



Reimagining Public Safety Task Force

REIMAGINING PUBLIC SAFETY TASK FORCE MEETING

**Thursday, October 14, 2021
(Last Meeting)
6:00 PM**

District 1 - Margaret Fine	Youth Commission - Nina Thompson
District 2 - Sarah Abigail Ejigu	Police Review Commission - Nathan Mizell
District 3 - boona cheema	Mental Health Commission - Edward Opton
District 4 - Paul Kealoha Blake	Berkeley Community Safety Coalition - Jamaica Moon
District 5 - Dan Lindheim	Associated Students of U. California - Alecia Harger
District 6 - La Dell Dangerfield	At-Large - Alex Diaz
District 7 - Barnali Ghosh	At-Large - Liza Lutzker
District 8 - Pamela Hyde	At-Large - Frances Ho
Mayor - Hector Malvido	

PUBLIC ADVISORY: THIS MEETING WILL BE CONDUCTED EXCLUSIVELY THROUGH VIDEOCONFERENCE AND TELECONFERENCE

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

To access the meeting remotely using the internet: Join from a PC, Mac, iPad, iPhone, or Android device: Use URL <https://us02web.zoom.us/j/81983354907>. 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 on the screen.

To join by phone: Dial **(669) 900 9128** and Enter Meeting ID: **819 8335 4907**. If you wish to comment during the public comment portion of the agenda, press *9 and wait to be recognized by the Chair.

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

AGENDA

Preliminary Matters

1. Roll Call
2. Public Comment (*speakers will be limited to two minutes*)
3. Approval of Minutes
Draft minutes for the Commission's consideration and approval
 - Meeting of September 30

Discussion/Action Items

The public may comment on each item listed on the agenda. Public comments are limited to two minutes per speaker.

- Community Town Halls - NICJR
- Berkeley Mental Health’s Mobile Crisis Team – Dr. Lisa Warhuus, Director, Health, Housing & Community Services and Jeffrey Buell, MCT Supervisor
- Schedule Additional Meeting in October – Chair Mizell

Subcommittee Reports

Each report should be limited to 15 minutes.

- Policing, Budget & Alternatives to Policing – Members Opton, Ghosh, cheema, Dangerfield, Lindheim, Mizell, Harger, Hyde
- Community Engagement – Members Fine, Harger, Malvido, Lutzker, Ejigu, Blake
- Improve and Reinvest – Members Ho, Lutzker, Fine, cheema, Malvido, Diaz
- Alternative Solutions to Gender Based Violence – Members Ghosh, cheema, Ho

Items for Future Agenda

Adjournment

This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting. Questions regarding this matter may be addressed to Mark Numainville, City Clerk, (510) 981-6900.

Any writings or documents provided to a majority of the Reimagining Public Safety Task Force regarding any item on this agenda are on file and available upon request by contacting the City Manager’s Office attn: Reimagining Public Safety Task Force at rpsf@cityofberkeley.info, or may be viewed on the City of Berkeley website: <http://www.cityofberkeley.info/commissions>.

Written communications addressed to the Reimagining Public Safety Task Force and submitted to the City Manager’s Office by 5:00 p.m. the Friday before the meeting will be distributed to members of the Task Force in advance of the meeting. Communications to the Reimagining Public Safety Task Force 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 the Reimagining Public Safety Task Force, 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 to the secretary of the task force. 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 for further information.



COMMUNICATION ACCESS INFORMATION:

To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services Specialist at (510) 981-6418 (V) or (510) 981-6347(TDD) at least three business days before the meeting date.

Reimagining Public Safety Task Force Contact Information:

Latanya Bellow and Shamika Cole
Co-Secretaries, Reimagining Public Safety Task Force City of Berkeley
2180 Milvia Street, 5th Floor
Berkeley, CA 94704 -
rpstf@cityofberkeley.info (email)



Reimagining Public Safety Task Force

REIMAGINING PUBLIC SAFETY TASK FORCE Draft Meeting Minutes

Thursday, September 30, 2021
6:00 PM

District 1 - Margaret Fine	Youth Commission - Vacant
District 2 - Sarah Abigail Ejigu	Police Review Commission - Nathan Mizell
District 3 - boona cheema	Mental Health Commission - Edward Opton
District 4 - Paul Kealoha Blake	Berkeley Community Safety Coalition - Jamaica Moon
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Roll Call: 6:03 p.m.

Present: Fine, Ejigu, cheema, Ghosh, Hyde, Mizell, Harger, Malvido, Moon, Ho

Absent: Blake, Lutzker, Lindheim, Opton, Dangerfield, Diaz

Opton present at 6:06 p.m.

Lutzker present at 6:07 p.m.

Lindheim present at 6:45 p.m.

Public Comment on Non-Agenda Matters: 3 speakers

Minutes for Approval

Draft minutes for the Commission's consideration and approval.

Action: M/S/C (Mizell/Hyde) to approve the minutes of 9/9/21. Vote: Ayes – Fine, cheema, Ejigu, Ghosh, Hyde, Ho, Mizell, Opton, Harger, Moon, Malvido, Lutzker; Noes – None; Absent – Blake, Lindheim, Dangerfield, Diaz

Commission Action Items

Action: M/S/C (Mizell/Malvido) reorder the agenda to move the Task Force Discussion above the Priority Dispatch presentation and place action items/discussion before subcommittee reports. Vote: Ayes – Fine, cheema, Ejigu, Hyde, Mizell, Opton, Moon, Harger, Malvido, Lutzker, Ho; Noes – None; Absent – Blake, Lindheim, Ghosh, Dangerfield, Diaz

Public Comment on Agenda/Discussion Matters: 2 speakers

Items for Future Agenda

- Mental Health's Mobile Crisis Response Team

Adjournment

Action: M/S/C (Mizell/Opton) to adjourn the meeting.

Vote: Ayes – Fine, cheema, Ejigu, Lindheim, Ghosh, Hyde, Mizell, Malvido, Opton, Harger, Lutzker; Noes – None; Absent – Blake, Dangerfield, Diaz, Moon, Ho

Adjourned at 10:27 p.m.

Next Meeting – October 14, 2021.

I hereby certify that the foregoing is a true and correct record of the Reimagining Public Safety Task Force meeting held on September 30, 2021.

Respectfully Submitted,

Latanya Bellow – Commission Co-Secretary
Shamika Cole – Commission Co-Secretary

Communications

Communications submitted to the Reimagining Public Safety Task Force are on file in the City Manager's Office at 2180 Milvia Street, 5th Floor, Berkeley, CA and are available upon request by contacting the City Manager's Office at (510) 981-7000 or rpstf@cityofberkeley.info.

DRAFT



Health Housing and
Community Services Department
Office of the Director

MEMORANDUM

To: Reimagining Public Safety Task Force

From: Lisa Warhuus, Director of Health, Housing and Community Services

Date: October 14, 2021

Subject: **Mobile Crisis, Transitional Outreach, and Community Assessment Services in Berkeley**

Mobile Crisis Services (MCT)

The Mental Health Division operates a Mobile Crisis Team (MCT) consisting of three Behavioral Health Clinicians II (BHCII) clinicians and one Mental Health Clinical Supervisor (MHCS). One of the BHCII positions and the MHCS position are currently vacant and have been difficult to fill – these positions have been vacant for 18 months. In addition to permanent staffing, the Mental Health Division utilizes four hourly BHCII positions to supplement the core team. The MCT attempts to provide mobile crisis services 365 days a year from 11:30 am to 10 pm each day. Due to the vacancies, the MCT is currently operating five days a week. The MCT program has been operating for over 20 years, and while its exact staffing and hours of operations have changed over the years, its program model has been very consistent.

In the MCT model, individuals who are experiencing a crisis contact the Berkeley Police Department (BPD) dispatch, and BPD dispatch sends BPD officers to respond to the crisis situation. The BPD officers can then contact the MCT, when it is available, to go to the scene of the crisis, where the MCT staff can work with the individual in crisis and provide a disposition while the BPD officers secure the scene. MCT staff carry a police radio and can monitor calls in progress so they are prepared to respond quickly when their services are requested by BPD.

When the MCT meets with someone in crisis, they do a brief assessment to determine the individual's needs and to determine if the person poses a danger to themselves or others. If the person is considered a danger to themselves or others, the MCT staff write a "5150" application and the person in crisis is transferred to a receiving station. At the receiving station staff determine whether the person still meets criteria for a 5150, and if

A Vibrant and Healthy Berkeley for All

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so, applies a 5150 which allows an individual to be held for up to 72 hours to determine if the person needs to be hospitalized.

Through this mechanism, MCT staff performed 2,172 5150 evaluations for the calendar years 2013-15, which led to 919 applications for a 5150 where the evaluation determined the person in crisis met criteria for a 72 hour hold and the person was transferred to a receiving station. This means that about 57% of the time, the evaluation determined that the person did not need this level of care. Data from Paramedics Plus indicates there were 3,395 actual transports for 5150 in Berkeley from 2013-2015, which would indicate that MCT was involved in 27% of evaluations that led to a 5150.

With staffing shortages and the COVID-19 Pandemic, the number of 5150 evaluations that MCT is involved with have clearly decreased. Staff performed 1,132 5150 evaluations for the calendar years 2019-21 (through April 2021), which led to 309 applications for a 5150, where the evaluation determined the person in crisis met criteria for a 72 hour hold and the person was transferred to a receiving station. This was an average of 49 5150 evaluation responses per month in 2019, 25 per month in 2020, and 32 per month in 2021 (through April 2021).

At the same time, the percentage of 5150 evaluation calls that did not lead to an involuntary transport has increased, from an average of 57% in 2013-15 to 73% in 2019-21. This is a positive indicator; meaning that increasingly the situation is being resolved without the need for a transport to a receiving station (most often John George). We don't have paramedic transport numbers for 2019-21, so we can't have data about the percent of 5150 calls that involved MCT in these years. Given the decrease of overall responses to MCT, it is reasonable to assume that the percentage of 5150 calls in Berkeley that involved the MCT has decreased over the past several years.

The MCT performs other functions beyond doing evaluations for individuals in crisis. They consult with other mental health division programs, other Health, Housing and Community Services divisions, and other COB departments around mental health crisis, they provide trainings around mental health crisis, and they provide support to both COB and City of Berkeley residents on occasions when there is a need for support (for example, they provided on going supports to friends and families after the balcony collapse several years ago). For calendar years 2019-2021, about 60% of incidents that MCT responded to did not involve a 5150 evaluation. These responses primarily occurred over the phone.

Transitional Outreach Services (TOT)

The Mental Health Division operates a Transitional Outreach Team (TOT), which attempts to follow up on MCT 5150 evaluations to ensure that individuals who experience a crisis are able to connect to services in order to prevent another crisis from occurring. This is a relatively new program, funded primarily through the Mental Health Services Act. It is staffed by a BHCII and an Assistant Mental Health Clinician

(AMHC) and was supposed to be supervised by the same MHCS that supervises MCT. This unit has experienced staffing shortages over the past several years for a variety of reasons (leave, vacancy, and staff reassignment due to COVID-19).

The TOT reviews the MCT log each day for incidents, and then reaches out to individuals who had a crisis event. The TOT works with the individual or family to help determine the right level of support needed, and then attempts to connect them with that support. This includes working with individuals who were hospitalized to ensure that they discharge into a treatment program. TOT conducted 1,371 responses from calendar years 2019-21 (through April, 2021).

Community Assessment Services (CAT)

The Mental Health Division also operates a Crisis, Assessment and Triage Team (CAT) that provides screening, referrals, and mental health assessments for Berkeley residents in need of mental health services. CAT is staffed by a Senior Behavioral Health Clinician (SBHC) and a Social Services Specialist (SSSp). This staffing has been augmented by a MHCS and a second SSSp through a Crisis Triage Grant that will end in Fall of 2021. For a variety of reasons (leave, vacancies), this unit has not been fully staffed for several years.

This team provides services over the phone, by appointment, and through on-demand drop in hours at the Adult Clinic. They accept referrals from the community, other social service and mental health providers, Alameda County, and a variety of other sources. The team averages about 90 interventions a month. For the vast majority of individuals requesting services, CAT provides support, screening, and referral to a provider outside of the Mental Health Division.

For adults who meet the criteria for ongoing services through the Mental Health Division, the goal of CAT is to perform the assessment for these individuals the same day that they request services. CAT then refers the individual to a Berkeley service team in the same week they were assessed so that services can begin without delay. CAT does have some capacity to conduct assessments in the field and community, but due to relatively thin staffing most assessments are conducted through tele-health, phone, or in person at the adult clinic.

Merger of TOT and CAT Units

This fall, the Mental Health Division merged the TOT and CAT teams. The merger is aimed at creating one fully staffed CAT/TOT unit that can integrate more effectively with MCT and flexibly meet community needs.

ACBH Crisis Services

Alameda County Behavioral Health (ACBH) does **not** provide Mobile Crisis Response in Berkeley. The ACBH crisis response system for the rest of Alameda County largely operates in a similar manner to the MCT, but has in recent years added a few new components: a Community Assessment and Transport Team (CATT) and a Mobile

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Evaluation Team (MET). CATT is a pilot program operated by Bonita House which primarily responds to crisis concerns with law enforcement cover (similar to MCT) and which then has the capability to transport an individual to a receiving station when there is a 5150 and the person “voluntarily” agrees to the transport. The MET is a program in Oakland pairing a law enforcement officer and a behavioral health clinician to co-respond to mental health crisis events.

CC: LaTanya Bellow, Interim Deputy City Manager
Shamika Cole, Senior Management Analyst

To: Berkeley Mental Health - Mobile Crisis Team

From: Reimagining Public Safety Task Force

Date: October 14, 2021

Questions from the Reimagining Public Safety Task Force to Berkeley's Mobile Crisis Team

1. How is mobile crisis activated (is this through dispatch system or do people call mobile crisis directly?)
2. How do you measure impact of effectiveness? For example, by comparing days mobile crisis is available versus not?
3. What services do people need that are not currently available in Berkeley?
4. Do you provide case management (eg track clients who need intensive services). If not, how do you coordinate services for a person who needs services?

Many BPD officers believe that expanding the mobile Crisis Response Team as the answer to better handling the substantial number of mental health crisis-related calls.

5. Why has it been so difficult to staff the current Team?
6. If can't staff the current team, what prospects might there be for expansion of the MCRT role?
7. To what extent does the inability to staff the Team affect prospects for staffing other non-sworn Reimagining functions?
8. Is the issue the salary scale, the job functions, the hours or do mental health responders have better opportunities with less stress and better hours in other prospective employment?