Terry Taplin
Councilmember District 2

SUPPLEMENTAL AGENDA MATERIAL for Supplemental Packet 2

Meeting Date: **April 26, 2022**

Item Number: **38a**

Item Description: **Development of Crisis Stabilization Program in Berkeley**

Submitted by: **Homeless Commission**

The District 2 Council office previously withdrew an agenda submission from the April 12, 2022 draft meeting agenda to allow for additional time to consider item 38(b), the City Manager's Companion Report to this item. In consideration of both the Homeless Commission's referral and programmatic issues subsequently raised by the Companion Report, this supplemental submission proposes a consensus-based approach to Crisis Stabilization by way of the following recommendation:

Refer to the City Manager: (1) To study the feasibility of a Crisis Stabilization Center based on the Deschutes County Health Services model, including contracts with Alameda County Behavioral HealthCare to enable Medicare billing, and to identify and index potential sites in the City of Berkeley available for Crisis Stabilization Center operations; and, (2) In the interim, to partner with Alameda County Behavioral HealthCare and Bay Area Community Services (BACS) on increasing the use of Amber House by Berkeley residents and assess the need for additional options for treatment of individuals experiencing mental health crises, including Peer Respite and Specialized Care Unit (SCU).

The amended item is attached for consideration. Additionally, a missing URL is added to the Homeless Commission's background report.

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Homeless Commission

ACTION CALENDAR
April 26, 2022

To: Honorable Mayor and Members of the City Council

From: Homeless Commission

Submitted by: Paul Kealoha-Blake, Chair, Homeless Commission

Subject: Development of Crisis Stabilization Program in Berkeley

RECOMMENDATION

Refer to the City Manager:

1. To study the feasibility of a Crisis Stabilization Center based on the Deschutes County Health Services model, including contracts with Alameda County Behavioral HealthCare to enable Medicare billing, and to identify and index potential sites in the City of Berkeley available for Crisis Stabilization Center operations; and,

2. In the interim, to partner with Alameda County Behavioral HealthCare and Bay Area Community Services (BACS) on increasing the use of Amber House by Berkeley residents and assess the need for additional options for treatment of individuals experiencing mental health crises, including Peer Respite and Specialized Care Unit (SCU).

~~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.~~

FISCAL IMPACTS OF RECOMMENDATION

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

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. https://www.justice.gov/opa/pr/justice-department-finds-alameda-county-california-violates-americans-disabilities-act-and-us

Disability Rights California has filed litigation based on the same premise. https://www.disabilityrightsca.org/press-release/disability-rights-california-files-lawsuitagainst-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.

BACKGROUND

On November 15, 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 and that this report be incorporated into the Homeless Commission's recommendation.

Vote: Ayes: Marasovic, Gomez, Kealoha-Blake. Noes: None. Abstain: Andrew. Absent: Behm-Steinberg.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

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 communitybased. 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 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 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: See companion report

CONTACT PERSON

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

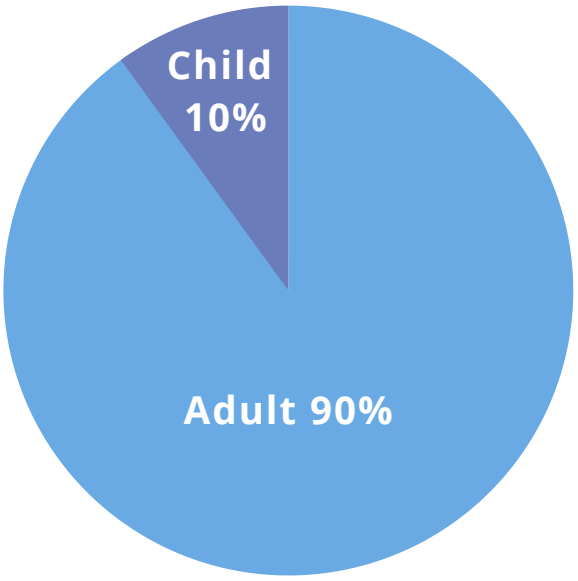
Attachments:
1: Deschutes County Stabilization Center One-Year Operations Report
2: Deschutes County Stabilization Center Prospectus

STABILIZATION CENTER

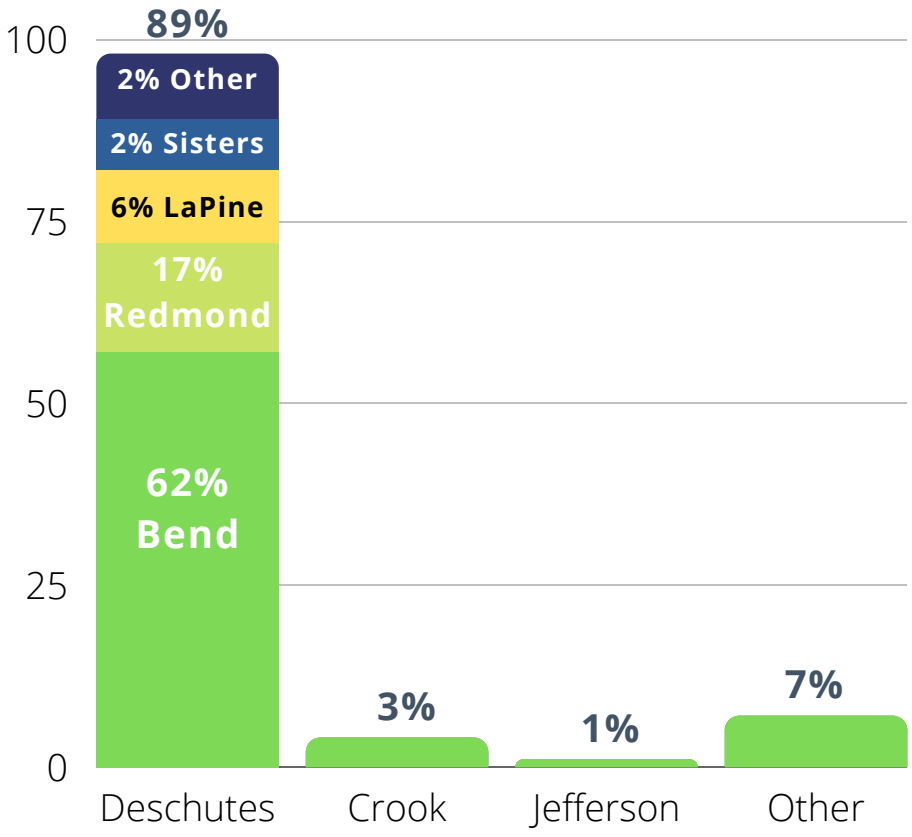
One Year Operations Report

OPENED JUNE 1 2020
24/7 OPERATIONS BEGAN 10/19/2020

DEMOGRAPHICS



55% are Male
44% are Female
1% Other/Did Not Disclose



31% **of DCSC clients experience homelessness**

STATISTICS

The Stabilization Center averages

8.5 visits per day

2,808 visits since opening

4.7

is the average number of minutes Law Enforcement spends at DCSC per drop off

1,609

The number of crisis evaluations

309

Brought in by Law Enforcement

20% of clients have utilized respite.

27%

Have a psychotic disorder

Reductions and Cost Savings

- 8% reduction in Emergency Department (ED) visits from Law Enforcement to St. Charles Medical Center since opening.
- DCSC averages 30 ED diversions/month. Saving approx. $431,280-$815,040 per year.

12% of people served self-reported they would have gone to the ED if not for the Stabilization Center.

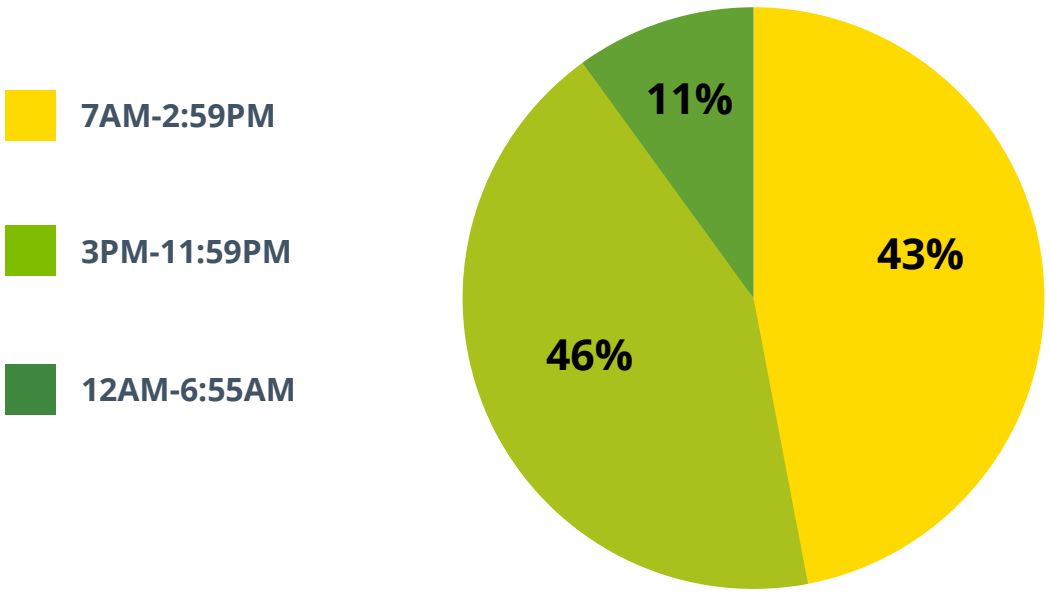
- 33% reported they didn't know where they would go.
- 1% reported they would have taken their life.

24/7 STATISTICS

10/19/2020 - 6/01/2021

1113 Crisis evaluations since being open 24/7.

When are clients arriving to DCSC?



THE AVERAGE LENGTH OF STAY IN RESPITE IS 10 HOURS.

Deschutes County

Health Services

STABILIZATION CENTER

Prospectus 2020

Deschutes County Stabilization Center

PROJECT PURPOSE

Data show that nearly half of all individuals arrested for low-level crimes sought mental health services either in the jail or following their release. In hospital emergency departments in Central Oregon, one in three patients receives or has previously received behavioral health services. In both instances, these individuals are often repeat visitors to the jail or the emergency department. Collaboration between the Deschutes County Health Services Department and the Sheriff's Office seeks to address the burden on the jail and emergency departments while providing needed behavioral health services to individuals with mental health conditions.

With the establishment of the Deschutes County Stabilization Center (DCSC), which includes crisis stabilization and a sobering station, individuals apprehended by law enforcement can be brought to the center instead of being arrested or taken to the emergency department. Once clients arrive at the DCSC, they can receive direct services from behavioral health professionals.

PROJECT GOALS

Provide crisis stabilization services to individuals suffering from mental illness, not fit for the jail or Emergency Department.

Offer a solution to a critical need which has been identified as a top priority within the community

Connect individuals with available community resources within Deschutes County.

PROJECT STAFFING

Core Project Team (Clinical Program)

Deschutes County Health Services

- (LEAD) Holly Harris, Crisis Program Manager
- Katie Pineda, Project Manager
- Melissa Thompson, Crisis Program Supervisor
- Jill Kaufmann, Forensic Diversion Supervisor
- Adam Goggins, Crisis Program Supervisor
- Kimberly Bohme, Administrative Support
- Dr. Wil Berry, Behavioral Health Medical Director

Deschutes County Sheriff's Office

- Captain Mike Shults, Jail Captain
- Lieutenant Mike Gill, Admin Lieutenant
- Eden Aldrich, FNP, Medical Director

Design Team (Construction)

Deschutes County Facilities

- Lee Randall, Director of Facilities
- Dan Hopper, Project Manager

Deschutes County Health Services

- Holly Harris, Crisis Program Manager
- Katie Pineda, Project Manager

PROJECT LEADERSHIP

Executive Project Leadership

- Dr. George A. Conway, Deschutes County Health Services Director
- Sheriff L. Shane Nelson, Deschutes County Sheriff's Office

PROJECT GOVERNANCE

Deschutes County Board of County Commissioners (BOCC)

Crisis Intervention Team (CIT) Steering Committee

Behavioral Health Advisory Board (BHAB)

CHRONOLOGY

Summary of project activities to-date

2015

September 2015 - June 2017

Needs identified by DCHS & DCSO, project initiated.

Preliminary discussions with community partners.

Site Visit Tours

July 2017 - July 2018

Temporary Facility Approved

Temporary Facility Design

Public Safety Campus Master Planning Project Initiated

Sequential Intercept Map Event

August 2018 - January 2019

Permanent Facility Proposed

Lease Space Explored as an Alternative Option

January 2019 - December 2019

Permanent Facility Design

Public Safety Campus Near-Term Phase Initiated

December 2019 - June 2020

Facility Remodel Construction

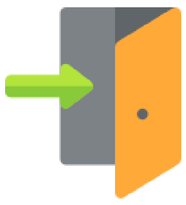
July 2020 - October 2020

Open with expanded operating hours

Program development in preparation for 24/7 operations.

Future Phase: Addition of Sobering Center

ENHANCED SERVICES



Walk-in Crisis Services

Phone or face to face intervention. Brief stabilization.

Critical Care Coordination for Hospitalized Individuals & Pre-Commitment Services

Determining if individuals placed on involuntary holds are a danger to self or others and in need of commitment.

Mobile Crisis Assessment Team (MCAT)

Crisis response in community (primarily with law enforcement).

Family Drug Court Partnership with Deschutes County District Court

Treatment for adults with substance use disorder who have committed a crime and whose children are at risk of removal.

Co-Responder Program

Clinician rides with Bend PD officers to respond to mental health related calls for service.

Law Enforcement Partnership including Crisis Intervention Training (CIT)

CIT steering committee includes a large number of key stakeholders who provide a 40 hour training for law enforcement on how to better respond to people experiencing a mental health crisis.

Forensic Diversion Program

Reducing recidivism and entry to state hospital.

23-hour Respite

Low-stimulation and peaceful milieu environment for individuals so they are able to stabilize from a mental health crisis and connect to the appropriate community services

Sobering Station (future phase)

A safe place for people to sleep off the effects of alcohol and other substances.

EMERGENCY DEPARTMENT DATA

The following data has been provided by St. Charles

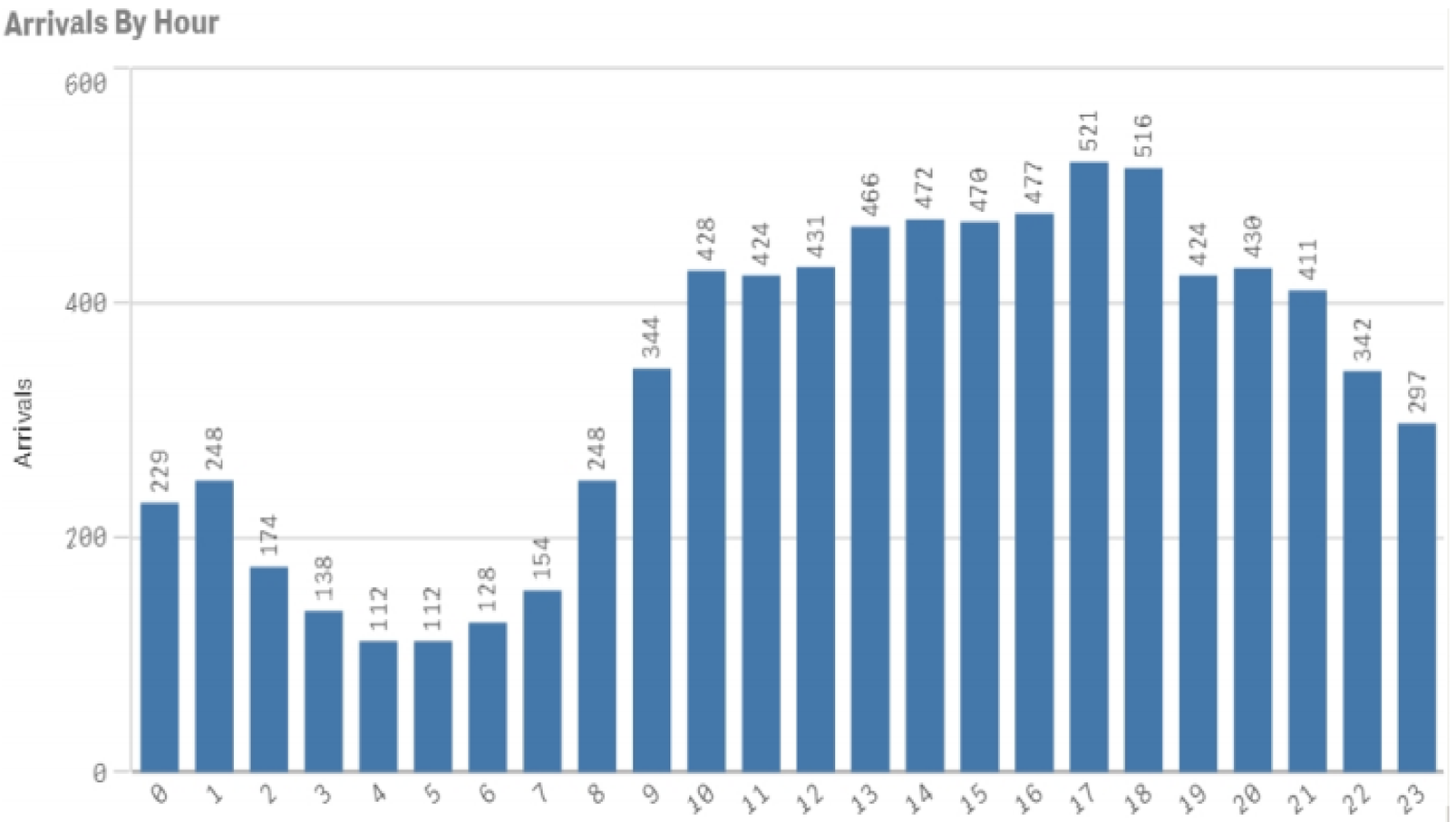
Among Emergency Department arrivals with a mental health or substance use disorder chief complaint, but without a hold order between 04/07/2018 - 12/03/2019, there have been 7996 arrivals for 5448 patients. The information and visualization below apply to this specified population unless otherwise noted.

Adult Arrivals

7,148 11.8 Per Day

Child Arrivals

848 1.4 Per Day



72 Hour Bounceback Rate

8.0% 4.3% All others

SERVICE PROJECTIONS

- Estimated additional 3,592 total individuals served by Crisis programs annually.
- Estimated 110 individuals per year diverted from jail.

Thus preliminary estimates suggest that DCSC will serve 5,849 individuals or approximately 16 individuals per day (24/7).

CLIENT PROFILE

Example Candidate for Stabilization

- Single mother of an adolescent girl.
- Diagnosed with Bipolar Disorder.
- Daughter has been removed from her care by DHS due to her mental health diagnosis causing her to be unable to care for her child's needs.
- Engaged in services with several DCHS teams in the past and at the present.
- Over the past year, has lived at the Bethlehem Inn.

With the help of the DCHS, she was able to stabilize on medication, consistently attend therapy, qualify for a grant which awarded her a year's rent paid for, obtain custody back of her daughter and obtain employment.

As individuals with Severe and Persistent Mental Illness do at times, she stopped taking her medication a few months ago and started to decompensate. She became floridly psychotic and was involuntarily hospitalized. She was evicted from her apartment, lost custody of her daughter again to DHS and is now homeless.

Due to the strict nature of the civil commitment laws, she did not qualify for a civil commitment and although she began taking medication again while in the hospital, she is not currently taking it as prescribed while living on the street. It is very difficult for her treatment team to find her to ensure that she has the correct medication or attends her appointments. Because of her complete disorganization due to her mental illness, she did not attend a court hearing and was arrested on a warrant for failure to appear. She is extremely vulnerable to being taken advantage of by others and she does not have a place that she can go each day to ensure that she can connect with her treatment providers, which ultimately would get her back on the path to recovery.

The Stabilization Center would provide a place that she could come to see her treatment providers, ensure that her basic needs are being cared for, assess as to whether she meets criteria for hospitalization, begin to case plan as to how to move forward and ultimately get well.

CLIENT PROFILE

Example Candidate for Stabilization

- Diagnosed with schizophrenia
- Refuses medication due to the belief that he is not mentally ill
- Homeless
- Has a good relationship with law enforcement

Individual was evicted at the completion of his allotted time living in a supported housing unit. He believes he is the owner of the housing facility from which he was evicted and therefore refused to leave the premises. He had to be physically removed and would not assist in planning for alternative housing due to the belief that he owned the facility.

There are no friends or family to help with care taking and meeting basic needs. He does not meet the required criteria to be involuntarily committed to the hospital and is unwilling to admit himself voluntarily. Upon contact with his support specialist at DCHS, he reported that he had paid for one night at a local motel and would have nowhere to go after that time.

The Stabilization Center would provide a resource within the community for this individual to have his basic needs met and engage in treatment including psychiatric services. He would would have the ability to socialize with treatment team, peer support specialists, staff and others, as loneliness and isolation are a significant trigger for this individual. It would provide opportunities to engage with peers that can help to support him through re-engagement with his team and allow him to work with case management to develop a plan for housing solutions.