



Berkeley Homeless
Services Panel of Experts

MEETING AGENDA April 25, 2022 – 7:00 PM

Join Zoom Meeting: <https://zoom.us/j/92491365323>

To join by phone: Dial 1-669-900-6833 and enter Meeting ID: 924 9136 5323

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

Mayor Arreguin:

Carole Marasovic

Ben Bartlett:

Paul Kealoha-Blake

Susan Wengraf:

Alice Feller

Rashi Kesarwani:

Michael de la Guardia

Kate Harrison:

Mary Ann Meany

Rigel Robinson:

Donnell Jones

Terry Taplin:

Denah Bookstein

Sophie Hahn:

Vacant

Lori Droste

Vacant

1. Roll Call.
2. Public Comment on non-agenda items.
3. Approval of Minutes from April 18, 2022. [Attachment 1].

Updates/Action Items:

4. Agenda Approval.
5. Chair update.
6. Discussion, and possible action, towards recommendation of allocation of Measure P monies in current budget cycle.
7. Adjourn.

Attachments:

1. Minutes from April 18, 2022.
2. Budget projections and last year allocations.
3. Information on Golden Bear and Roadway Inn monies received.
4. Descriptions of all programs currently funded under Measure P monies.
5. Homeless Commission item on storm shelter on 4/26 Council Calendar.
6. Homeless Commission item on Crisis Stabilization Center.
7. Motion passed by HSPE on crisis stabilization center.
8. Motion passed by HSPE on domestic violence transitional house.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the City Council will be conducted exclusively through teleconference and Zoom videoconference. Please be advised that pursuant to the Executive Order and the Shelter-

A Vibrant and Healthy Berkeley for All

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in-Place Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

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

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

Correspondence and Notice of Decision Requests:

Deadlines for Receipt:

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

Procedures for Distribution:

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

Procedures for Consideration:

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

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

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

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

Public Comment Policy:

Members of the public may speak on any items on the Agenda and items not on the Agenda during the initial Public Comment period. Members of the public may not speak more than once on any given item. The Chair may limit public comments to 3 minutes or less.

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

COMMUNITY ACCESS INFORMATION

This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6342 (V) or 981-6345 (TDD) at least 3 business days before the meeting date. Please refrain from wearing scented products to this meeting.

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

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



Berkeley Homeless
Services Panel of Experts

MEETING MINUTES

April 18, 2022

1. **Roll Call:** 7:01 PM
Present: Marasovic, Bookstein, Kealoha-Blake, De la Guardia, Meany, Feller.
Absent: Jones.
Staff: Jacobs.
Council: None.
Public: 2

2. Comments from the Public: 0

Update/Action Items

3. Approval of Minutes from April 6, 2022.

Action: M/S/C Kealoha-Blake/Meany move to approve the minutes as written.

Vote: *Ayes:* Marasovic, Bookstein, Kealoha-Blake, De la Guardia, Meany, Feller.
Noes: None. *Abstain:* None. *Absent:* Jones.

4. Agenda Approval.

Action: M/S/C Kealoha-Blake/Marasovic move to approve the agenda as written.

Vote: *Ayes:* Marasovic, Bookstein, Kealoha-Blake, De la Guardia, Meany, Feller.
Noes: None. *Abstain:* None. *Absent:* Jones.

5. Chair update.

Discussion; no action taken.

6. Discussion, and possible action, towards recommendation of allocation of Measure P monies in current budget cycle.

Discussion; no action taken.

7. Adjourn.

Meeting adjourned at 9:00 PM.

A Vibrant and Healthy Berkeley for All

Homeless Services Panel of Experts
April 18, 2022

Minutes Approved on: _____

Josh Jacobs, Commission Secretary: _____

A Vibrant and Healthy Berkeley for All

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Exhibit 1 - Transfer Tax -- Measure P Program Projection						
Revenues	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Revised	FY 2023 Estimate	FY 2024 Estimate
Beginning Fund Balance	\$0	\$2,932,313	\$9,859,779	\$17,032,464	\$17,197,648	\$16,460,354
Measure P Revenues	\$2,932,313	\$9,512,603	\$10,919,576	\$17,070,110	\$11,810,614	\$12,283,038
Total Revenue and Balance of Funds	\$2,932,313	\$12,444,916	\$20,779,355	\$34,102,574	\$29,008,262	\$28,743,392
LESS: Total Expenses	\$0	\$2,585,137	\$3,746,891	\$16,904,927	\$12,547,908	\$12,066,504
Personnel Costs	\$0	\$118,521	\$155,753	\$336,952	\$695,730	\$709,134
CMO: Homeless Services Coordinator	\$0	\$0	\$0	\$0	\$196,348	\$189,620
Finance: Accountant II	\$0	\$0	\$70,784	\$158,319	\$178,858	\$193,441
Finance: Contract Staffing	\$0	\$38,266	\$0	\$0	\$0	\$0
HHCS: Community Services Specialist II	\$0	\$80,255	\$84,969	\$178,633	\$0	\$0
HHCS: 50% Senior Management Analyst	\$0	\$0	\$0	\$0	\$113,085	\$116,560
HHCS: 2 Year Limited Term Community Services Specialist II	\$0	\$0	\$0	\$0	\$207,439	\$209,513
Non-Personnel Costs/Program Expenses	\$0	\$2,466,616	\$3,591,138	\$16,567,975	\$11,852,178	\$11,357,370
Fire: 5150 Response & Transport	\$0	\$846,616	\$1,601,639	\$2,400,000	\$1,900,000	\$1,900,000
Dorothy Day House Shelter	\$0	\$0	\$300,000	\$566,000	\$566,000	\$566,000
Dorothy Day House Drop In	\$0	\$0	\$21,340	\$182,000	\$182,000	\$182,000
Pathway STAIR Center	\$0	\$0	\$1,200,000	\$1,499,525	\$2,499,525	\$2,499,525
No Place Like Home	\$0	\$0	\$0	\$0	\$200,000	\$200,000
Coordinated Entry System	\$0	\$0	\$0	\$1,000,000	\$1,442,426	\$1,442,426
BDIC Locker Program	\$0	\$0	\$25,000	\$50,000	\$50,000	\$50,000
LifeLong Medical - Street Medicine	\$0	\$0	\$0	\$525,000	\$525,000	\$525,000
YSA Tiny Homes	\$0	\$0	\$117,000	\$78,000	\$78,000	\$78,000
DBA- Homeless Outreach Worker	\$0	\$20,000	\$40,000	\$40,000	\$40,000	\$40,000
Downtown Streets Team	\$0	\$0	\$111,243	\$225,000	\$225,000	\$225,000
Outdoor Shelter	\$0	\$0	\$86,633	\$1,002,000	\$263,500	\$0
Shallow Subsidies	\$0	\$0	\$0	\$650,000	\$1,600,000	\$1,600,000
1367 University Avenue Step Up Housing Project	\$0	\$0	\$0	\$0	\$1,133,244	\$900,000
HHCS: Square One Hotel Vouchers	\$0	\$0	\$0	\$0	\$0	\$0
Training and Evaluation	\$0	\$0	\$0	\$50,000	\$133,334	\$133,334
Homeless Response Team	\$0	\$0	\$88,283	\$900,450	\$918,149	\$920,085
Berkeley Relief Fund	\$0	\$1,600,000	\$0	\$0	\$0	\$0
Homekey Project	\$0	\$0	\$0	\$7,400,000	\$0	\$0
Portable Toilets	\$0	\$0	\$0	\$0	\$96,000	\$96,000
Crisis Stabilization Center	\$0	\$0	\$0	\$0	\$0	\$0
Berkeley Emergency Storm Shelter	\$0	\$0	\$0	\$0	\$0	\$0
Survivor of Domestic Violence Program	\$0	\$0	\$0	\$0	\$0	\$0
Fiscal Year Surplus (Shortfall)	\$2,932,313	\$6,927,466	\$7,172,686	\$165,183	-\$737,294	\$216,534
Ending Fund Balance	\$2,932,313	\$9,859,779	\$17,032,464	\$17,197,648	\$16,460,354	\$16,676,887

Project	Amount
HomeKey	\$16,200,000.00
Encampment Resolution Funding Grant	\$4,708,015.00

Program Expenses	Description
5150 Response & Transport	Emergency Medical Response for Mental Health Crisis Services
Dorothy Day House Shelter	Emergency Shelter Beds
Dorothy Day House Drop In	Drop-in Center Services
Pathway STAIR Center	Navigation Center Beds and Services
Coordinated Entry System	Coordinated Entry Services
BDIC Locker Program	Item Storage Services
LifeLong Medical - Street Medicine	Street Outreach Services
YSA Tiny Homes	Transitional Age Youth Emergency Shelter Beds
DBA- Homeless Outreach Worker	Street Outreach Services
Downtown Streets Team	Street Outreach Services
Horizon Shelter	Single Adult Emergency Shelter Beds
Shallow Subsidies	Rental Assistance
1367 University Avenue Step Up Housing Project	Single Adult Permanent Supportive Housing
Training and Evaluation	Administrative
Homeless Response Team	Street Outreach Services
Homekey Project	Single Adult Permanent Supportive Housing



Homeless Commission

ACTION CALENDAR

April 26, 2022

To: Honorable Mayor and Members of the City Council

From: Homeless Commission

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

Subject: Expansion of Storm Shelter Program to Emergencies not Otherwise Covered

RECOMMENDATION

To direct the City Manager to expand the Berkeley Emergency Storm Shelter (BESS) to emergencies not otherwise covered including outside the dates of the current contract with Dorothy Day House.

FISCAL IMPACTS OF RECOMMENDATION

The fiscal impacts of the recommendation are best identified by the City Manager's office. Since the scope of the recommendation is to extend the Berkeley Emergency Storm Shelter to emergencies, the nature of emergencies is that they are unpredictable. Thus, it is unknown to what degree this recommendation needs additional monies to be implemented and whether it requires a referral to the Council Budget Committee or not.

CURRENT SITUATION AND ITS EFFECTS

Dorothy Day House has operated the Berkeley Emergency Storm Shelter for almost 20 years, providing overnight shelter on a first come-first served basis for up to 45 people per night. Initially, the contract for BESS was for 45 days per year but in the last two years has been expanded. The BESS shelter opens if rain or temperatures at or below 40 degrees are expected overnight. The City's contract requires that Dorothy Day House take on this role beginning November 16th of this year.

On October 25, 2021-October 26, 2021, the City of Berkeley had a severe storm. Since this storm transpired prior to the November 10th BESS opening date, unhoused persons throughout Berkeley were left subject to the elements, endangering their health and safety, because they could not access the BESS shelter.

In addition to potential storm conditions, such as the one on October 25th-October 26th, there are no provisions for the emergency storm shelter to be open in other unrelated emergencies such as an earthquake, a fire, pipes bursting in another shelter or any other unanticipated emergency. The shelter should be expanded for these purposes.

BACKGROUND

On November 15, 2021, the Homeless Commission passed a motion as follows:

That City Council refer to the City Manager to expand the emergency storm shelter program to emergencies not otherwise covered including outside the dates of the current contract with Dorothy Day House.

M/S/C Marasovic/Kealoha-Blake move that City Council refer to the City Manager to expand the emergency storm shelter program to emergencies not otherwise covered including outside the dates of the current contract with Dorothy Day House.

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

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

It is the environment that controls the issues in this recommendation. This recommendation is consistent with emergency preparedness needs for the unhoused community.

RATIONALE FOR RECOMMENDATION

The need for emergency shelter is not necessarily governed by definitive dates. As the October 25, 2021/ October 26, 2021 storm showed, nature operates on its own timing. In addition, an emergency storm shelter should be available for the unhoused in other emergencies such as earthquakes, fires or conditions that render where they might be staying uninhabitable.

ALTERNATIVE ACTIONS CONSIDERED

The contract could remain the same in which case the City will not be prepared to provide emergency shelter in any situations outside the scope of the current contract.

CITY MANAGER

See companion report.

CONTACT PERSON

Josh Jacobs, Homeless Services Coordinator (510) 225-8035



Office of the City Manager

ACTION CALENDAR

April 26, 2022

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Peter Radu, Assistant to the City Manager

Subject: Companion Report: Expansion of Storm Shelter Program to Emergencies not Otherwise Covered

RECOMMENDATION

The Homeless Commission's recommendation to expand the Berkeley Emergency Storm Shelter (BESS) to emergencies not otherwise covered including outside the dates of the current contract with Dorothy Day House addresses a key need for our most vulnerable citizens. Therefore, staff recommends:

1. Referring this recommendation to the budget process; and
2. Referring this recommendation to staff for analysis of feasibility.

FISCAL IMPACTS of RECOMMENDATION

As the Homeless Commission mentions in their report, the additional budgetary commitment to implement this recommendation is unknown.

CURRENT SITUATION and ITS EFFECTS

Dorothy Day House has operated the Berkeley Emergency Storm Shelter for almost 20 years, providing overnight shelter on a first come-first served basis for up to 45 people per night. The BESS shelter opens if rain or temperatures at or below 40 degrees are expected overnight. The Homeless Commission has recommended that the shelter be extended for additional emergencies beyond the current scope.

In addition to the need for additional shelter capacity during an emergency response, Dorothy Day House operates the Horizon Transitional Village Program shelter at 742 Grayson Street, the lease for which expires in September 2022. Additional shelter capacity will be required to house this vulnerable population that will otherwise be displaced to the streets. Therefore, staff recommend referring this recommendation to staff for analysis, as it should be considered alongside other pressing priorities for shelter space in Berkeley.

BACKGROUND

On November 15, 2021, the Homeless Commission passed a motion as follows:

That City Council refer to the City Manager to expand the emergency storm shelter program to emergencies not otherwise covered including outside the dates of the current contract with Dorothy Day House.

ENVIRONMENTAL SUSTAINABILITY and CLIMATE IMPACT

There are no environmental concerns impacting the issues in this recommendation. This recommendation is consistent with emergency preparedness needs for the unhoused community.

ALTERNATIVE ACTIONS CONSIDERED

Alternative sites could also be identified to expand shelter capacity. In addition, current shelter capacity will be expanded once the COVID-19 restrictions are lifted, which will help offset the need for additional emergency shelter resources.

RATIONALE for RECOMMENDATION

Additional capacity for shelter is required to respond to emergency situations as well as the impending lease expiration of the Horizon shelter.

CONTACT PERSON

Josh Jacobs, Homeless Services Coordinator, 510.225.8035



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

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.](#)

Disability Rights California has filed litigation based on the same premise.

<https://www.disabilityrightsca.org/press-release/disability-rights-california-files-lawsuit-against-alameda-county-for-its-failed>

Berkeley is one of two mental health divisions in the state that has its own mental health division, independent from the County, with its own mental health streams of funding. Thus, Berkeley is responsible, in large part, for establishing its own community mental

health programs. Yet, Berkeley has provided no alternative for persons in mental health crisis to seek stabilization, on a voluntary basis, nor an alternative for law enforcement to transport persons in mental health crisis, when the Berkeley Police Department is actively engaging with a person in mental health crisis, other than the same County facilities, being John George and the Santa Rita Jail, that the Department of Justice has found to be deficient in providing needed mental health services, and as overly restrictive and punitive.

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

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 community-based. At this juncture, persons in mental health crisis have no local place to stabilize and voluntarily seek assistance, to take respite and to intensively linked up with other services on a 24/7 model. The Berkeley Police Department has no location to bring persons in mental health crisis other than the inappropriate ones provided by the County.

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

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

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

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

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



Office of the City Manager

ACTION CALENDAR

April 26, 2022

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Peter Radu, Assistant to the City Manager

Subject: Companion Report: Development of Crisis Stabilization Program in Berkeley

RECOMMENDATION

There has been interest expressed by the Homeless Commission and Mental Health Commission in establishing Crisis Stabilization Units (CSU) within the geographical boundaries of Berkeley.

Given the significant changes coming to the crisis system in Berkeley, the opportunities to increase the use of the Amber House CSU (which persistently has vacant beds) by Berkeley residents, the significant costs in funding and siting a CSU in Berkeley, the complexities of Medi-Cal billing for a CSU funded by Berkeley, staff do not recommend creating a CSU in Berkeley at this time.

Instead, Berkeley could partner with the Alameda County Behavioral HealthCare (ACBH) Plan and Bay Area Community Services (BACS) on increasing the use of Amber House by Berkeley residents and, over the coming 12-18 months, assess the need for additional options for treatment of individuals experiencing a behavioral health crisis. Data from the coming Peer Respite and Specialized Care Unit (SCU) could support informing a plan for building out that crisis system in Berkeley. It is conceivable that better coordination of referrals to Amber House and a non-licensed crisis support program such as the Peer Respite could meet the need in Berkeley at a significantly reduced cost and with far less difficulty than funding and siting a CSU in Berkeley.

FISCAL IMPACTS OF RECOMMENDATION

A CSU located in Berkeley would be expensive to both build and operate. As the City of Berkeley is a contract provider for the Alameda County Behavioral HealthCare (ACBH) Plan, and as such cannot subcontract Medi-Cal billing, a CSU in Berkeley would either need to forgo billing Medi-Cal (a very significant revenue stream for funding a CSU), or Berkeley would need to develop a contract with ACBH to transfer funding for a CSU in Berkeley, and ACBH would need to contract for and oversee the construction and operation of a CSU.

If ACBH were to contract for and oversee the construction and operation of a CSU, these elements would need to follow the procurement processes in place for ACBH.

Importantly, ACBH leadership has indicated to City staff that they do not currently see the need for a CSU in Berkeley, and would not be inclined to provide any funding for such an effort.

CURRENT SITUATION AND ITS EFFECTS

Crisis Stabilization Units are short-term (less than 24 hours) residential treatment programs that provide immediate care to individuals experiencing an acute mental health or co-occurring mental health and substance use concern. CSUs typically provide service 24 hours a day, 7 days a week, and offer an alternative to hospital emergency rooms or jail for individuals who are facing an urgent behavioral health concern that cannot be adequately addressed in a community setting. CSU services programs are part of many California counties array of crisis services.

Amber House, which is located in Uptown Oakland and operated by Bay Area Community Services (BACS), also contains a 14-bed Crisis Residential Treatment Program (CRT) for individuals in crisis who would benefit from a longer period of support and stabilization and do not meet the criteria for hospitalization. Established in the Fall of 2019, Amber House serves individuals who have Alameda County Medi-Cal or no insurance.

In FY22, Amber House has maintained a daily census (number of individuals utilizing the CSU) of roughly 1.5 clients a day – with a capacity to serve 12 individuals at a time. This underutilization data aligns with the information presented by BACS staff at the Mental Health Commission meeting on December 16th, 2021, where BACS reported that Amber House CSU has never had to turn away a person due to capacity issues, and usage is generally well under capacity.

Individuals in a mental health crisis that do not meet the criteria for transport to a receiving facility for a 5150 evaluation can be voluntarily transported or referred to Amber House. Amber House reports that clients have been referred by the following categories: Self (28%), Treatment Teams, including Full Service Partnerships (32%), Outpatient Mental Health Clinics (4%), Police Drop Off (2%), Hospital ER (8%), Substance Use Programs (2%), Mobile Crisis Providers (11%), Friends or family (7%), and other sources (6%).

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, some persons in mental health crisis could be diverted away from transport to further away institutions. There are no other known environmental or climate impacts from this project.

RATIONALE FOR RECOMMENDATION

Per report by Alameda County, Amber House is currently underutilized, and consistently has open beds for individuals who would benefit from and are interested in a CSU. Close to the South Berkeley border, use of this facility should be maximized prior to determining if there is need for additional CSU capacity for Berkeley residents. This could be done through:

- Collaborating with ACBH and BACS around a publicity campaign for utilization of Amber House by Berkeley providers, residents, and the Berkeley Police Department (BPD). This could include development of marketing materials and trainings.
- Structured training for BPD around utilization of Amber House, and collaboration with ACBH and BACS on developing clear procedures and protocols for BPD referral and drop-off of individuals for Amber House.
- Increase the ability of the Mental Health Division Mobile Crisis Team (MCT) to help individuals they interact with utilize Amber House. Currently, the MCT can provide bus tickets or taxi vouchers to individuals who want to access Amber House. Successful MCT referrals to Amber House could be increased by:
 - Developing a partnership between MCT/CAT and Amber House, including regular meetings on referrals.
 - Tracking MCT successful referrals to Amber House.
 - Increasing options for MCT referral to Amber House to include ride-sharing options like Lyft or Uber.
 - Evaluating directing the MCT to transport voluntary clients to Amber House. The MCT currently respond to individuals having a behavioral health crisis in a co-responder model with BPD, but does not transport individuals who do not meet criteria for a 5150 to alternate destinations. This change would include developing clear procedures for transport and assessing current vehicles for safety for transport, and tracking the use of Amber House by individuals referred or transported by MCT. This would likely trigger the need to meet and confer with local 1021 due to a change in working conditions for staff of the MCT. This change would likely be expensive due to need for alternate vehicles for MCT and slow, so pros and cons of this option should be examined.

Berkeley could also work with Amber House and ACBH to determine the utilization of beds at Amber House for Berkeley residents, and to identify any issues that Berkeley residents might be experiencing at discharge due to the location of Amber House.

Berkeley is currently in the process of adding two additional elements to the system of care for individuals who are experiencing a behavioral health crisis. When operational, these additional resources may further decrease the need for a new CSU in Berkeley. These are:

- Peer respite at the Berkeley Drop-In Center (BDC). This program will create capacity for BDC to provide peer respite services to individuals who are experiencing a behavioral health crisis.
- A Specialized Care Unit (SCU). The SCU is envisioned to provide 24/7, 365 days a year mobile crisis services and support to Berkeley residents, and will have the capacity to transport individuals in crisis to a variety of locations. The SCU is intended to divert individuals having a behavioral health crisis from a law enforcement response, instead having the first point of contact be behavioral health providers. The addition of the SCU to existing crisis response options (MCT, BPD) should give a lot more data on the interest and need for a CSU.

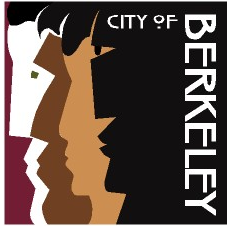
Staff believe that the City should explore the development of a Berkeley-specific CSU and/or other opportunities to serve this vulnerable population only after this current array of resources are exhausted,. Establishing a CSU site in Berkeley would be premature at this time, given the underutilized resources and the County's current lack of interest in engaging.

ALTERNATIVE ACTIONS CONSIDERED

Council could site and fund a CSU within the geographical boundaries of Berkeley. In evaluating this option, it is crucial to clearly define the need and the financial viability of funding and siting a CSU in Berkeley.

CONTACT PERSON

Josh Jacobs, Homeless Services Coordinator, (510) 981-5435.
Steve Grolnic-McClurg, Mental Health Manager, (510) 981-5249.



Terry Taplin
Councilmember District 2

SUPPLEMENTAL AGENDA MATERIAL for Supplemental Packet 1

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.



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.](#)

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

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

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

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

ORDINANCE NO. -N.S.

[TITLE IN ALL CAPS: SINGLE-CLICK HERE AND BEGIN TYPING TITLE TEXT]

BE IT ORDAINED by the Council of the City of Berkeley as follows:

Section 1. That Berkeley Municipal Code
[Chapter or section #. Single-click here and type.] is amended to read as follows:

"[BMC chapter/section number and title. Note: Bold title text.]"
"[BMC text. Single-click, type/paste.]"

Section 2. That Berkeley Municipal Code
[Chapter or section #. Single-click here and type.] is amended to read as follows:

"[BMC chapter/section number and title. Note: Bold title text.]"
"[BMC text. Single-click, type/paste.]"

Section [Number. Single-click and type]. Copies of this Ordinance shall be posted for two days prior to adoption in the display case located near the walkway in front of the Maudelle Shirek Building, 2134 Martin Luther King Jr. Way. Within 15 days of adoption, copies of this Ordinance shall be filed at each branch of the Berkeley Public Library and the title shall be published in a newspaper of general circulation.

Exhibits **[Delete if there are NO exhibits]**

A: Title of the Exhibit

B: Title of the Exhibit



STABILIZATION CENTER

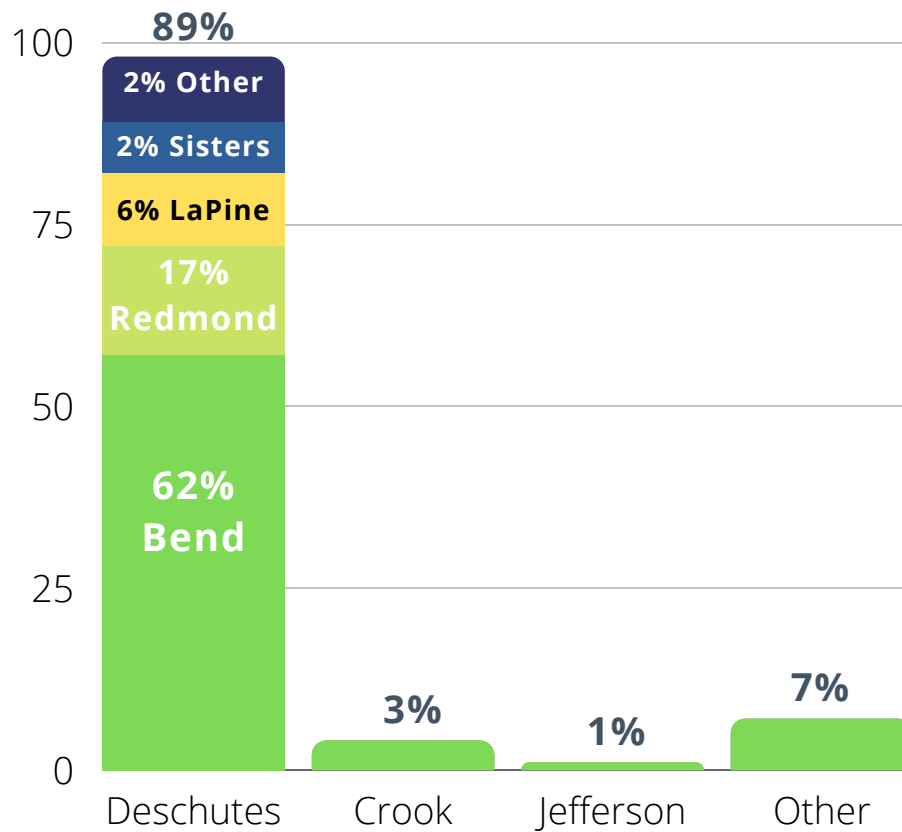
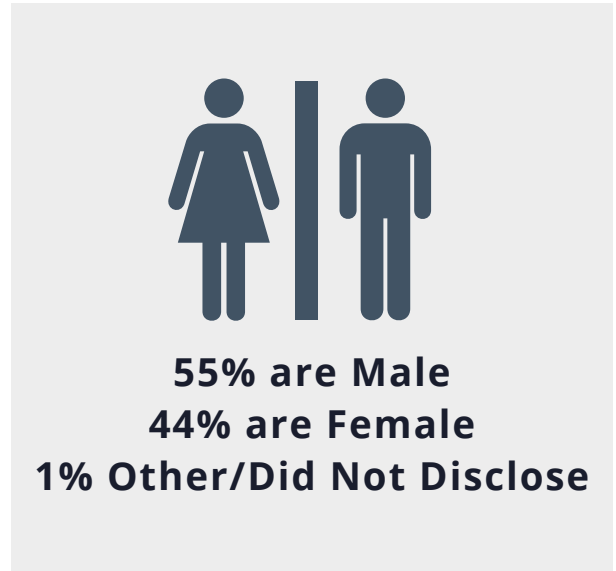
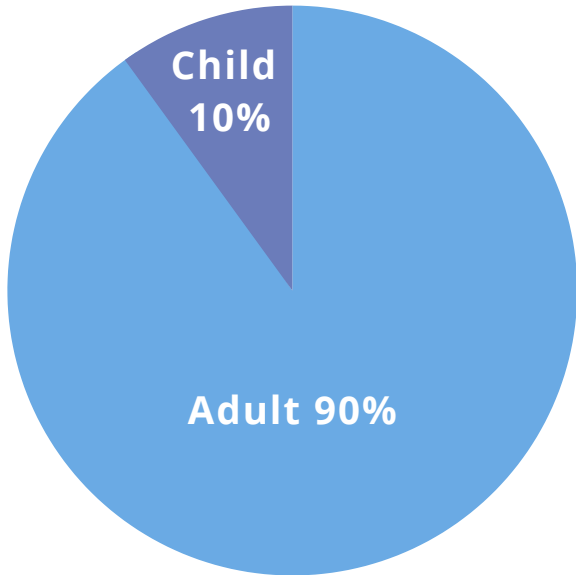
One Year Operations Report

OPENED JUNE 1 2020

24/7 OPERATIONS BEGAN 10/19/2020



DEMOGRAPHICS



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.

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.

27%

Have a psychotic disorder



24/7 STATISTICS

10/19/2020 - 6/01/2021

1113

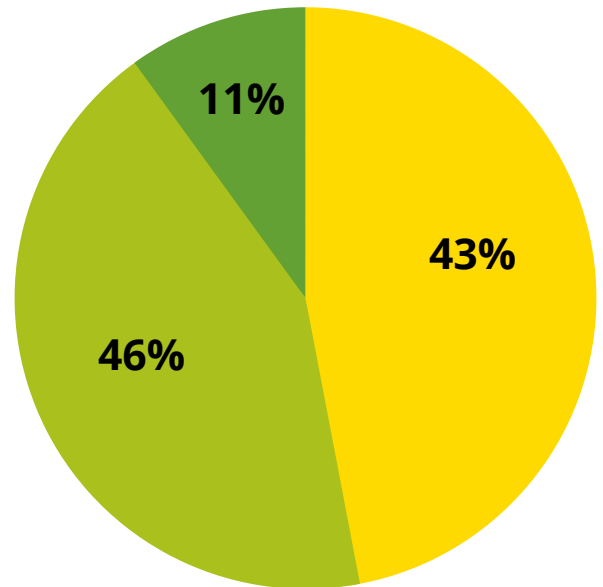
Crisis evaluations since being open 24/7.

When are clients arriving to DCSC?

7AM-2:59PM

3PM-11:59PM

12AM-6:55AM



**THE
AVERAGE
LENGTH
OF STAY
IN RESPITE
IS 10
HOURS.**



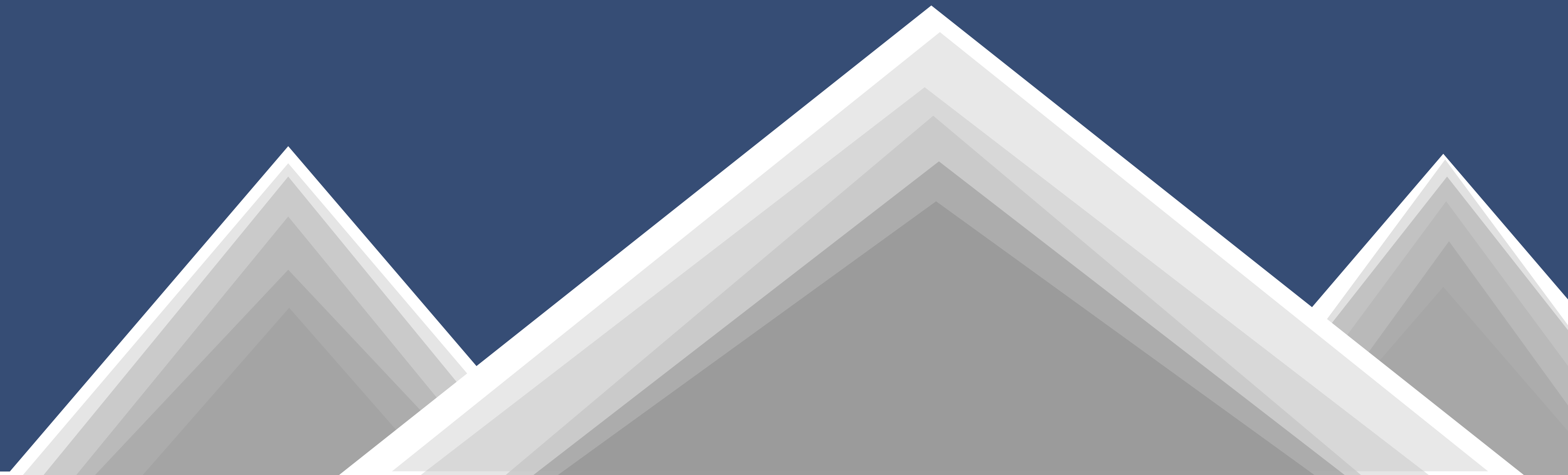


Deschutes County Health Services



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

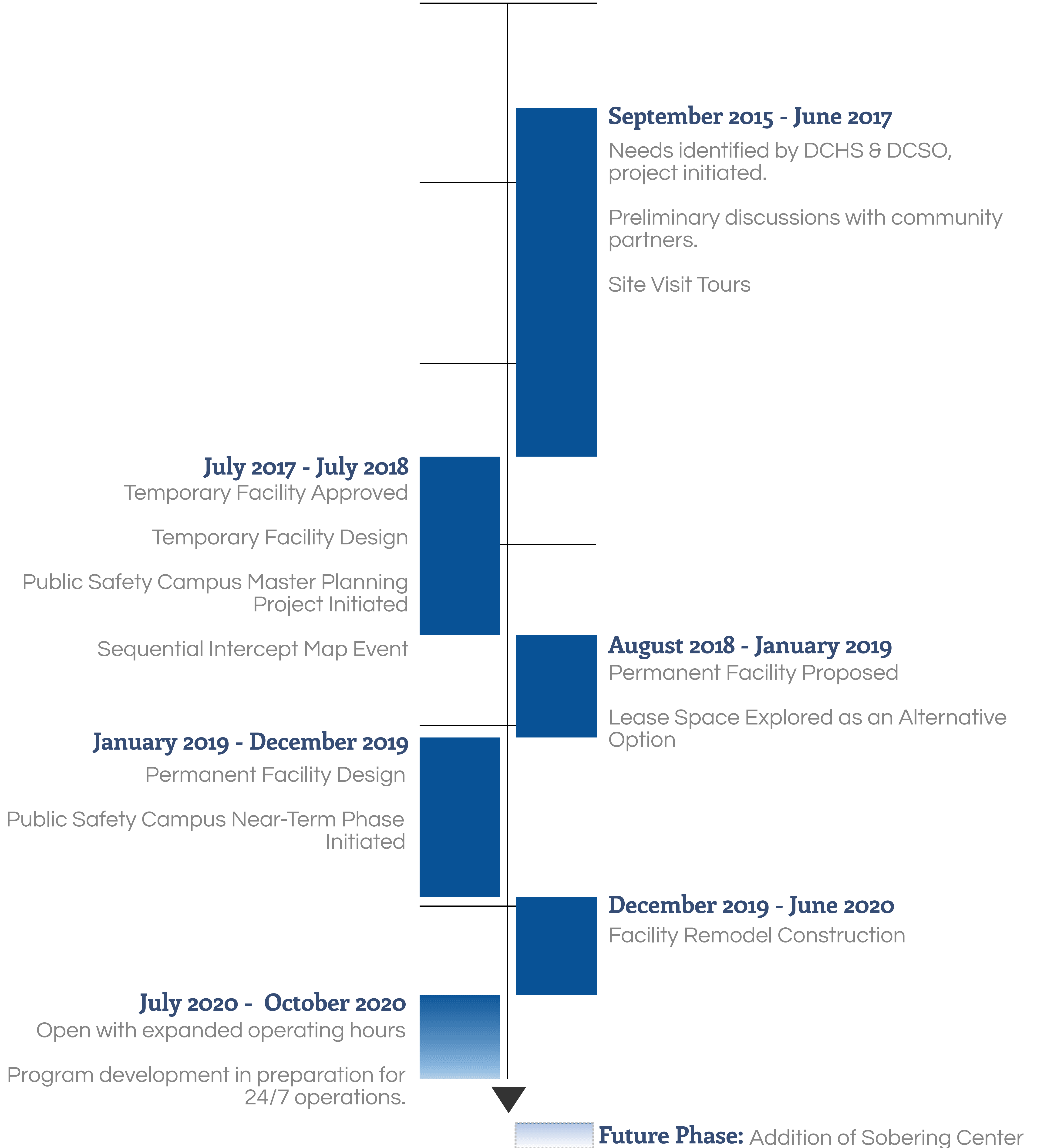
Behavioral Health Advisory Board (BHAB)



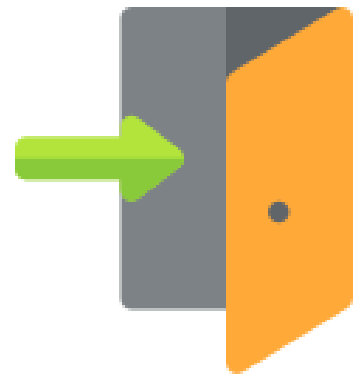
CHRONOLOGY

Summary of project activities to-date

2015

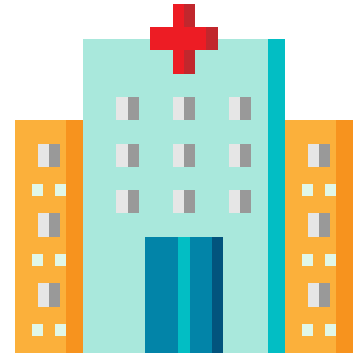


ENHANCED SERVICES



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.

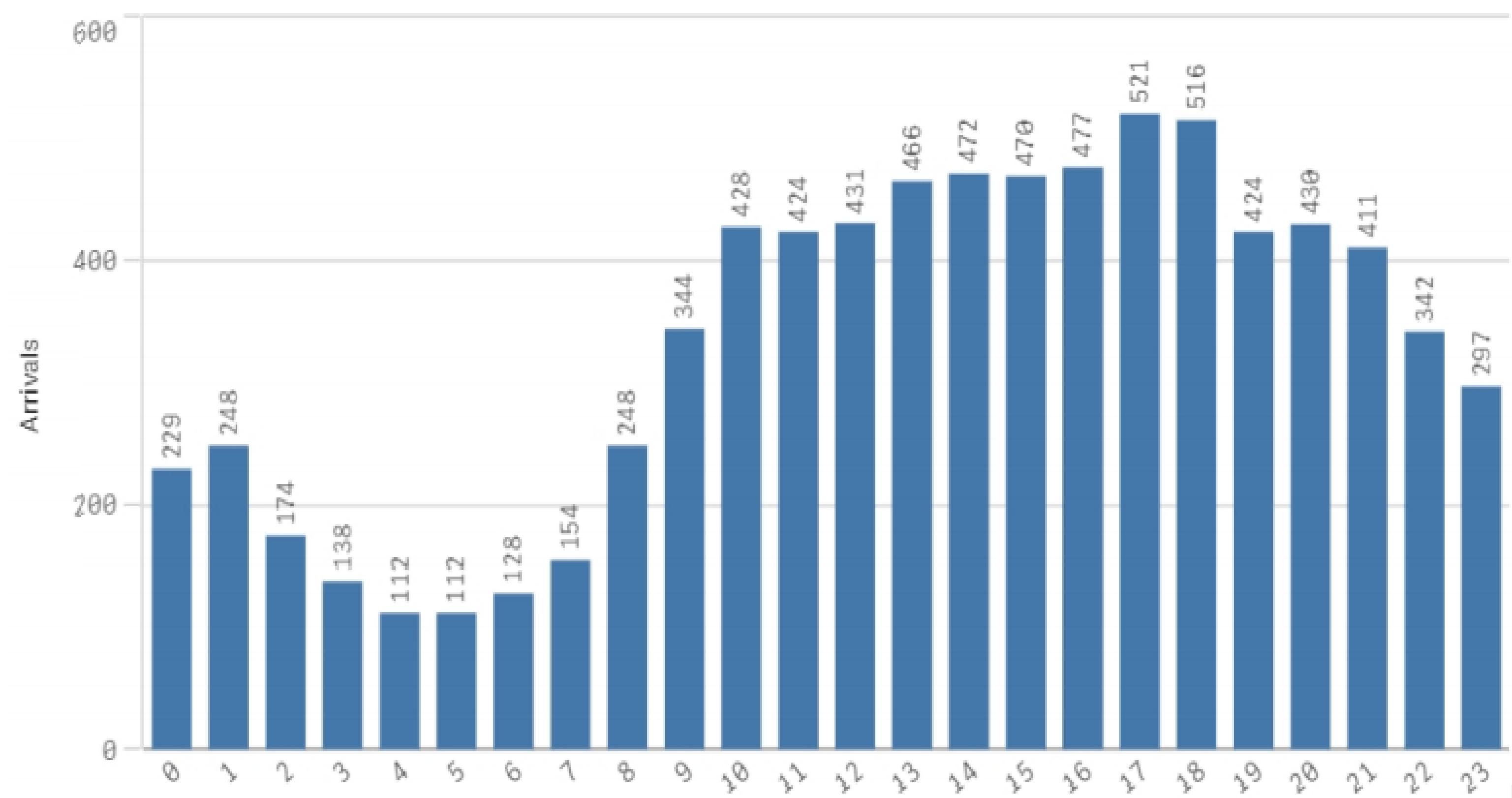
Adult Arrivals

7,148 11.8
Per Day

Child Arrivals

848 1.4
Per Day

Arrivals By Hour



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 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.

Presentation on crisis stabilization program model in Bend, Oregon with Q&A and Commission discussion.

Action: M/S/C Marasovic/Bookstein move to support the Homeless Commission recommendation to the City Manager to consider establishing a 24/7 crisis stabilization program based on the Bend, Oregon model tailored to Berkeley with Measure P funding that partners with medical, police, and community-based organizations.

Vote: Ayes: Marasovic, Bookstein, Kealoha-Blake, Scheider, De la Guardia, Carrasco.

Noes: None. *Abstain:* None. *Absent:* None.

Discussion and possible action of Commission-initiated recommendations including earlier recommendation of crisis stabilization center as well as discussion on funding for domestic violence transitional house/shelter.

Action: M/S/C Marasovic/Bookstein move to recommend that some Measure P monies be allocated to people experiencing domestic violence/gender-based violence in a shelter and/or transitional housing program. This residential setting should provide services for singles as well as families with targeted services and resources available for domestic/gender-based violence. The program should serve approximately ten singles or families.

Vote: Ayes: Marasovic, Bookstein, Kealoha-Blake, Jones, De la Guardia, Meany, Feller.
Noes: None. *Abstain:* None. *Absent:* None.