting workshops in the Fall and engaging more unhoused women and families in ongoing support.

Sincerely,

Leslie Berkler
Executive Director



Women's Daytime Drop-in Center

A home when there isn't one

Meet our new Counselor, Tracy!

Tracy will offer free counseling by appointment on Mondays, Wednesdays & Thursdays. Call us 510-548-2884 to set up an appointment or drop by.



Women's Daytime Drop-In Center provides supportive services to unhoused and low income women and families.



including:

- food, hygiene supplies, diapers (9am - 2pm)
- family housing assessments for Berkeley, Albany & Emeryville families
- Housing Resources and Referrals

Open Mon- Fri 8 am - 4 pm (with appt required after 2 pm)
Call 510-548-2884 or email Staff@womensdropin.org

located at 2218 Acton Street, Berkeley (between Bancroft and Allston Way)