



Berkeley Homeless  
Services Panel of Experts

## REVISED MEETING AGENDA April 6, 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](mailto: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 March 2, 2022. [Attachment 1].

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

4. Agenda Approval.
5. Chair and staff update.
6. Discussion and possible action of current status of Measure P allocations from last year's budget, projected 2022-2023 revenue for which to propose allocations and discussion of upcoming new allocations needed including discussion of each program funded and proposed to be funded.
7. 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.
8. Discussion and possible action of setting dates for special meeting(s) in April.
9. Adjourn.

### **Attachments:**

1. Minutes from regular meeting of March 2, 2022.
2. Funded program descriptions.
3. FY21 Measure P Report and Summary.
4. FY21 Measure P Staff Report.
5. Options Recovery Services Presentation to Homeless Commission.
6. Crisis Stabilization Proposal.

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7. Department of Housing and Urban Development (HUD) funded Domestic Violence Projects.

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

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

***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.*

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## MEETING MINUTES

March 2, 2022

1. **Roll Call:** 7:00 PM  
**Present:** Marasovic, Bookstein, Kealoha-Blake, Jones, De la Guardia, Meany, Feller (absent until 7:04).  
**Absent:** None.  
**Staff:** Jacobs.  
**Council:** None.  
**Public:** 3
2. Comments from the Public: 0

### Update/Action Items

3. Approval of Minutes from February 2, 2022.  
**Action:** M/S/C De la Guardia/Marasovic move to approve the minutes as written.  
**Vote:** *Ayes:* Marasovic, Bookstein, Kealoha-Blake, Jones, De la Guardia, Feller.  
*Noes:* None. *Abstain:* Meany. *Absent:* None.
4. Agenda Approval.  
**Action:** M/S/C Kealoha-Blake/Bookstein move to approve the agenda as written.  
**Vote:** *Ayes:* Marasovic, Bookstein, Kealoha-Blake, Jones, De la Guardia, Meany, Feller.  
*Noes:* None. *Abstain:* None. *Absent:* None.
5. Chair update.  
Discussion; no action taken.
6. Discussion of status of current Measure P allocations, what continues to be needed in the coming year and where monies could be opened up for other purposes.  
Discussion; no action taken.
7. Begin discussion on allocation needs raised by staff thus far.  
Discussion; no action taken.

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8. Begin discussion on potential HSPE recommendations supplementary to staff recommendations: crisis stabilization program, shelter for senior population (55 and up); and shelter/housing for women fleeing domestic violence.

Discussion; no action taken.

9. Discussion of questions to be submitted by HSPE to city budget manager including: volatility of revenue; current anticipated projections; and status of 5150 transports.

Discussion; no action taken.

**Action:** M/S/C Marasovic/Feller move to extend the meeting to 9:15 PM.

**Vote:** Ayes: Marasovic, Bookstein, Kealoha-Blake, Jones, De la Guardia, Meany, Feller.

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

10. Selection of additional meeting dates in March.

**Action:** M/S/C Marasovic/Kealoha-Blake move to schedule a meeting based on result of the doodle poll to be released this week.

**Vote:** Ayes: Marasovic, Bookstein, Kealoha-Blake, De la Guardia, Meany, Feller.

Noes: None. Abstain: None. Absent: Jones.

11. Adjourn.

Meeting adjourned at 9:15 PM.

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

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

<b>Program Expenses</b>	<b>Description</b>
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



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CONSENT CALENDAR

June 10, 2021

To: Honorable Mayor and Members of the City Council  
From: Homeless Services Panel of Experts  
Submitted by: Carole Marasovic, Chairperson, Homeless Services Panel of Experts  
Subject: Recommendations for Measure P funding

RECOMMENDATION

That Council accept the recommendations of the Homeless Services Panel of Experts (HSPE), as incorporated into the text summary, into the 2021-2022 budget and refer to staff for implementation.

SUMMARY

The Homeless Services Panel of Experts met on April 21, 2021, April 28, 2021, May 19, 2021 and June 2, 2021 to discuss and vote on recommendations for Measure P funding.

The recommendations are as follows:

*(See chart with monetary figures attached). These recommendations were made with housing targeted as the highest priority for Measure P funds.*

**Purchase of motels to house the homeless:** At least \$3 million, unless funds are not otherwise available.

On April 21, 2021, HSPE passed the following motion "HSPE strongly recommends that the City Council allocate a substantial amount of Measure P funding, at least \$3 million dollars, to purchase a hotel or hotels to house persons experiencing homelessness in alignment with other available funding opportunities, affirming its earlier motion again on April 28, 2021 "that at least 3 million of Measure P funding be leveraged with other sources of funding towards the purchase of motels".

HSPE was constant in its position as to purchase of hotels/motels as a high need priority, only uncertain if with the competing priorities including ongoing contracts how much Measure P monies would be available. That was prior to HSPE's learning of the updated Measure P projected revenue of 8.2 million.

**Permanent Housing Subsidies:** \$0

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"Due to the difficulty of implementing permanent subsidies and the time limits of Measure P, HSPE recommends moving 1.6 million from permanent subsidies to shallow subsidies."

**Shallow Subsidies:** \$1.6 million

"HSPE recommends that Council allocate some Measure P monies to fund shallow subsidies to prevent homelessness for persons at risk and also to support persons experiencing homelessness." (These shallow subsidies would roll over from the unused \$1.6 million in permanent housing subsidies allocated in the previous year.)

**5150 Transports:** up to \$1 million (homeless transports only-estimated, based on recent prior years, as 40%-56%).

"HSPE prefers that no Measure P funds be used to pay for 5150 transports. HSPE recommends that the City utilize alternate funding sources including FF as well as insurance and MediCal reimbursements. However, we understand that Measure P funds may need to be used to cover 5150 homeless transports, which are 40-56% of all 5150 transports, up to \$1 million".

**1367 University Avenue Permanent supportive housing:** Funding as needed based on date of opening.

"The HSPE strongly supports the 1367 University Avenue project to provide needed housing for persons experiencing homelessness. The HSPE recommends that 25% of the needed operating expenses for this project be allocated for FY 2022 in the event that the facility opens in spring, 2022. If the facility does not open until FY23, we recommend rolling this allocation over to FY 23."

**Coordinated entry system:** \$1 million

"HSPE recommends that the Coordinated Entry program be funded at \$1 million based on actual expenses from FY 20 and FY 21."

**Pathways:** \$1.5 million

"HSPE recommends that Pathways be funded \$1.5 million to take advantage of the match from the state PHLA program for FY 2022."

HSPE indicated an interest in monitoring compliance with issues regarding lack of physical accessibility for persons with disabilities.

**Downtown Business Association Outreach worker:** \$40,000



"HSPE recommends continued funding for the DBA Homeless Outreach worker at current level of \$40,000."

**Lifelong Medical: \$525,000**

"HSPE recommends funding for Lifelong Medical Street Outreach at \$525,000".

HSPE believed this program to be successful at engaging persons experiencing homelessness, leading to positive housing outcomes.

**Berkeley Drop-In Locker Program: \$50,000**

"HSPE recommends funding BDIC locker program \$50,000."

There were serious concerns raised about the lockers not being fully utilized, nearly half below capacity. While recommending funding for an additional year, HSPE believed that the BDIC locker capacity needed to be monitored as to whether the low numbers were as a result of COVID or of their geographical location. It was noted that Dorothy Day's lockers, centrally located in downtown Berkeley, were full with a waiting list.

**Dorothy Day House: \$748,000**

"HSPE recommends funding Dorothy Day House for \$566,000 for the shelter and \$182,000 for the drop-in services." HSPE was highly pleased with this provider and believed that they worked well with persons experiencing homelessness, leading to permanent housing outcomes.

**Downtown Streets Team: \$0**

\$920,304 for Downtown Streets Team was approved on the 4/27/21 Council Consent Calendar without first referring this item to HSPE for review. HSPE recommends that Council support this program and encourage Council to look for alternate funding sources so that Measure P funding can be directed towards housing. We understand that Council has approved funding for the Downtown Streets Team in the amount of \$920,304 from Measure P. We believe that Council should have referred this item to the HSPE to consider. While the DST is an excellent program, it is not consistent with the HSPE primary priority recommendation which is providing housing for persons experiencing homelessness. We recommend that the DST funding come from the General Fund, state monies allocated for encampment cleaning, American Rescue Plan Act monies and other funding sources.

**Youth Spirit Artworks: \$78,000**

"HSPE recommends \$78,000 for YSA Tiny Homes."

HSPE discussed that YSA's contract required them to facilitate the Berkeley youth, whom they serve, into permanent housing within two years.

**Evaluation and training: \$0**

"HSPE strongly recognizes the importance of racial equity training and urges the City of Berkeley to use City funds to provide such training to City staff and non-profit contractors including those serving persons who are experiencing homelessness. While we do not recommend Measure P funding for evaluation of service providers, we acknowledge the importance of the gathering of this information and encourage the City to conduct comprehensive evaluation."

FISCAL IMPACTS of RECOMMENDATION

Going into this process, HSPE was advised to operate on a projected \$6.2 million Measure P revenue figure. As of May 25, 2021, the Interim Finance Director adjusted that figure to a projected \$8.2 million projected revenue for 2021. 2020 brought in \$9,512.600 million, attributed to the sale of large, multi-unit properties not anticipated for 2021.

HSPE's position is that it is providing its recommendations deferring to Council to modify based on revenue figures.

CURRENT SITUATION AND ITS EFFECTS

Homelessness is burgeoning in Berkeley. Affordable housing is virtually non-existent without assistance for persons of low-income not to speak of those who are homeless or at risk of homelessness.

For these reasons, HSPE believed the highest priority for Measure P should be housing and funding paths leading to housing.

Project Room Key was a successful effort during COVID. The American Rescue Plan Act has now made available Project Home Key monies for the purpose of purchasing hotels/motels for persons experiencing homelessness. Berkeley needs to leverage those monies with other monies to provide housing.

Other programs, where funding was not provided through other sources, have sought Measure P funding. HSPE primarily recommended funding for those most tied to housing. However, in some cases, HSPE was compelled to honor existing contracts or situations where no alternate arrangements had been made.

HSPE did not do so in all cases. It stood firm that the Downtown Streets Team, while a commendable program for employing persons who are homeless and providing them housing resources, was at nearly a million dollars too significant an amount of money to come from Measure P monies. Thus, HSPE recommended that those monies come from

the General Fund. Some monies, for encampment cleaning, may be able to be secured from a state source or even possibly, the American Rescue Plan Act.

5150 transport continues to be problematic for Measure P monies that should be directed towards meeting housing needs. HSPE recommends an alternate source such as FF; improved Medi-Cal or insurance reimbursement; mental health funding, or a better ambulance provider contract who absorbs the differential between payment and billing or any combination of the above.

Last year's \$1.6 million subsidy allocation for permanent housing subsidies sat dormant due to staff's position that it could not be implemented particularly due to the Measure P sunset clause. Thus, permanent housing subsidies need be relied on from other sources.

HSPE chose to recommend that \$1.6 million from last year be rolled over into shallow time-limited subsidies consistent with those monies being used for housing persons experiencing homelessness.

HSPE also directed monies towards 1367 University Avenue as it provides supportive housing. However, it was believed that most of those monies could be deferred to a following year due to delayed start-up.

All previous coordinated entry monies were not used so this year's allocation was adjusted consistent with actual need.

#### BACKGROUND

On June 2, 2021, HSPE's recommendations were approved as follows:

**Vote:** Ayes: Marasovic, Scheider, Carrasco, Bookstein, Keahola-Blake.  
Noes: None. Abstain: None. Absent: None.

#### ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

There are no identifiable environmental impacts.

#### RATIONALE for RECOMMENDATION

The rationale is detailed in the summary and current situation and effects as stated above.

#### ALTERNATIVE ACTIONS CONSIDERED

At the May 19, 2021 meeting, a commissioner, newly appointed as of that meeting, proposed an alternative proposal with all subsidy monies allocated towards homeless families, also proposing elimination of funding for Youth Spirit Artworks, the BDIC Locker Program and the DBA social worker.

#### CITY MANAGER

Concurs or see companion report if does not concur.

#### CONTACT PERSON

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

Attachments:

1. Summary of Fiscal Year 2022 Measure P Recommendations

Summary of Fiscal Year 2022 Measure P Recommendations

Revenues	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 CM Estimate	FY 2022 HSPOE Recommendations
Beginning Fund Balance	\$0	\$2,932,313	\$9,859,779	\$10,441,162	\$10,441,162
Measure P Revenues	\$2,932,313	\$9,512,603	\$9,200,000	\$8,500,000	\$8,500,000
<b>Balance of Funds</b>	<b>\$2,932,313</b>	<b>\$12,444,916</b>	<b>\$19,059,779</b>	<b>\$18,941,162</b>	<b>\$18,941,162</b>
LESS: Total Expenses	\$0	\$2,585,137	\$8,618,617	\$11,880,687	\$10,960,721
<b>Personnel Costs</b>	<b>\$0</b>	<b>\$118,521</b>	<b>\$279,927</b>	<b>\$336,952</b>	<b>\$336,952</b>
Finance: Accountant II	\$0	\$0	\$152,965	\$158,319	\$158,319
Finance: Contract Staffing	\$0	\$38,266	\$11,734	\$0	\$0
HHCS: Community Services Specialist II	\$0	\$80,255	\$115,228	\$178,633	\$178,633
HHCS: 50% Senior Management Analyst	\$0	\$0	\$0	\$0	\$0
<b>Program Expenses</b>	<b>\$5,864,626</b>	<b>\$2,466,616</b>	<b>\$8,338,690</b>	<b>\$11,543,735</b>	<b>\$10,623,769</b>
Fire: 5150 Response & Transport	\$0	\$846,616	\$2,753,384	\$2,400,000	\$1,000,000
Dorothy Day House Shelter	\$0	\$0	\$300,000	\$566,000	\$566,000
Dorothy Day House Drop In	\$0	\$0	\$21,340	\$182,000	\$182,000
Pathway STAIR Center	\$0	\$0	\$1,200,000	\$1,499,525	\$1,499,525
No Place Like Home	\$0	\$0	\$0	\$0	\$0
Coordinated Entry System	\$0	\$0	\$0	\$1,442,426	\$1,000,000
BDIC Locker Program	\$0	\$0	\$25,000	\$50,000	\$50,000
LifeLong Medical - Street Medicine	\$0	\$0	\$50,000	\$525,000	\$525,000
YSA Tiny Homes	\$0	\$0	\$117,000	\$78,000	\$78,000
DBA- Homeless Outreach Worker	\$0	\$20,000	\$40,000	\$40,000	\$40,000
Downtown Streets Team	\$0	\$0	\$225,000	\$225,000	\$0
Outdoor Shelter	\$0	\$0	\$168,000	\$1,002,000	\$850,000
Permanent Housing Subsidies	\$0	\$0	\$1,501,078	\$0	\$0
Homekey Project	\$0	\$0	\$0	\$0	\$3,000,000
Shallow Subsidies	\$0	\$0	\$0	\$1,600,000	\$1,600,000
1367 University Avenue	\$0	\$0	\$932,975	\$900,000	\$233,244
HHCS: Square One Vouchers	\$0	\$0	\$65,947	\$0	\$0
Training and Evaluation	\$0	\$0	\$0	\$133,334	\$0
Homeless Response Team	\$0	\$0	\$938,966	\$900,450	\$0
Berkeley Relief Fund	\$0	\$1,600,000	\$0	\$0	\$0
<b>Fiscal Year Surplus (Shortfall)</b>	<b>\$2,932,313</b>	<b>\$6,927,466</b>	<b>\$581,384</b>	<b>\$(3,380,687)</b>	<b>\$(2,460,721)</b>
<b>Ending Fund Balance</b>	<b>\$2,932,313</b>	<b>\$9,859,779</b>	<b>\$10,441,162</b>	<b>\$7,060,475</b>	<b>\$7,980,441</b>



Office of the City Manager

Date: June 10, 2021  
To: Budget & Finance Policy Committee  
From: Dee Williams-Ridley, City Manager  
Submitted by: David White, Deputy City Manager  
Subject: Measure P Projection and Allocations as of June 10, 2021

Attached to this memorandum is an update to Measure P projections and allocations prepared by city staff. At a high level, the attachment reflects the following:

- Increase in revenue projections to conform to the recent update provided to the Budget and Finance Policy Committee on June 2, 2021.
- A requested allocation of \$5.0 million in FY 2022 to support the City's efforts in acquiring a hotel under Project Homekey. The Homeless Panel of Experts recommends allocating \$3.0 million but staff believes additional resources may be needed to effectuate an acquisition. Importantly, under the American Rescue Plan, the City will receive approximately \$2.7 million that will be utilized as well.
- For 5150 transports, there is an allocation of \$2.4 million to enable the existing contract with Falck to be extended for an additional year to continue providing this service.
- Resources for the Coordinated Entry System have been reduced by a little more than \$400,000 to \$1.0 million.
- Adjustments to the costs of the Homeless Response Team that results in FY 2022 expenditures estimated at \$900,450. Previous estimates were slightly higher. (See Exhibit 2 for detail costs associated with the Homeless Response Team)
- Updated costs associated with the shelter at 742 Grayson Street. These costs reflect the costs associated with contracts that have been approved by City Council. The Homeless Panel of Experts allocates \$850,000 to the shelter but additional resources are needed.

- City staff is asking for the Budget and Finance Policy Committee to consider a recommendation from staff to provide flexibility to direct resources associated with permanent housing subsidies as a shallow subsidy program. Shallow rental subsidies provide a small amount of money to bridge the gap between income and rent. This approach recognizes persistent shortfalls in income for households living from paycheck-to-paycheck and struggling to cover housing and basic living expenditures at their earned wage levels.
- Resources for the University Avenue Step Up project have been adjusted to reflect when staff understands the project will open and resources will actually be needed.
- For FY 2022, staff is requesting an allocation of \$50,000 for training and evaluation whereas the Homeless Panel of Experts does not recommend that any resources be allocated to this activity. City staff would utilize these resources to evaluate the effectiveness of resources deployed under Measure P.

## ATTACHMENTS

### 1. Measure P Projection and Allocations

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**EXHIBIT 1**  
**TRANSFER TAX -- MEASURE P PROGRAM PROJECTION**

6/9/21 6:16 PM

	FY 2019 Actuals	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate	FY 2023 Estimate	FY 2024 Estimate
<b>Revenues</b>						
Beginning Fund Balance		\$2,932,313	\$9,859,779	\$11,374,137	\$4,185,966	\$219,822
Measure P Revenues (1)	2,932,313	9,512,603	9,200,000	8,500,000	8,500,000	8,500,000
Permanent Local Housing Allocation (FY 21)	0	0	0	0	0	0
<b>Total Revenues and Balance of Funds</b>	2,932,313	12,444,916	19,059,779	19,874,137	12,685,966	8,719,822
<b>LESS: Total Expenses</b>	0	2,585,137	7,685,642	15,688,170	12,466,144	12,218,776
<b>Personnel Costs</b>	0	118,521	279,927	336,951	460,909	477,041
Finance: Accountant II (2)		0	152,965	158,319	163,860	169,595
Finance: Contract Staffing		38,266	11,734	0	0	0
HHCS: Community Services Specialist II (Filled) (3)		80,255	115,228	178,633	184,885	191,356
HHCS: 50% Senior Management Analyst (Requested) (4)		0	0	0	112,164	116,090
<b>Non-Personnel Costs/ Program Expenses</b>	0	2,466,616	7,405,715	15,351,219	12,005,235	11,741,735
Fire: 5150 Response & Transport (2) (5)	0	846,616	2,753,384	2,400,000	2,400,000	2,400,000
Dorothy Day House Shelter (6)	0	0	300,000	566,000	566,000	566,000
Dorothy Day House Drop In (6)	0	0	21,340	182,000	182,000	182,000
Pathways 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	50,000	525,000	525,000	525,000
YSA Tiny Home	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	225,000	225,000	225,000	225,000
Shelter at 742 Grayson Street						
Lease Payments	0	0	33,000	198,000	49,500	0
Operator (Dorothy Day)	0	0	130,000	784,000	196,000	0
Portable Toilets	0	0	5,000	20,000	18,000	0
COVID-19 Housing Solutions (8)	0	0	0	0	0	0
Project Homekey	0	0	0	5,000,000	0	0
Permanent Housing Subsidies / Shallow Subsidies	0	0	1,501,078	1,600,000	1,600,000	1,600,000
1367 University Avenue Step Up Housing Project (9)	0	0	0	233,244	900,000	900,000
HHCS: Square One Hotel Vouchers	0	0	65,947	0	0	0
Training and Evaluation	0	0	0	50,000	133,334	133,334
Homeless Response Team	0	0	938,966	900,450	900,450	900,450
Berkeley Relief Fund	0	1,600,000	0	0	0	0
Fiscal Year Surplus (Shortfall)	2,932,313	6,927,466	1,514,358	(7,188,170)	(3,966,144)	(3,718,776)
Ending Fund Balance	<b>\$2,932,313</b>	<b>\$9,859,779</b>	<b>\$11,374,137</b>	<b>\$4,185,966</b>	<b>\$219,822</b>	<b>(\$3,498,954)</b>

## Notes:

Measure P: General Fund (Fund 011)/ Program Code 5002

(1). Revenues revised to reflect FY 20 actuals and revised projections part of FY 21 adopted budget.

(2). Approved as part of FY 20 budget.

(3). This position supports the Measure P Panel of Experts, monitors contracts with BACS, tracks and reports on outcomes of homeless programs and represents Berkeley at county-wide homeless coordina

(4). Responsibilities include processing contracts and payments for homeless contracts, tracks expenditures and assists in reporting to funders. Funding to be shared with Measure U1 as proposed and discussed at Land Use Policy Committee.

(5). Assumes 1,200 calls per year and a cost per call of \$2,000. Reimbursement levels will vary and may impact this estimated cost.

(6). Existing program. FY 20 represents partial year funding. FY 21 and thereafter represents full year funding.

(7). FY 21 and FY 22 expenditures reduced by \$1.0M for costs that will be covered by revenues from the City's allocation of Permanent Local Housing Allocation funds.

(8). [Per Mayor's Recommended Adopted Budget for FY 21, STAIR Center Expansion \(\\$705,000\) and Safe RV Parking \(\\$100,000\) were combined for COVID-19 Homeless Solutions.](#) On December 15, 2020, City Council adopted FY 21 AAO#1 and reallocated these funds to the Homeless Response Team.

(9). Pursuant to Resolution 69,586-N.S. adopted by the City Council on October 13, 2020 and confirmation of resource availability by the Budget and Finance Policy Committee on January 28, 2020.



## EXHIBIT 2 Homeless Response Team

	FY 2021 Estimate	FY 2022 Estimate	FY 2023 Estimate	FY 2024 Estimate
<i>Personnel Costs</i>	\$261,449	\$735,100	\$735,100	\$735,100
CMO: Community Services Specialist II	47,750	191,000	191,000	191,000
CMO: Health Services Program Specialist	11,000	11,000	11,000	11,000
CMO: Social Services Specialist	75,362	163,940	163,940	163,940
PRW: Landscape Gardener	69,417	65,240	65,240	65,240
PW: Helper and Driver	0	246,000	246,000	246,000
PD: Staff Support Overtime	57,920	57,920	57,920	57,920
<i>Non-Personnel Costs/ Program Expenses</i>	\$677,517	\$356,350	\$356,350	\$356,350
CMO: Neighborhood Services Outreach Fund	15,000	15,000	15,000	15,000
CMO: Neighborhood Services Mitigation Flex Fund	29,167	50,000	50,000	50,000
CMO: Staff Operating Costs	43,600	21,600	21,600	21,600
CMO: Outreach Vehicle	32,000	0	0	0
CMO: Outreach Vehicle - Replacement and Maintenance Fees	1,000	6,700	6,700	6,700
Public Works: Downtown Streets Handsweep	50,000	100,000	100,000	100,000
Public Works: Tipping Fees	43,750	75,000	75,000	75,000
Public Works: Rear Loader and Stake Bed Truck	380,000	0	0	0
Public Works: Truck - Replacement and Maintenance Fees	83,000	88,050	88,050	88,050
Total Expenses	\$938,966	\$1,091,450	\$1,091,450	\$1,091,450
Measure P Expenses		900,450	900,450	900,450



# Options Recovery Services

**Justin Phillips, LMFT, MAC- Executive Director**  
**Mike Thomas, MSW- Director of Special Projects**  
**Francisco Maciel, Berkeley SUD Navigator**

**Proudly serving Alameda County's most vulnerable populations for over 24 years.**

**Our mission** is to break the cycle of addiction that causes crime, homelessness, and broken families.

**Our vision** is that one day society will deal effectively and compassionately with addiction and recovery. Every person suffering from addiction will have easy and immediate access to high-quality addiction treatment and recovery support services resulting in an overall decrease in societal crime, homelessness, and family dysfunction.



# Options Recovery Services as an Element of the SUD System of Care

- Options Recovery Services Operates as part of Alameda County's Substance Use Disorder System of care as an Outpatient Substance misuse treatment center with Outpatient locations in Berkeley, Oakland and San Leandro.
- Options also owns and operates over 11 Recovery Residences containing approximately 180 clean and sober bed spaces
- Treatment and Housing operate as one system and are managed together as a full service to our client population



# Our Model of Care

Options takes a “no wrong door approach” to client care.

We embrace a welcoming and inclusive environment where clients feel safe and secure while in our care.

For those ready to change their substance using behavior, we use a stages of change model and ASAM (American Society of Addiction Medicine) criteria to determine the right level of care. Sometimes that includes Options, sometimes it requires a higher or lower level of SUD care.

Our founder viewed Options intake department as an “SUD Emergency Room”



# Options Recovery Services as an Element of the SUD System of Care

- Options operates supplementary support services that meet the needs of Alameda County's most vulnerable populations. Programs and projects are connected directly to treatment and housing services if the need arise.
- Options partners with a vast array of substance use and mental health and primary care modalities and networks throughout the county. Clients needs come first, and we have the ability to connect anyone with the right type of care, quickly and efficiently.



# Special Programs and Projects

- \* Santa Rita inpatient SUD and Mental Health services inside SRJ.
- Behavioral Health/Substance Use integration projects- Alameda County Behavioral health Clinics (Eden, Eastmont, Tri-City Health)
- Behavioral Health/Substance Use integration project- Berkeley Mental Health (contract pending)
- Berkley SUD Bridge outreach support services
- Acupuncture and meditation available to all Options clients at 3 locations
- (2) Medical Doctor's and (2) Nurse Practitioners available across Options multiservice system for primary care intervention and crisis evaluation.



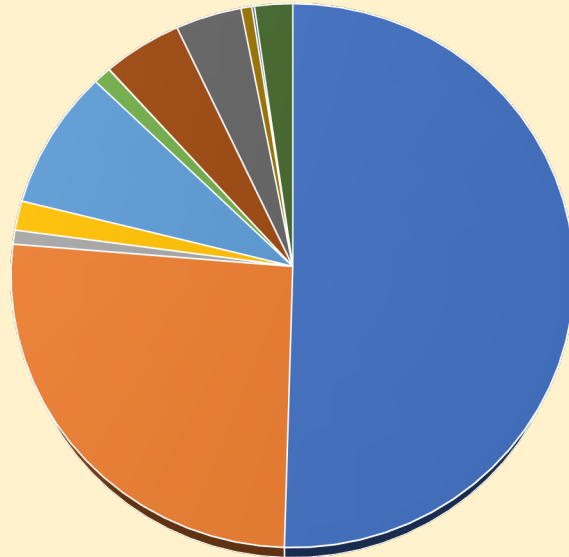
# Additional Programs having significant impact (OMCP)

- Options Offender Mentor Certification Program (OMCP) is an innovative educational and training program imbedded in the California Prison System located in 7 prisons throughout California. We have been operating this for over 10 years and have received national recognition as the program is considered one of the most successful rehabilitative efforts in California's history. It is being replicated nationally in several states.
- Over 160 mentors who previously had life sentences have been released in to the community over the last 10 years. The recidivism rate is less than .025%



# Agency Budget Breakdown FY 21-22

Agency Budget



- Alameda County Contracts
- CA CDCR
- Superior Court
- Children and Family Services
- City of Berkeley
- US Probation
- Program Fees
- Rental Income
- Grants
- Donations
- Other Miscellaneous
- In Kind

Income	Percentage of Total Income
Alameda County Contracts	50.46%
OMCP	25.85%
Superior Court	0.83%
Children and Family Services	1.75%
City of Berkeley	\$890,000 8.37%
US Probation	1.06%
Program Fees	0.02%
Rental Income	4.68%
Grants	3.91%
Donations	0.64%
Other Miscellaneous	0.15%
In Kind	2.26%
	100%

## City of Berkeley

Bridge SUD Outreach Project- 640K

Berkeley Mental Health SUD Integration- 250k

Total=890k





# Operation and Intersection

Options is overseen by an Executive team and 9 Department Directors. Each Department is collaborative with the focus on client needs first.

Although funding comes from a various funding streams, our agency is categorized by departments consisting of SUD Treatment, Clean and Sober Housing, Special Projects (Outreach and integration projects) Re-entry, Criminal and Social Justice, Administration, Social Services (CPS and Collaborative courts) and Health and Supplemental Services.

Newer contracts include funding for long term re-entry support services for long term offenders, SUD treatment contracts for 2 SUD Treatment sites in Richmond and Concord, and 2 special pilot projects in Berkeley.



# Bridge SUD Community Crisis Response Program

## Program Creation

- COB and ORS collaborated and created the model
- SUD Navigators were hand picked for their ability to work with diverse at risk populations with compassion and empathy
- The team is highly skilled in outreach and engagement, crisis response and intervention and referral within multiple networks.



# What we do

- Team has both lived experience as well as clinical expertise
  - Individuals were selected based on their unique skill sets
  - Targeting specific populations
  - Team consist of medical, clinical and licensed clinicians
  - The team is dispatched to areas of concern identified by the city and partnering agencies
- \* Direct phone line to navigators for fast response in the event of urgent needs



## Current outcome as of Jan 15<sup>th</sup>.

1. To date, 85 unhoused Berkeley residents have been contacted and engaged.
2. Individual charting has begun with each unhoused resident contacted
3. Referrals, warm handoffs, and transportation has been provided for 25 unhoused residents.
4. Referral destinations include: Medication Assisted Treatment (MAT), SUD Detoxification, Outpatient SUD treatment (Options), Residential SUD treatment, Mental health Respite services, transitional housing, skilled nursing facilities, Mental Health outpatient services, obtaining supplies (sleeping bags, clothes, meals), transportation and assistance to obtain identification cards..



# Referral Breakdown

- 10 to detox facility (Cherry Hill)
- 5 to out patient treatment and housing (Options)
- 2 to residential treatment (El Chante)
- 4 to temporary housing stabilization (Sally's Place)
- 3 to MAT program (Highland)
- 1 to skilled living (LifeLong)
- 3 to Horizon Shelter
- 3 to Residential treatment (CURA)



# Success Stories to Date

- Navigation team created a relationship with a 78 y/o unhoused man challenged with mobility issues (wheelchair). The man struggles with chronic alcohol use disorder and could not care for himself. Navigation team collaborated with Lifelong Medical and helped coordinate services, including transporting the individual to Highland Hospital and a referral to a skilled living facility.
- Navigators created a relationship with an undocumented homeless male living in Civic Center Park. The team transported the individual to Detox and then followed up with a referral and transport to a residential treatment facility where the client is in treatment after 2 weeks and doing well.
- Navigation team made contact with an unhoused 40 y/o women living in a Berkeley Hotel, the woman identified having a substance use problem and a mental health diagnosis. The team referred the client to detox facility and provided follow-up and referral to outpatient treatment and transitional housing.



Questions?



CONSENT CALENDAR  
April 12, 2022

To: Honorable Mayor and Members of the City Council

From: Councilmember Taplin

Subject: Crisis Stabilization Center

### RECOMMENDATION

Refer to the City Manager to develop a Crisis Stabilization Center based on the Deschutes County Health Services model, and to identify and index potential sites in the City of Berkeley available for Crisis Stabilization Center operations.

### FINANCIAL IMPLICATIONS

Staff time.

In September 2021, Deschutes County Health Services estimated in a correspondence with the District 2 Council office that the Crisis Stabilization Center in Bend, Oregon was saving approximately \$51,000 in Law Enforcement time and approximately \$430,280-815,040 in Emergency Room costs per year.

In 2021, an estimated \$2.4 million from Measure P funds were allocated annually for 5150 response & transports due to the lack of a Berkeley-based location to transport persons in mental health crises.<sup>1</sup>

### CURRENT SITUATION AND ITS EFFECTS

In April 2021, the US Justice Department announced that its investigations had found violations of the Americans with Disabilities Act (ADA) and potential Constitutional violations in Alameda County's mental health services, including facilities at John George Psychiatric Hospital and Santa Rita Jail.<sup>2</sup> The City of Berkeley is one of two local jurisdictions in the state of California with its own Mental Health Division separate from the County.

RDA Consulting issued its Mental Health Crisis Responses and Stakeholder Perspectives Report<sup>3</sup> in October 2021 as part of the Reimagining Public Safety process. The report highlights that Berkeley has "an overall insufficient level of resources to meet the volume and types of mental health crisis needs across the city." According to a qualitative analysis by the Berkeley City Auditor, roughly 40% of BPD's welfare check

<sup>1</sup> <https://www.cityofberkeley.info/uploadedFiles/Clerk/Item%204%20Measure%20P%20Memo.pdf>

<sup>2</sup> <https://www.justice.gov/opa/pr/justice-department-finds-alameda-county-california-violates-americans-disabilities-act-and-us>

<sup>3</sup> <https://drive.google.com/file/d/1Ink4P-SLna-HPaNp4WBcfv07knmpTNTy/view>



calls involved a mental health issue; 20% of disturbance calls, and 10% of calls regarding suspicious circumstances also involved mental health.

Berkeley's Mental Health Division offers a variety of crisis response services including the Mobile Crisis Team (MCT), Crisis Assessment and Triage (CAT), Transitional Outreach Team (TOT), and the Homeless Full Service Partnership replacing the Homeless Outreach and Treatment Team (HOTT). The MCT is not fully staffed and is unable to provide services even 5 days a week. These programs currently do not provide 24-hour services, and providing transports to longer-term care facilities can incur substantial costs, aforementioned Constitutional issues notwithstanding.

Berkeley contracts out with many community-based organizations to provide drop-in, shelter and other services. These organizations provide a different role than a crisis stabilization center, which would provide linkage to the network of the other Berkeley-based organizations as needed for the person in a mental health crisis. There are currently no Berkeley programs that provide 24/7 crisis stabilization services. Transports to jail or to hospitalization, for persons who would be better served in a community-based alternative, comes at substantial cost to the City in addition to presenting possible constitutional violations earlier cited.

Alameda County operates a 24-hour crisis phone line under Crisis Support Services (CSS) that is available to Berkeley residents, and Alameda County Behavioral Health Care Services refers callers to CSS after-hours. These phone lines do not provide the services that a locally-based crisis stabilization center would provide.

In short, the City of Berkeley does not currently offer 24/7 in-person crisis stabilization, and the County's services are severely under-resourced. A 24/7 crisis stabilization center would help provide part of a round-the-clock mental health support system.

Crisis Stabilization is a Strategic Plan Priority Project, advancing our goal to create a resilient, safe, connected, and prepared city.

## BACKGROUND

The Deschutes County Stabilization Center (DCSC) opened in Bend, Oregon in June 2020 with state and federal grant funding for opening and operations. In 2020, Deschutes County Health Services (DCHS) in Oregon was awarded a second two-year grant from the Substance Abuse & Mental Health Services Administration (SAMHSA), under the U.S. Department of Health & Human Services, and funding from the Oregon Criminal Justice Commission for 24-hour operations. Future funding has not yet been secured<sup>4</sup> but is likely to be renewed: DCHS reports to the District 2 Council office that they expect to receive another two-year grant from the Oregon Criminal Justice Commission, and will receive \$500,000 annually in Medicaid funding.

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<sup>4</sup> Hernandez, R. (2022). The Bend stabilization center's future is unknown. *OPB*. Retrieved from <https://www.opb.org/article/2022/01/12/the-bend-stabilization-centers-future-is-unknown/>

In the first year of operations, Deschutes County reported an 8% reduction in emergency room referrals from law enforcement, averaging 30 emergency room diversions per month and saving approximately \$431,280-\$815,040 per year (Attachment 1). The average length of stay in respite was 10 hours. The observation unit offers 23-hour stays, because 24-hour and longer periods would constitute “residential” treatment.

Crisis receiving and stabilization services offer the community a no-wrong-door access to mental health and substance use care, operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs.

Some considerations for operating a Crisis Stabilization service include:

1. Accept all referrals, regardless of insurance;
2. Offer walk-in and first responder drop-off options;
3. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
4. Design their services to address mental health and substance abuse crisis issues and provide linkage to related services if needed beyond the 23-hour crisis stabilization period;
5. Employ the capacity to assess physical needs and accommodate persons with physical disabilities while identifying additional medical needs, and provide linkage to those medical services, if needed;
6. Provide respite;
7. Provide intensive case management, if needed;
8. Be fully staffed 24/7/365 with a multidisciplinary team of clinicians and peers capable of meeting the needs of individuals experiencing all levels of crisis in the community, providing access to other community resources including extended case management, psychiatric evaluation, medical resources and housing/shelter navigation;
9. Provide full assessments, including screening for suicide and violence risk;
10. Provide follow-up, following the crisis stabilization stay, to ensure that the person who stayed at the crisis stabilization center is now receiving the proper resources so as to minimize the risk of returning to crisis.

SAMHSA defines crisis stabilization services as:

- Direct service that assists with de-escalating the severity of a person’s level of distress.
- Providing support for urgent care associated with a substance use or mental health disorder.
- Preventing or ameliorating a mental or behavioral health crisis.
- Reducing acute symptoms of mental illness by providing continuous observation and supervision for people who do not require inpatient services.

On November 15, 2021, following a discussion on October 13, the City's Homeless Commission voted "to request City Council refer to the City Manager to develop a crisis stabilization program based on the Bend, Oregon crisis stabilization model tailored to Berkeley, and that this report be incorporated into the Homeless Commission's recommendation." (See Attachment 4.) On February 2, 2022, the Homeless Services Panel of Experts voted to support the Homeless Commission's recommendation.

#### ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

Possible reduction in Vehicle Miles Traveled (VMT) from transport diversions.

#### CONTACT PERSON

Councilmember Taplin      Council District 2      510-981-7120

#### Attachments:

- 1: Deschutes County Stabilization Center One-Year Operations Report
- 2: Deschutes County Stabilization Center Prospectus
- 3: Homeless Commission 10/13/21 Agenda
- 4: Homeless Commission 11/15/21 Meeting Minutes
- 5: Homeless Services Panel of Experts 2/2/22 Meeting Minutes



# STABILIZATION CENTER

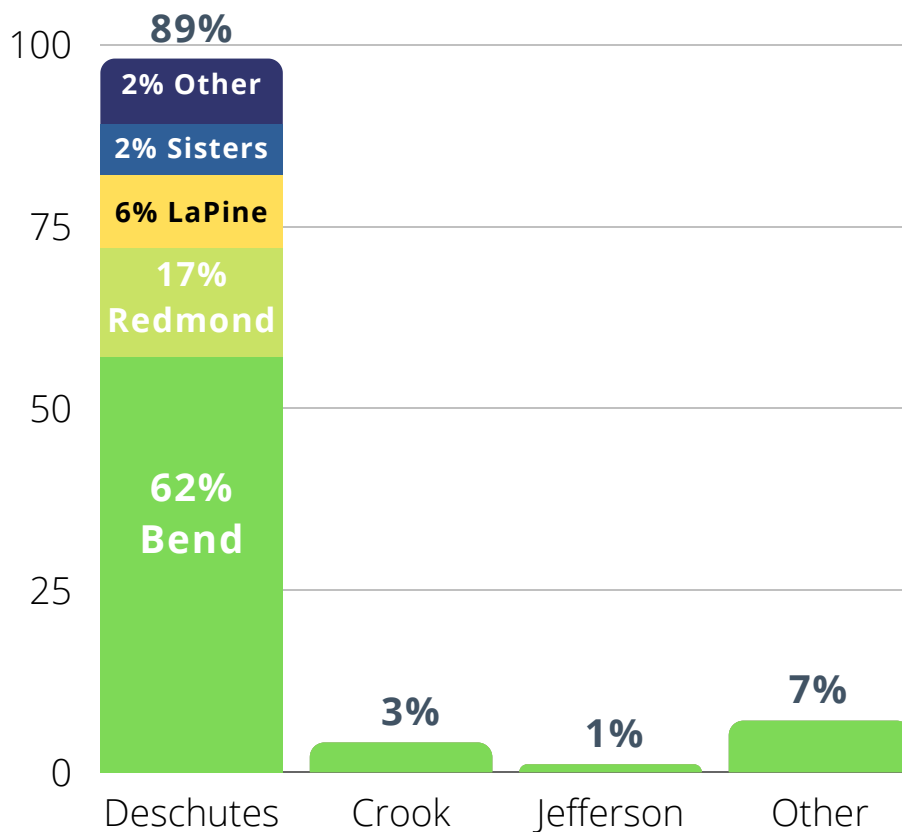
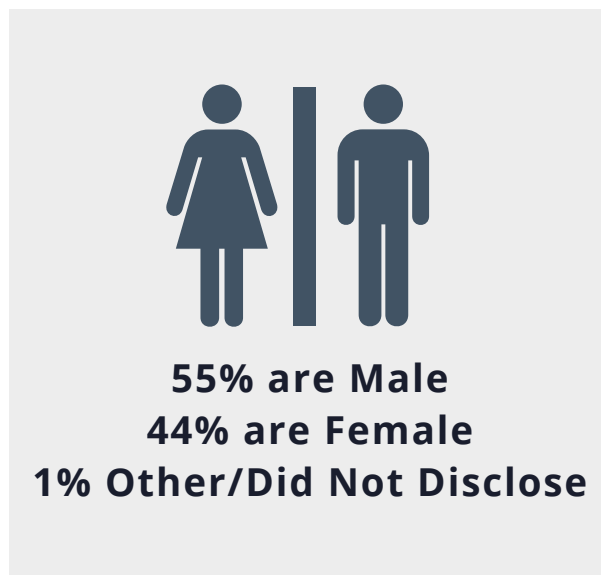
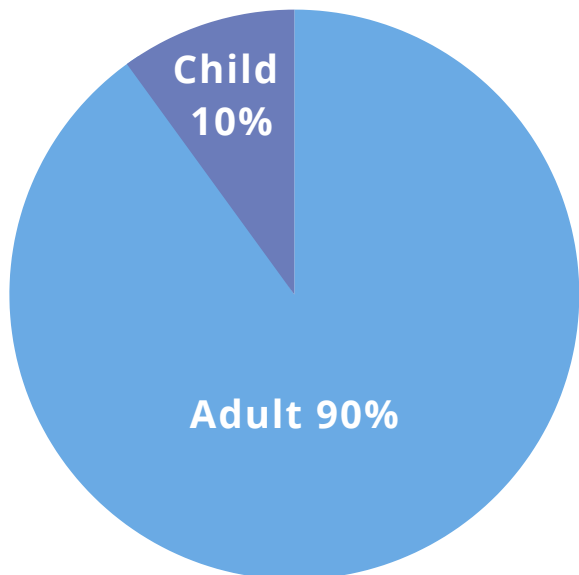
## One Year Operations Report

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

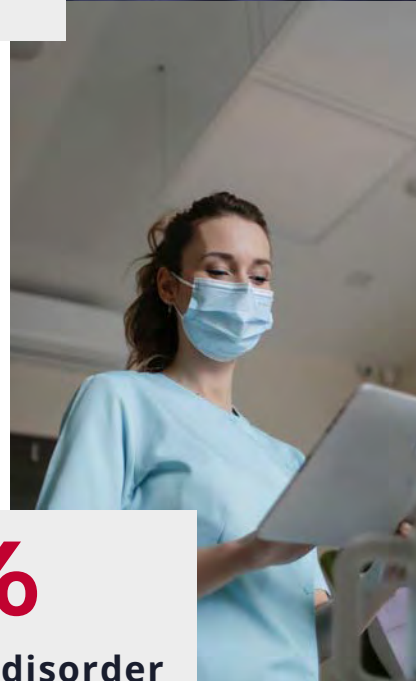
- 8% reduction in Emergency Department (ED) visits from Law Enforcement to St. Charles Medical Center since opening.
- DCSC averages 30 ED diversions/month. Saving approx. \$431,280-\$815,040 per year.

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

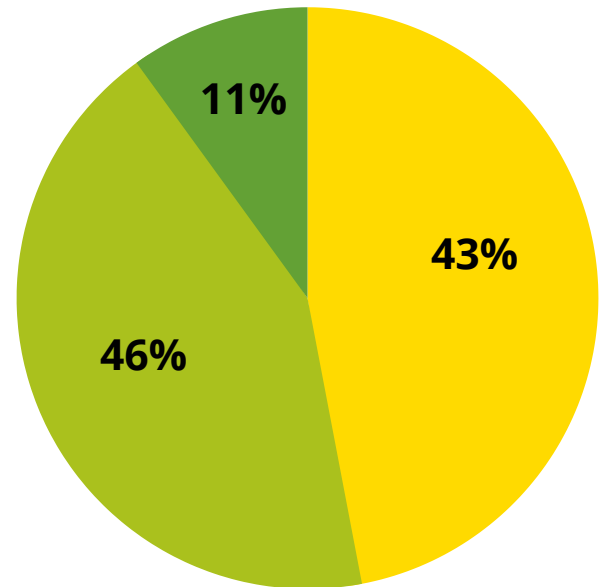
Crisis evaluations since being open 24/7.

## 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





## 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.

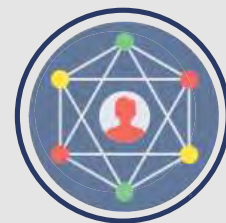
## PROJECT GOALS



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

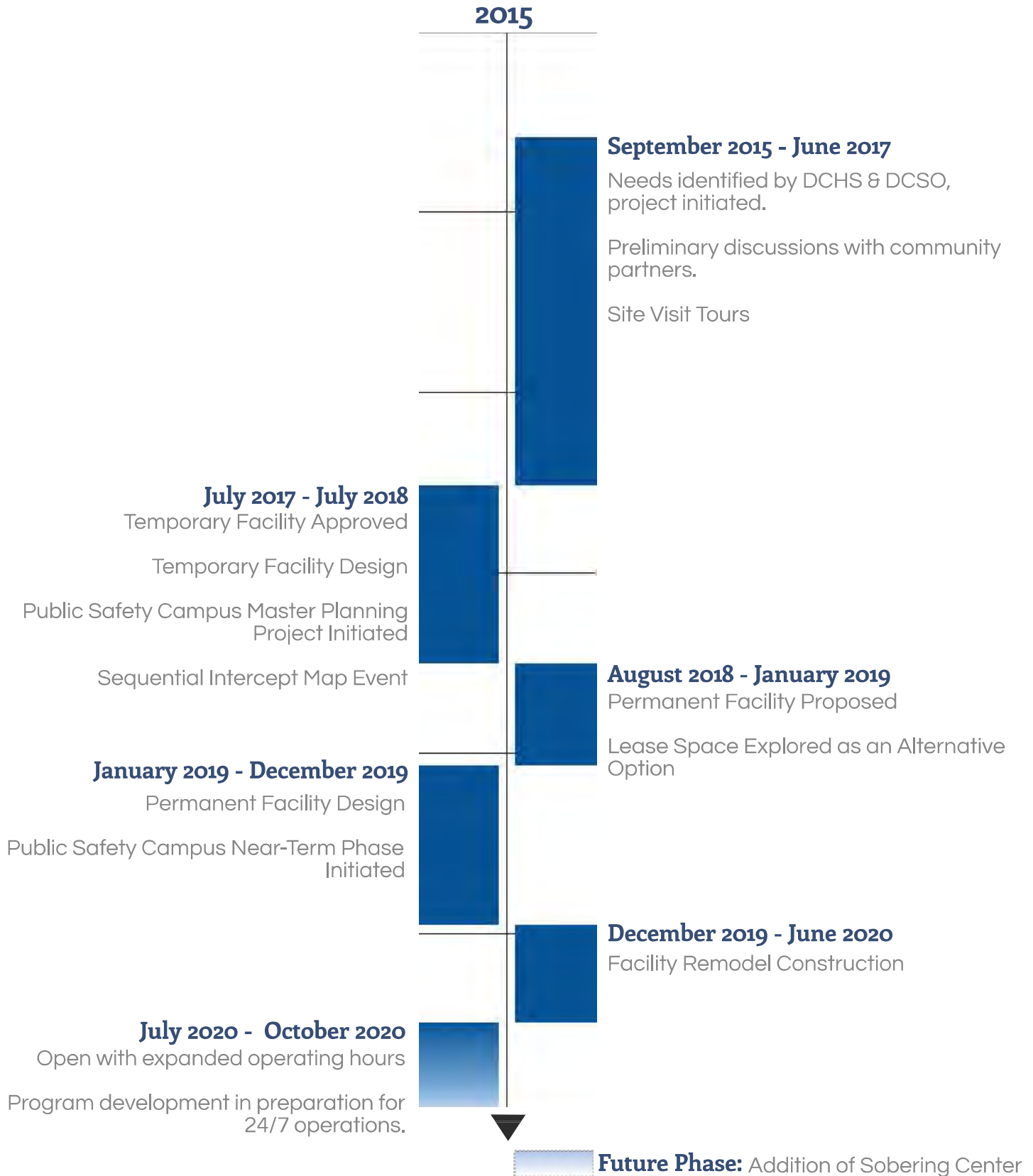
Deschutes County Board of County Commissioners (BOCC)

Crisis Intervention Team (CIT) Steering Committee

Behavioral Health Advisory Board (BHAB)

# CHRONOLOGY

Summary of project activities to-date



## 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.

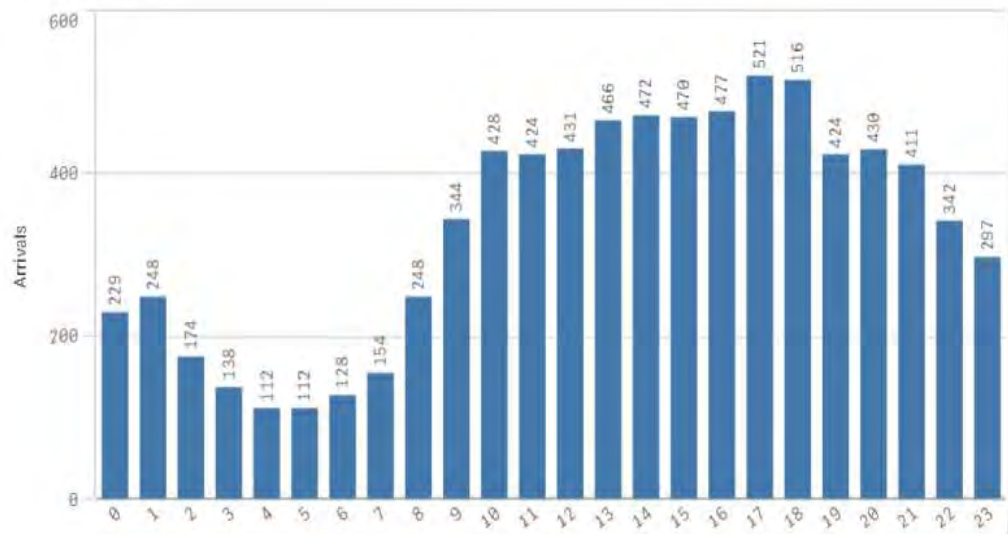
Adult Arrivals

**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.

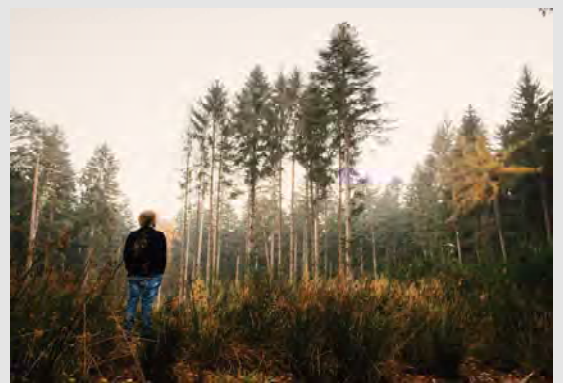
Due to the strict nature of the civil commitment laws, she did not qualify for a civil commitment and although she began taking medication again while in the hospital, she is not currently taking it as prescribed while living on the street. It is very difficult for her treatment team to find her to ensure 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.







Homeless Commission

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

Join Zoom Meeting:

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

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

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

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

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

**Updates/Action Items:**

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

**Attachments:**

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

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

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

***A Vibrant and Healthy Berkeley for All***

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

***Correspondence and Notice of Decision Requests:***

Deadlines for Receipt:

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

Procedures for Distribution:

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

Procedures for Consideration:

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

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

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

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

***Public Comment Policy:***

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

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

**COMMUNITY ACCESS INFORMATION**

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

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

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



Berkeley Homeless Commission

**MEETING MINUTES**

September 8, 2021

1. Roll Call: 7:05 PM

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

**Absent:** Andrew, Gomez.

**Staff:** Jacobs, Carnegie.

**Council:** None.

**Public:** 6.

2. Public Comment: 1

3. Approval of minutes from July 14, 2021.

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

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

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

**Updates/Action Items:**

4. Agenda Approval

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

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

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

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

Discussion; no action taken.

6. Chair and Vice-Chair Update.

Discussion; no action taken.

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

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

Discussion; no action taken.

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

Discussion; no action taken.

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

Discussion; no action taken.

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

Discussion; no action taken.

Meeting adjourned at 9:00 PM

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

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



## Berkeley Homeless Commission

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

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

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

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

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

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

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

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

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



## Berkeley Homeless Commission

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

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

M/S:

Yes:

Noes:

Abstentions:

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

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

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

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

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

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

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



## **Berkeley Homeless Commission**

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

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

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

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

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

**CITY MANAGER:**

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

Attachment: Powerpoint presentation from Bend, Oregon



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

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

Adam Goggins, MA, LPC – Crisis Team Supervisor

# Deschutes County, Oregon

Population: 200K

County Seat: Bend

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

Person's per

Square Mile: 52

Topography: High Desert











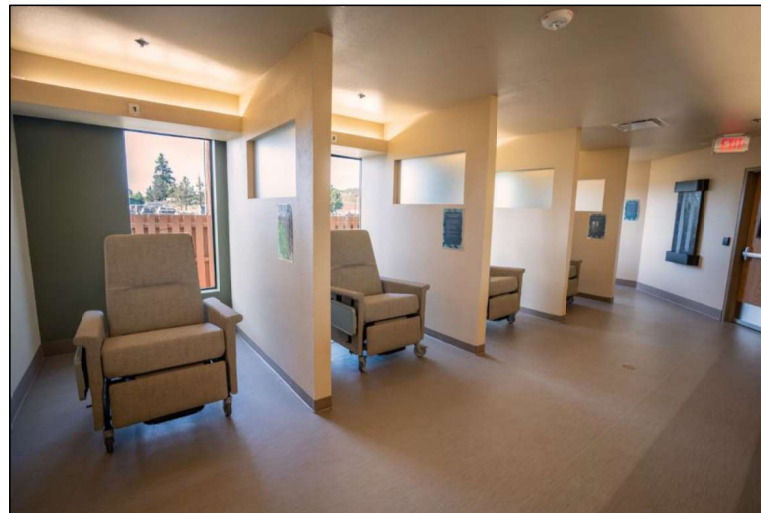
Deschutes County  
Stabilization  
Center (DCSC)

Est. June 2020



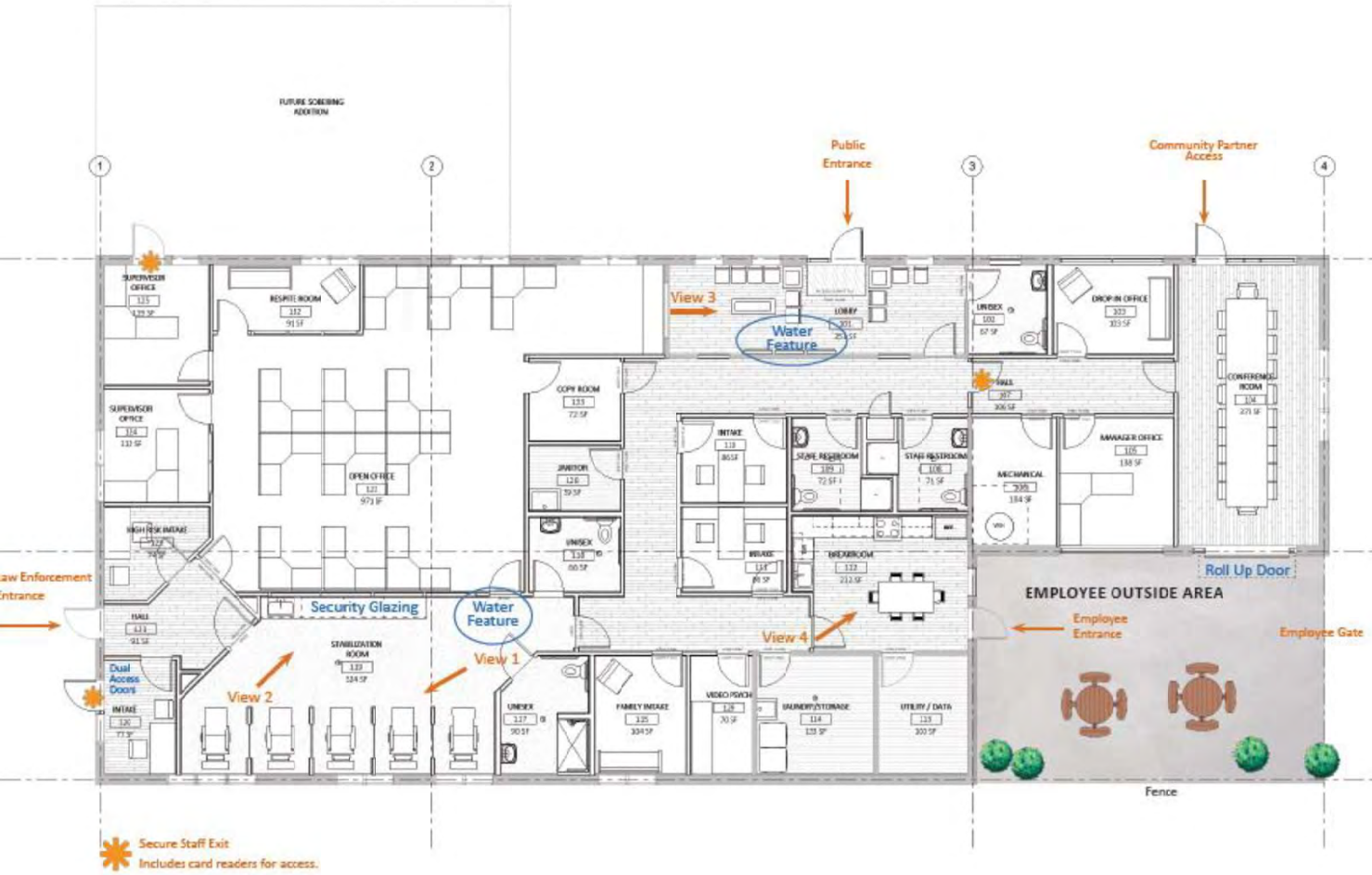
Quick Facts:

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





# PROPOSED FLOORPLAN



## 3D VIEWS

View 1 (Stabilization Room 119)



Client seating area for comfort. Partitions for privacy.

View 2 (Stabilization Room 119)



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

View 3 (Lobby)



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

View 4 (Break Room)



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

## INSPIRATION



Example of an enclosed water feature.

## Goals of the Stabilization Center



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

## Goals of the Stabilization Center

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



## Goals of the Stabilization Center

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



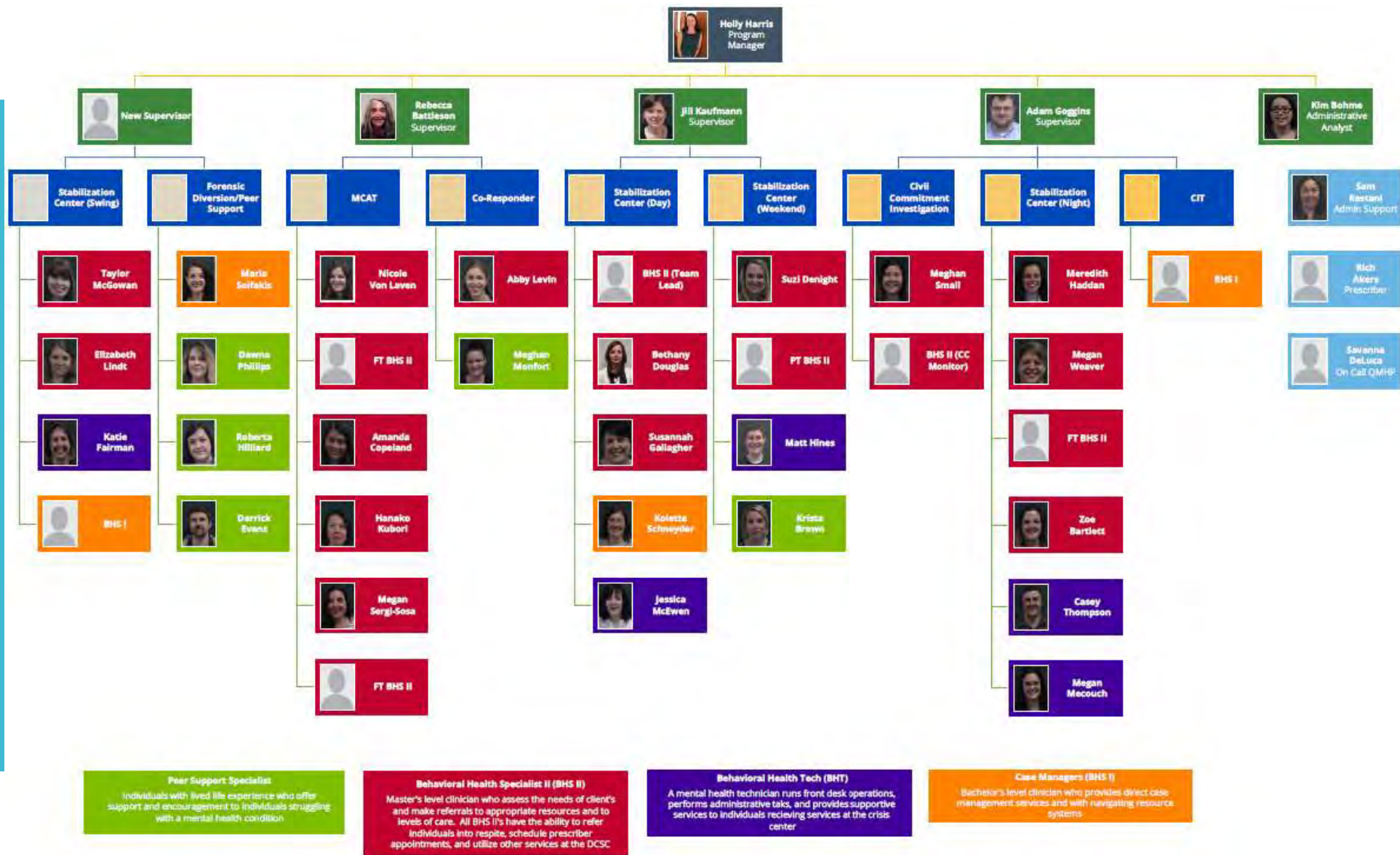
## Goals of the Stabilization Center



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

Services  
Provided at  
the  
Stabilization  
Center

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



# Practical Tips to Open a Crisis Stabilization Unit





## Practical Tip: Actively Use Sequential Intercept Mapping

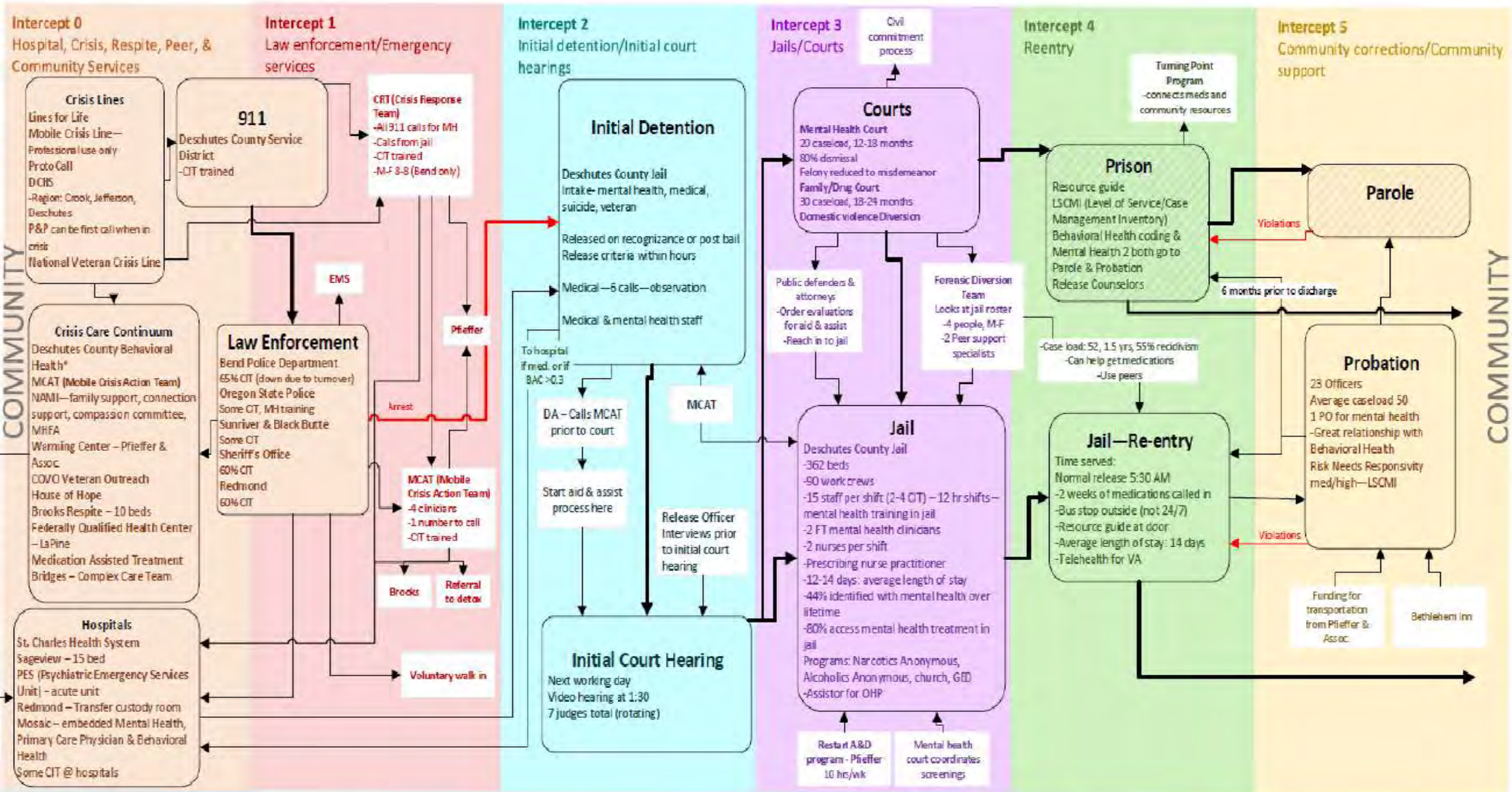
# SEQUENTIAL INTERCEPT MAPPING

### 2012 Top Priorities

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

### 2018 Top Priorities

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



\*Walk-in clinic M-F 8-4 -immediate assessment  
 \*Law enforcement agency average wait 2.5-3 hrs for police officer hold.  
 Mosaic Mobile Clinic -Families can contact for help  
 \*Community Health Workers at hospitals and clinics

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



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

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Speaking: **Melissa Thompson** Layout

Megan (Me) Kim Boh... (Host) Cory Darling Brandi S AbbyL

Chris Perry Melissa Thomps... Christy Drew Norris Jake Chandler

Michael Gill polela Rachel Gerken Call-in User\_2 Call-in User\_3

Dustyn Putzier Holly Harris Rachel Gerken

Unmute Stop video Share ☺ ... ❌ Participants Chat ...

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



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

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

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



Mobile Crisis Team and Co-responder

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



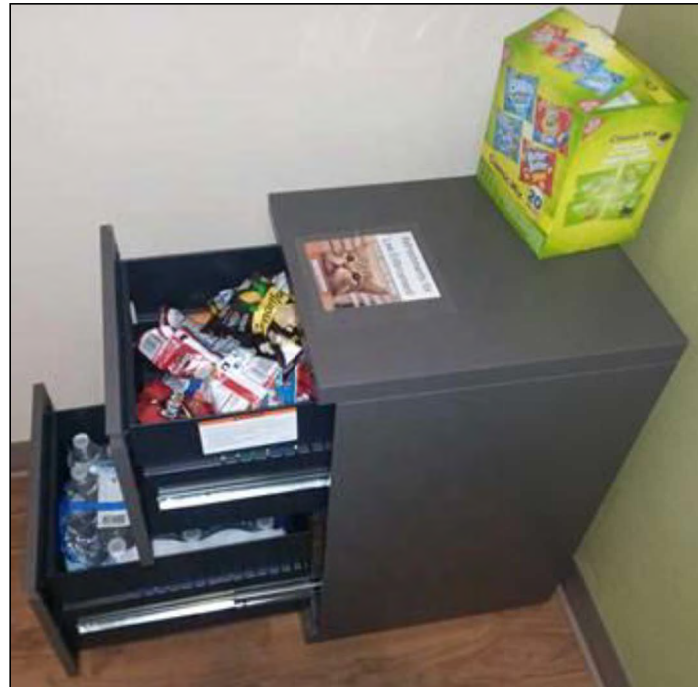
*National initiative to reduce the number of individuals with mental illness in jails*

## Jail Diversion

### **Deschutes County Forensic Diversion Program**

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

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





# Practical Tip: Do Your Research





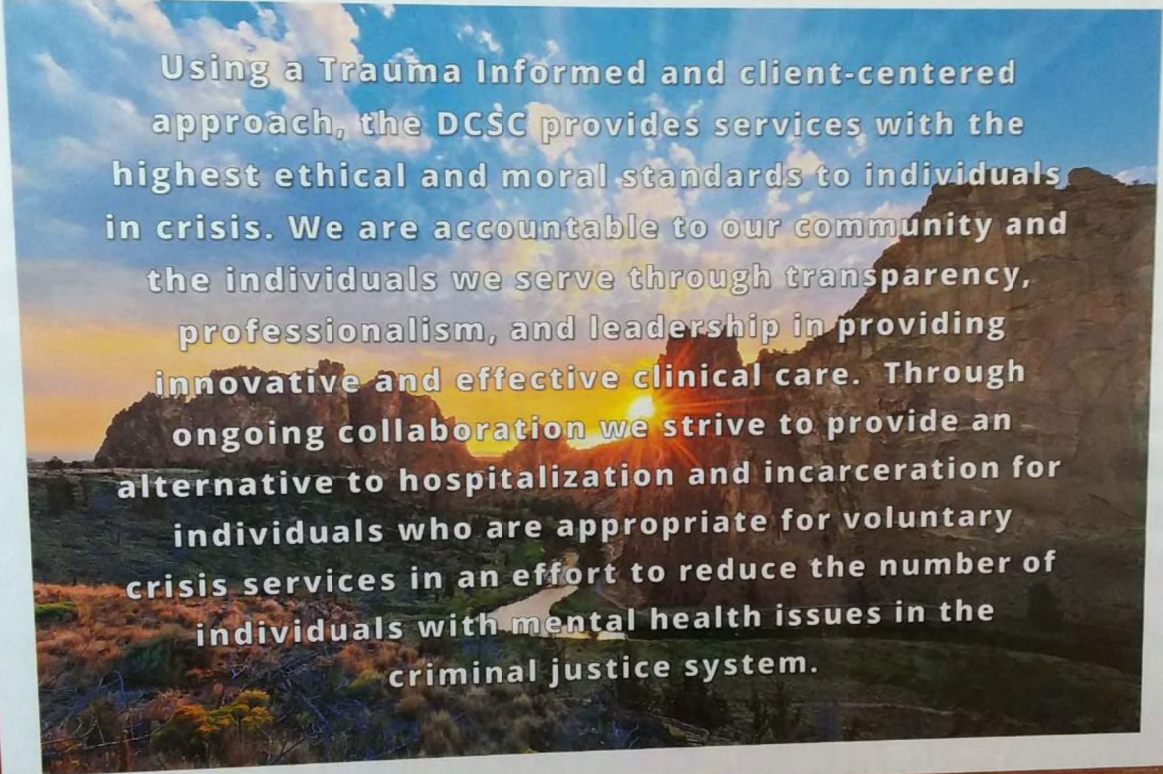
### Researching other programs:

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

## Practical Tip: Have Consistent Messaging

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





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

## Goals of the Deschutes County Stabilization Center

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

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

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

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

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

\$1 million in grant funding no longer in jeopardy

By Brenna Vester  
The Bulletin May 23, 2019

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**Stabilization Center a new tool for mental health professionals**  
6/17/2020

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

**The Bulletin** Local & State Coronavirus Sports Business Opinion Lifestyle Obituaries Explore Classifieds e-Edition

## In Bend, mental health worker teams with police

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

By Garrett Andrews • The Bulletin Jun 9, 2019



Ally Lewis, a licensed professional counselor with the Deschutes County Health Department, sits with Bend Police officer Jake Chandler while working a shift together. (Brenna Vester/The Bulletin)

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



Deschutes County Sheriff visits Stabilization Center

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

BY LAUREL BRAUNS

Calls to the Bend Police Department involving people who were "allegedly mentally ill" increased by 172% from 2010 to 2017. People affected by mental illness end up in prison and jail at a much higher rate than people without a diagnosis. In response to the increase in calls, Deschutes County has created a number of innovative programs—backed by federal grants—aimed at intervening early to connect people with the resources they need to stay out of jail and the emergency room.

## Decriminalizing Mental Illness

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

BY LAUREL BRAUNS

Calls to the Bend Police Department involving people who were "allegedly mentally ill" increased by 172% from 2010 to 2017. People affected by mental illness end up in prison and jail at a much higher rate than people without a diagnosis. In response to the increase in calls, Deschutes County has created a number of innovative programs—backed by federal grants—aimed at intervening early to connect people with the resources they need to stay out of jail and the emergency room.



The Deschutes County Stabilization Center welcomed its first clients this week.

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

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

**SOURCE!** CULTURE NEWS & FEATURE FOOD & DRINK OUTSIDE CALENDAR SHOP

NEWS » LOCAL NEWS December 03, 2019

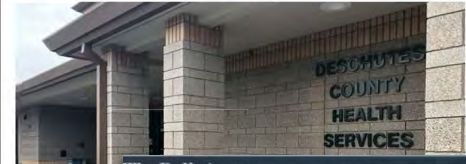
## A Progressive Approach To Health

An inside look at Deschutes County Behavioral Health

BY LAUREL BRAUNS

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

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



Deschutes County Health Services

Deschutes County Health Services is a long-sought facility to...  
...iter off Highway 20 in Bend. Deschutes County Health Services

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**PICK Who Drives Electric Vehicles? Live Q&A with EV Driver, Amy Mitchell**  
Tue., June 30, 12-1 p.m.

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

Center would relocate current crisis services, extend hours.

By Aina Cassidy  
The Bulletin Jan 23, 2018



OSU-Cascades to host conversation about racial unrest in nation

BPRD to open jumper kids' pool July 6th

Crisis training program helping local law enforcement with some of their toughest calls

11/12/2019

Living with a mental illness is challenging. For law enforcement, responding to a call involving someone in crisis is equally tough. Just this year, in a 9-month period, Deschutes County's Crisis Team fielded an average of 155 calls a month from law enforcement.

## Practical Tip: Develop Creative Approaches to Funding

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



## Initial Funding for the Deschutes County Stabilization Center

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

## Practical Tip: Think outside the 9 to 5

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



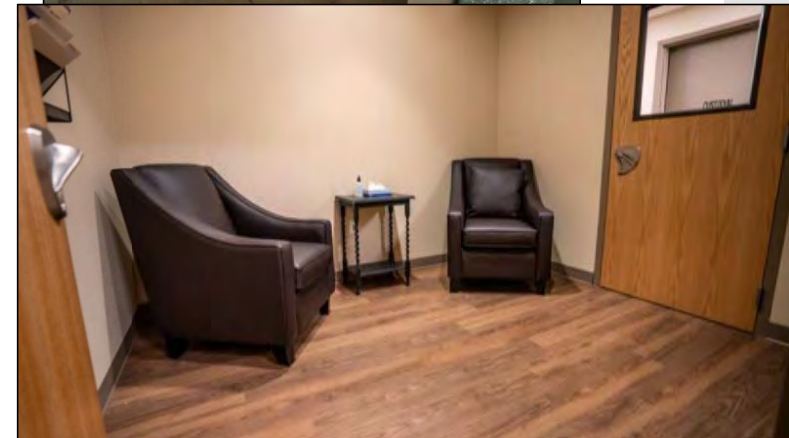


## Developing a Schedule

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

## Practical Tip: Work Towards Continuous Growth and Improvement

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



# The Results are In!

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

Ongoing Grand Totals 1955  
 Unduplicated Grand Totals 1154

Total Visits

3742

# Data

## YTD Quick Stats June 2020- July 2021


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

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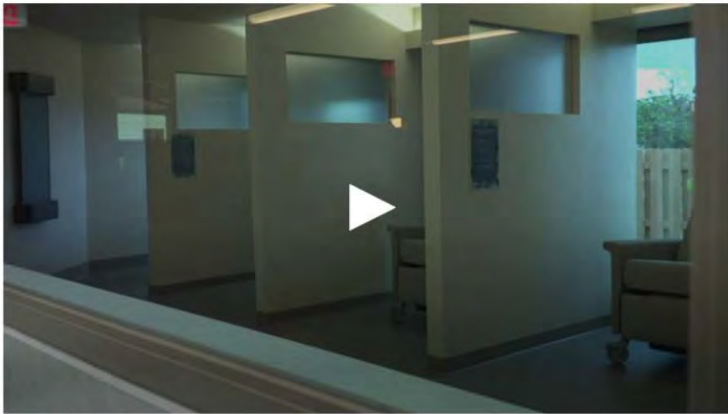
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### ▶ Stabilization Center a new tool for mental health professionals




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

It puts a strain on emergency rooms and law enforcement – people in the middle of a mental health crisis. Last year, there were 3,000 calls to the crisis line. That's a 42% jump – including a 67% jump in calls from law enforcement. Central Oregon Daily Photojournalist Steve Kaufmann shows us a new facility in Deschutes County set up to break the cycle.

*If you or someone you know is in crisis, you can walk into the crisis stabilization center at 6311 Jamison St. in Bend, Monday through Friday from 8 a.m. to 4 p.m.*

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



**Berkeley Homeless Commission**

**MEETING MINUTES**

November 15, 2021

1. Roll Call: 7:00 PM

**Present:** Kealoha-Blake (absent until 7:07), Marasovic, Andrew, Gomez.

**Absent:** Behm-Steinberg.

**Staff:** Jacobs, McCormick.

**Council:** None.

**Public:** 5.

2. Public Comment: 0

3. Approval of minutes from September 8, 2021 and October 13, 2021.

**Action:** M/S/C Andrew/Marasovic move to approve the minutes as written.

**Vote:** Ayes: Marasovic, Andrew, Gomez.

*Noes:* None. *Abstain:* None. *Absent:* Behm-Steinberg, Kealoha-Blake

**Action:** M/S/C Marasovic/Gomez move to approve the minutes as written.

**Vote:** Ayes: Marasovic, Andrew, Gomez.

*Noes:* None. *Abstain:* None. *Absent:* Behm-Steinberg, Kealoha-Blake

**Updates/Action Items:**

4. Agenda Approval

**Action:** M/S/C Marasovic/Gomez move to approve the agenda as written.

**Vote:** Ayes: Marasovic, Andrew, Gomez, Kealoha-Blake.

*Noes:* None. *Abstain:* None. *Absent:* Behm-Steinberg.

5. HOME ARP Application Review.

**Action:** M/S/C Marasovic/Gomez move to strongly support the staff recommendation for the HOME ARP Application for Home Key.

**Vote:** Ayes: Marasovic, Andrew, Gomez, Kealoha-Blake.

*Noes:* None. *Abstain:* None. *Absent:* Behm-Steinberg.

6. Chair and Vice-Chair Update.

Discussion; no action taken.

7. Staff update explaining stats on crisis queue and housing queue.

Discussion; no action taken.

8. Crisis stabilization program proposed recommendation.

**Action:** M/S/C Marasovic/Gomez move to request 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.

9. Staff update on incorporating stakeholders into planning for Point-in-Time Count, per April, 14, 2020 Council Consent Calendar acting on Homeless Commission recommendation, and coordination with the County.

Discussion; no action taken.

10. Discussion and possible action item on South Berkeley Homeless Outreach Coordinator on November 16, 2021 Council Agenda.

**Action:** M/S/C Marasovic/Gomez move to support the submission of a letter to Council, as written, opposing the establishment of a Homeless Outreach Coordinator limited to South Berkeley and recommends that those \$200,000. in proposed monies be directed towards housing homeless persons.

**Vote:** Ayes: Marasovic, Andrew, Gomez, Kealoha-Blake.

*Noes:* None. *Abstain:* None. *Absent:* Behm-Steinberg.

11. Discussion and possible action on extending date and scope of storm shelter to other emergencies.

**Action:** M/S/C Marasovic/Kealoha-Blake move to extend the meeting by 10 minutes.

**Vote:** Ayes: Marasovic, Gomez, Kealoha-Blake.

*Noes:* Andrew. *Abstain:* None. *Absent:* Behm-Steinberg.

**Action:** 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.

Homeless Commission Meeting Draft Minutes  
November 15, 2021

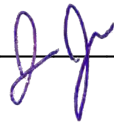
**Vote:** Ayes: Marasovic, Andrew, Gomez, Kealoha-Blake.  
Noes: None. *Abstain:* None. *Absent:* Behm-Steinberg.

12. Discussion Update from City Manager's office or designee on RV lot and Eighth and Harrison residents.

Discussion; no action taken.

Meeting adjourned at 9:10 PM

Minutes Approved on: 1.12.22

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





Berkeley Homeless  
Services Panel of Experts

## MEETING MINUTES

February 2, 2022

1. **Roll Call:** 7:00 PM  
**Present:** Marasovic, Bookstein, Kealoha-Blake, Scheider (absent until 7:04), De la Guardia, Carrasco (absent until 7:04).  
**Absent:** None.  
**Staff:** Jacobs, McCormick.  
**Council:** None.  
**Public:** 7
2. Comments from the Public: 0

### Update/Action Items

3. Approval of Minutes from January 5, 2021.

**Action:** M/S/C Marasovic/Kealoha-Blake move to approve the minutes as amended to change item 8 to include that zero dollars were spent in this fiscal year and to include on item 9 that 600,000k has been spent for 5150 transport.

**Vote:** Ayes: Marasovic, Bookstein, Kealoha-Blake, De la Guardia,  
Noes: None. *Abstain:* None. *Absent:* Scheider, Carrasco.

4. Agenda Approval.

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

**Vote:** Ayes: Marasovic, Bookstein, Kealoha-Blake, Scheider, De la Guardia,  
Carrasco.  
Noes: None. *Abstain:* None. *Absent:* None.

5. Chair update.

Discussion; no action taken.

6. 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

*A Vibrant and Healthy Berkeley for All*

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.

7. Presentation on family homelessness with Q&A and Commission discussion.

Discussion; no action taken.

**Action:** M/S/C Scheider/Marasovic move to extend the meeting to 9:20 pm and to agenda this for next month's meeting.

**Vote:** Ayes: Marasovic, Bookstein, Kealoha-Blake, Scheider, De la Guardia, Carrasco.  
Noes: None. Abstain: None. Absent: None.

8. Staff to provide presentation of all streams of City funding allocated for services, across divisions, provided to the homeless population.

Discussion; no action taken.

9. Staff to update on homeless Point-in-Time Count.

Discussion; no action taken.

10. Chair and Vice-Chair election.

**Action:** M/S/C Marasovic/Kealoha-Blake move to elect Carole Marasovic as Chair and Michael de la Guardia as Vice Chair.

**Vote:** Ayes: Marasovic, Bookstein, Kealoha-Blake, Scheider, De la Guardia, Carrasco.  
Noes: None. Abstain: None. Absent: None.

**Action:** M/S/C Marasovic/Bookstein move to elect Michael de la Guardia as Vice Chair.

**Vote:** Ayes: Marasovic, Bookstein, Kealoha-Blake, Scheider, De la Guardia, Carrasco.  
Noes: None. Abstain: None. Absent: None.

11. Adjourn.

Meeting adjourned at 9:08 PM.

*Homeless Services Panel of Experts*  
*February 2, 2022*

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

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

## HUD Domestic Violence Funding for Alameda County

<b>New/Renewal</b>	<b>Project Name</b>	<b>Amount</b>
New	Rapid Re-Housing for Transition Age Survivors of Domestic Violence	\$1,000,328
New	Domestic Violence Coordinated Entry System	\$921,563
Renewal	Rapid Re-Housing for Victims of Domestic Violence Renewal	\$733,164