To: Mental Health Commissioners  
From: Carol Patterson, Commission Secretary  
Date: November 25, 2013

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Berkeley/Albany Mental Health Commission

Regular Meeting
Thursday, December 12, 2013

Time: 7:00 p.m. – 9:00 p.m. North Berkeley Senior Center
1901 Hearst Ave., Classrooms A & B

AGENDA

All Agenda Items are for Discussion and Possible Action

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

1. Roll Call

2. PRELIMINARY MATTERS
   A. Agenda Approval
   B. Public Comment on items not on the agenda
   C. Approval of the Sept 26, 2013 & Oct 24, 2013 Meeting Minutes
   D. Approval of 2014 Meeting Calendar
   E. Staff Announcements/Updates

3. MHSA Innovations Update Public Hearing - Karen Klatt

4. Report from Mental Health Division (Kelly Wallace, Interim Division Manager)

5. Discussion of CopWatch Investigation of In-Custody Death

6. Referral from Council: Recommendations for improving services to persons experiencing mental health crises
   A. Report back from Subcommittee
   B. Input from community

7. How can we help mental health consumers transitioning from the Albany Bulb?

8. The NAACP Town Hall Report

9. Selection of Commission representative to the Homeless Outreach Review Panel
10. Agenda Items for January 2014 meeting

11. Adjournment

Communications to Berkeley boards, commissions or committees are public record and will become part of the City’s electronic records, which are accessible through the City’s website. Please note: 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 and Community Services Department does not take a position as to the content.

Contact person: Carol Patterson, Mental Health Commission Secretary at 981-7721 or cpatterson@ci.berkeley.ca.us.

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

Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs. Thank you.

SB 343 Disclaimer
Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Family, Youth and Children’s Clinic at 3282 Adeline Street, Berkeley.
Berkeley/Albany Mental Health Commission
Unadopted Minutes

North Berkeley Senior Center
1901 Hearst Ave.
Classrooms A & B

Regular Meeting
September 26, 2013 at 7:00 pm

Members of the Public Present: None.
Staff Present: Dan Ezekiel, Oona Appel, Mitch Radin, Kelly Wallace, Tenli Yavneh

1. Call to Order at 7:08 pm

Commissioners Present: Charles Black (Acting Chair), Shelby Heda, Paul Kealoha-Blake, Carole Marasovic, Jean-Marie Herve Michel, Jr, Shirley Posey.
Commissioners Absent: Jesse Arreguin, Jeffrey Davis

2. Preliminary Matters
   A. Approval of September 26, 2013 Agenda

   M/S/C (Marasovic, Heda) Move to approve the September 26, 2013 Agenda, removing items 6.B. (Authorizing Carole Marasovic to communicate to the ACMHB...) and 7. (California Association of Local Mental Health Boards/Commissions.)

   Ayes: Black, Heda, Kealoha-Blake, Marasovic, Michel, Posey; Noes: None; Abstentions: None; Absent: Arreguin, Davis.

   B. Public Comment

   C. Approval of the July 25, 2013 minutes

   M/S/C (_______, Michel) To approve the July 25, 2013 minutes as written.

   Ayes: Black, Heda, Kealoha-Blake, Marasovic, Michel, Posey; Noes: None; Abstentions: None; Absent: Arreguin, Davis.

   D. Staff Announcements

3. Report from the Mental Health Division - Kelly Wallace

   Tenli Yavneh and Dan Ezekiel spoke about the Crisis, Assessment and Triage (CAT) team which includes a phone line, mobile crisis and homeless outreach.

4. Referral from Council: Recommendations for improving services to persons experiencing mental health crises

   No action taken.

5. Liaison Reports
A. **MHSA Advisory Committee** - Chuck Black reported on the recent activities of the Committee and plans for site visits.

B. **Safety Committee** - no report

C. **City Council** - no report

6. **Alameda County Mental Health Board Liaison Report** -
   A. The recent EQRO Consumer Focus group at Berkeley Mental Health was discussed.

8. **Review of Agenda Items Backlog**
   The Commission reviewed the first part of the list of future agenda items and made recommendations for removal of items. The second portion of the list will be revisited next month.

9. **Prioritizing agenda Items for next month:** How mental consumers can be helped to transition from the Albany Bulb, the recent suicide attempt being used to justify the use of Tasers

Adjournment at 9:00 pm.

Minutes submitted by: ________________________________
Carol Patterson, Commission Secretary
Berkeley/Albany Mental Health Commission
Unadopted Minutes

North Berkeley Senior Center
1901 Hearst Ave.
Classrooms A & B

Regular Meeting
October 24, 2013 at 7:00 pm

Members of the Public Present: Neal Adams, Timothy Davis, Alex Emslie, Jonah Markowitz, Evelyn Prevost

Staff Present: Fawn Downs, Jeffrey Johns, Jane Micallef, Carol Patterson

1. Call to Order at 7:05 pm
M/S/C (Heda, Posey) Carole Marasovic act as Chair in the absence of the Chair and Vice Chair.

Ayes: Davis, Heda, Kealoha-Blake, Marasovic, Posey; Noes: None; Abstentions: None; Absent: Arreguin (arrived after vote), Black, Michel.

Commissioners Present: Jeffrey Davis, Shelby Heda, Paul Kealoha-Blake, Carole Marasovic (Acting Chair), Shirley Posey.
Commissioners Absent: Jesse Arreguin, Charles Black Jean-Marie Herve Michel, Jr.,

2. Preliminary Matters
A. Approval of October 24, 2013 Agenda
M/S/C (Davis, Kealoha-Blake) Move to approve the October 24, 2013 Agenda, with removal of item 8, Alameda County Mental Health Liaison Report.

Ayes: Davis, Heda, Kealoha-Blake, Marasovic, Posey; Noes: None; Abstentions: None; Absent: Arreguin (arrived after vote), Black, Michel.

B. Public Comment
One member of the public commented on Breast Awareness Week

C. Approval of the July 25, 2013 minutes
M/S/W (Posey, Marasovic) To approve the September 26, 2013 minutes as written.

This item was tabled to the December meeting when more Commissioners may be present to clarify who made the motion to pass the July minutes.

D. Staff Announcements

3. Interview of Neal Adams for appointment to Commission
The Commissioners interviewed Neal Adams for the Berkeley General Public Interest seat. One member of the public commented and asked questions of the candidate.

M/S/C (Davis, Kealoha-Blake) Move to recommend that City Council appoint Neal Adams to the Mental Health Commission in the Berkeley General Public Interest seat.

Ayes: Arreguin, Black, Davis, Heda, Kealoha-Blake, Marasovic; Noes: Posey; Abstentions: None; Absent: Black, Michel.

4. Report from the Mental Health Division - Jane Micallef

Jane updated the Commission on the recruitment and hiring process for the Mental Health Manager. The goal is the have the new manager in place at the beginning of the new year. Fawn Downs spoke about the Family, Youth and Children (FYC) programs at Berkeley Mental Health includes providing services in the home, the schools, and in shelters. One member of the public commented on wheelchair accessibility at the FYC office.

5. Referral from Council: Recommendations for improving services to persons experiencing mental health crises

   A. Establish a Subcommittee to propose recommendations to the Commission to be sent to Council

M/S/C (Marasovic, Kealoha-Blake) Establish a Subcommittee of: Commissioners Arreguin, Heda, Kealoha-Blake, Marasovic to respond to the City Council Referral by providing recommendations for improving services to persons experiencing mental health crises and gathering community input.

Ayes: Arreguin, Davis, Heda, Kealoha-Blake, Marasovic, Posey; Noes: None; Abstentions: None; Absent: Black, Michel.

   B. Discuss and provide comments on Alameda County Behavioral Health recommendations on AB 1421 implementation. A draft letter was distributed but since the Commission cannot comment directly to Alameda County, this discussion was sent to the subcommittee. Individual Commissioners and the public may comment on the proposal to implement a pilot AB 1421 program at the Board of Supervisors’ Health Committee meeting on Monday, October 28, 2013 at 9:30 am at 1221 Oak St. on the 4th floor.

6. What can be done to assist in the transition of mental health consumers from the Albany bulb? Referrals and ideas were generated. One member of the public commented on a resource called SOAR.

7. The impact of Tasers on the mental health community

This item was tabled with the intention to create a position statement on this issue.

9. California Association of Local Mental Health Boards/Commissions

Commissioner Marasovic reported on the recent meeting and training she attended.

10. Prioritizing agenda items for next month: Report back from subcommittee on recommendations for improving services to persons experiencing mental health crises, How mental consumers can be helped to transition from the Albany Bulb, the impact of Tasers on the mental health community, the NAACP report, staff report includes Dr. Johns and the MHSA Update.

Adjournment at 9:20 pm.
Minutes submitted by: ________________________________

Carol Patterson, Commission Secretary
# 2014 Commission Meeting Dates

**Name of Commission:** Mental Health

**Commission Secretary:** Carol Patterson

<table>
<thead>
<tr>
<th>Month</th>
<th>Meeting Day and Date</th>
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<tbody>
<tr>
<td>January 2014</td>
<td>Thursday 1/24/14</td>
<td>7 pm</td>
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<tr>
<td>February 2014</td>
<td>Thursday, 2/27/14</td>
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<td>March 2014</td>
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<td>April 2014</td>
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<td>May 2014</td>
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<td>June 2014</td>
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<td>September 2014</td>
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<td>October 2014</td>
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<tr>
<td>December 2014</td>
<td>Thursday, 12/11/14</td>
<td>7 pm</td>
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Greetings!

Your input and comments are invited on the Mental Health Services Act (MHSA) Draft Innovations Plan Update which has been posted on the website for a 30-day Public Review and Comment period. To view the proposed plan, click on the Mental Health Division web address below and follow the link to the MHSA webpage: www.cityofberkeley.info/mentalhealth

The 30-day Public Review and Comment period will run through Wednesday, December 11th and will provide an opportunity for input on the proposed uses of MHSA Innovations funds. Following the 30-day Public Review period, a Public Hearing will be held at the Mental Health Commission meeting on the evening of Thursday, December 12th at 7:00pm at the North Berkeley Senior Center. For questions or comments on the Draft Plan Update, please contact Karen Klatt, (510) 981-7644, KKlatt@ci.berkeley.ca.us.
City of Berkeley Mental Health
Mental Health Services Act (MHSA)

Innovations (INN)
Plan Update
EXHIBIT A

INNOVATION PLAN UPDATE
COUNTY CERTIFICATION

County Name: City of Berkeley

<table>
<thead>
<tr>
<th>County Mental Health Director</th>
<th>Project Lead</th>
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<tbody>
<tr>
<td>Name: Kelly Wallace</td>
<td>Name: Karen Klatt</td>
</tr>
<tr>
<td>Telephone Number: (510) 981-5107</td>
<td>Telephone Number: (510) 981-7644</td>
</tr>
<tr>
<td>Email: <a href="mailto:KWallace@ci.berkeley.ca.us">KWallace@ci.berkeley.ca.us</a></td>
<td>Email: <a href="mailto:KKlatt@ci.berkeley.ca.us">KKlatt@ci.berkeley.ca.us</a></td>
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<tr>
<td>City of Berkeley Health, Housing &amp; Community Services</td>
<td>City of Berkeley Family, Youth &amp; Children’s Services</td>
</tr>
<tr>
<td>2180 Milvia Street, 2nd Floor</td>
<td>3282 Adeline Street</td>
</tr>
<tr>
<td>Berkeley, CA 94704</td>
<td>Berkeley, CA 94703</td>
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws, and statutes for this Innovation Plan Update. Mental Health Services Act funds are and will be used in accordance with Welfare and Institutions code Section 5891 and Title 9, California code of Regulations (CCR), Section 3410, Non-Supplant.

This draft INN Plan Update has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft INN Plan Update is being circulated for 30 days to stakeholders for review and comment and a public hearing will be held by the local Mental Health Commission on December 12th, 2013. All input will be considered and adjustments will be made, as appropriate. Any draft Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed INN Plan Update is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Draft INN Plan Update are true and correct.

[Signature] [Date] [Title]
MENTAL HEALTH SERVICES ACT
INNOVATIONS

Mental Health Services Act (MHSA) is California state legislation approved by voters in November 2004. This Act places a 1% tax on every dollar of personal income over $1 million. The State allocates these revenues to local mental health departments for the purpose of transforming and expanding mental health services. There are five MHSA funding components: Community Services and Supports; Prevention & Early Intervention; Workforce, Education & Training; Capital Facilities & Technological Needs; and Innovations.

Innovations (INN) funds are to be utilized for short-term projects that contribute to new learning in the mental health field. This MHSA component provides the opportunity to pilot test creative strategies that can inform future practices in communities/or mental health settings. INN projects can target any population and any aspect of the mental health system as long as the strategies or approaches that are being implemented address at least one of the following areas:

- Increase access to mental health services
- Increase access to mental health services for underserved groups
- Increase the quality of mental health services, including better outcomes
- Promote interagency collaboration

Projects must also either: introduce new mental health practices or approaches that have never been done before; or make changes to existing mental health practices/approaches, including adapting them to a new setting or community; or introduce a new promising community-driven practice/approach that has been successful in non-mental health contexts or settings.

As with all MHSA components, INN funds are made available through an approved INN Plan which includes a planning process informed by community stakeholders, plan development, a 30-Day Public Review, a Public Hearing, and approval by City Council.

CITY OF BERKELEY INN PROGRAMS

Following a four month Community Planning Process the City of Berkeley’s initial INN Plan was approved in February 2012. Per the approved INN Plan and the FY12-13 Annual Update, the following services have been implemented through this funding component: A Community Empowerment Project for African Americans; Services and supports for Ex-offenders re-entering the community, Veterans returning home from being deployed or at war, and their families; Cultural Wellness strategies for Asian Pacific Islanders; a Holistic Health care project for Transition Age Youth (TAY); Technology Support Groups for senior citizens; Nutrition, Healthy Meal Preparation, and Exercise classes for Board and Care residents; and Mental Health services and supports for LGBTQI located in community agencies. Each project is implemented through community partners.
The Community Planning Process for this MHSA INN Plan Update began with internally examining current programming, and available funding. Programming priorities were influenced by the minimal timeframe left to expend the FY11-12 funds, and the duration of the current INN projects. Recommendations for funding priorities were vetted through the MHSA Advisory Committee.

Following decisions on what to fund, the MHSA Plan Update was written and put out for a 30-Day Public Review and comment period from November 12, 2013 to December 11, 2013. As part of the Public Review a copy of the MHSA INN Plan Update was posted on the BMH MHSA website and was available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review was issued through a Press Release and mailed and/or emailed to community stakeholders. A Public Hearing at the Mental Health Commission will be conducted on December 12\textsuperscript{th} at 7:00pm at the North Berkeley Senior Center. Substantive comments received during the review and comment period will be added to the MHSA Plan Update following the 30-Day Public Review and Public Hearing.

PROGRAMMING RECOMMENDATIONS

This MHSA INN Plan Update proposes programming for the use of MHSA INN FY11-12 funds in the amount of $147,700. Recommendations are for INN projects that were previously approved through the initial INN Plan and continued in the FY12-13 Annual Update, to receive an additional funding amount of $20,630 each, enabling contractors to increase their scope of work through June 2014. The remaining balance, $3,290, will be utilized to support City contracting processes. Descriptions, activities, and outcomes for each project are detailed below:

**African American Community Empowerment Academy**

Implemented through McGee Avenue Baptist Church which is located in the community of the target population, this project provides psycho-educational activities and supports for African American youth, Adults, and Older Adults living in South Berkeley. Appropriately named the “Umoja” (the Swahili word for Unity) Project, as services focus on empowering and unifying participants around the social, cultural and spiritual aspects of the African American heritage, and enable the exploration of key cultural issues such as “Post Traumatic Slavery Syndrome”.

**Activity Update**

This project is implemented in a safe, non-threatening environment and incorporates an Afro-centric model, utilizing the guiding principles of “Nguso Zaba” and “Kwanzaa” to engage program participants in adopting wellness concepts and positive mental health practices. The purpose of the project is to assess whether Cultural Heritage Training and Leadership Skill Building activities will: improve the mental health of African American consumers; increase access for those who are in need but not currently receiving services; and build community advocates. Described below are services and activities provided through this project.

**Support Groups for Youth, Women, and Men:** Support groups are separately provided weekly for youth (11-18 years old); women (18-55 years old); and men (18-55 years old). Groups provide a safe listening forum for those experiencing stress as well as a medium to
provide additional strategies and resources to empower at-risk families and individuals. Each group meets once a week for an hour and a half as outlined below:

Youth Support Groups: These weekly support groups provide an opportunity for youth to address and confront issues that impact their lives, including the impacts of being placed in foster care, gun violence, insecurity, poverty, broken homes, etc. Additionally, weekly workshops are conducted at B-Tech High School to support youth who are at-risk and have experienced challenging issues in their lives such as involvement with the foster care system; mental and emotional trauma; encounters with the juvenile justice systems; excessive truancy, etc. The groups empower youth to use their voice as a positive means for healing and implementing change.

Women’s Support Groups: These weekly services provide women and mothers with a safe forum and the necessary supports to address challenging issues in their communities and daily lives including oppression, homelessness, incarceration, mental health needs, etc.

Fatherhood Group/Men’s Support Groups: The Fatherhood Group is designed to connect participants with experienced mentors who can share strategies for empowerment and successful parenting. Services are designed to support fathers and to increase their knowledge around the importance of their role as parents in the context of the African American community. Weekly groups are also provided for men where they can access supports around various issues in their communities and families including unemployment, substance abuse, incarceration, homelessness, etc. Also included is a monthly workshop series to build and affirm the self-esteem of African American men and confront some of the mental and social perils which impede their progress as fully engaged individuals within our community.

Last year 42 youth and 13 adults participated in weekly support groups or workshops. Demographics on those served include the following:

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<thead>
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<th>Age</th>
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<tbody>
<tr>
<td>Female</td>
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</tr>
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<td>16-18</td>
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<td>62%</td>
<td>26-35</td>
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</tr>
<tr>
<td>Male</td>
<td>38%</td>
<td>36-45</td>
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46-55 62%

Additional project services include: open forum groups for indigent adults in the community to identify and address issues of substance abuse, homelessness, violence, etc.; community workshops focusing on African American Child Rearing/Family Management, Family and Community Violence, Health and Substance Abuse, Stress and Anger Management, and Economic Management; Youth Advocacy workshops where trained youth leaders support young people in leadership development and in coping with various aspects of physical and mental health issues including peer pressure, stress management, teen and family violence, substance abuse, self-esteem, sexual identity and body image, and general health and nutrition; and trainings for a cadre of Service Providers to increase understanding and supports around the specific and unique needs facing at-risk African American families in South Berkeley. Last year, the project provided a workshop for 25 community leaders and providers that serve the African American community.
Outcomes: Per project report, youth were very responsive to the services that were provided. Weekly support groups and workshops were regularly attended and proved to be very beneficial. Project activities encouraged healing and restoration from the trauma that many youth encountered and explored the impact that oppressive practices and patterns in the community have on young people who are the ultimate victims of the breakdown in the family unit. Youth were taught to draw upon the positive aspects of their rich heritage, and to utilize the principles of Kwanzaa, to identify and strengthen their ability to succeed.

Women were very responsive to the weekly support groups as well, and appeared to appreciate having a safe place to address the issues and daily challenges they encounter. It was discovered that African American women in particular, have encountered issues of internal and external oppression that can often trigger various mental health issues that often go un-noticed and without the proper supports needed. However, many women participants were unwilling to address specific issues around mental health, as noted that particularly within the African American community, discussions around mental health are often viewed as off-limit topics. This highlighted a challenge for the project to seek to remove the negative stigma associated with mental health so that women, and all project participants, will feel more comfortable discussing such issues and accessing the care and supports they need.

It was found that although men were initially reluctant to participate in a support group, once they were engaged and felt safe in the environment, their commitment was unwavering. Also noted, was that men find it difficult to discuss their challenges as they seem to view doing so as a sign of weakness. The bi-monthly workshops did however; seem to draw a large attendance of men. At one workshop on “Legacy of our Fathers”, 25 men throughout the community were in attendance. A project challenge will be to expand efforts to outreach and engage more men to participate in the ongoing weekly supportive services.

Re-entry Systems Synergy
Implemented through Options Recovery Services this project provides re-entry services for Ex-offenders and Veterans who are struggling with mental health and/or substance abuse disorders, providing supports for individuals and their families. The goal of this project is to understand whether participating in informal community-building activities that are offered in a supportive environment by peers, builds resiliency, increases knowledge and awareness, promotes successful re-entry into the community, and increases positive mental health outcomes for Ex-Offenders, Veterans and their families.

Activity Update
This project provides services to Transition Age Youth (TAY), Adult, and Older Adult Ex-Offenders, Veterans and their families. A specific emphasis is placed on engaging Ex-Offenders who are coming into the community as a result of AB109, Public Safety Realignment (which shifted the responsibility and funding for non-serious, non-violent, non-sex offenders from the state to the local level), veterans who are returning to the community from being on deployment or at war; and family members of each targeted population. Services include specialized separate support groups tailored to address the specific needs of Ex-Offenders, Veterans, and their families as follows:

Ex-Offender Weekly Support Group: These groups are incorporated into the structure of already existing Re-entry Groups for Ex-Offenders, and are conducted on a weekly basis. The Re-entry group addresses criminal and addictive thinking and covers the following: Cognitive
behavioral therapy; socialization; money management; anger management; and drug and alcohol education. Groups are offered once a week for up to 46 weeks for 90 minutes per session. Last year 7 female and 40 male Ex-Offenders were served through Weekly Support Groups.

**Veteran Weekly Support Group:** The Veterans Group addresses Veteran’s needs to recover safety in their lives and to heal from combat-related trauma and Post Traumatic Stress Syndrome (PTSD) and substance abuse. The Veterans group offers support especially geared to treating Veterans who have combat stress reactions and who are dealing with the aftermath of combat experiences and/or are having issues around re-integrating back into the community and covers the following: Combat stress and PTSD treatment; substance abuse education; life skills for returning Veterans; anger management; and stress reduction. Groups are offered once a week for up to 46 weeks for 90 minutes per session. Last year, 2 female and 57 male Veterans were served through weekly support groups.

**Family Support Groups:** Support groups for family members of Ex-Offenders and Veterans meets every two weeks for approximately 46 weeks for 90 minutes each session. These groups have a psycho-educational format providing a safe place where family members receive information around relevant aspects to their situation, and based on the group members needs, are able to process issues as they arise. Last year 13 female and 19 male family members of Ex-Offenders and Veterans participated in support groups.

Demographics on all those served throughout the project include the following:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number Served</th>
<th>Race/Ethnicity</th>
<th>Number Served</th>
<th>Age</th>
<th>Number Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
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<td>45%</td>
<td>25-35</td>
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</tr>
<tr>
<td>Male</td>
<td>85%</td>
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<td>32%</td>
<td>36-45</td>
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</tr>
<tr>
<td></td>
<td></td>
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<td>13%</td>
<td>46-55</td>
<td>23%</td>
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<tr>
<td></td>
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<td>Filipino</td>
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<td>56-65</td>
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<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
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<td>2%</td>
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<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>Number Served</th>
<th>Race/Ethnicity</th>
<th>Number Served</th>
<th>Age</th>
<th>Number Served</th>
</tr>
</thead>
<tbody>
<tr>
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<td>50%</td>
<td>25-35</td>
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<tr>
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<td></td>
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<td>7%</td>
<td>46-55</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mexican/American</td>
<td>2%</td>
<td>56-65</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Native American</td>
<td>2%</td>
<td>66-75</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
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<tr>
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<td></td>
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<td>15%</td>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>Number Served</th>
<th>Race/Ethnicity</th>
<th>Number Served</th>
<th>Age</th>
<th>Number Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>41%</td>
<td>African American</td>
<td>56%</td>
<td>25-35</td>
<td>19%</td>
</tr>
<tr>
<td>Male</td>
<td>59%</td>
<td>Caucasian</td>
<td>32%</td>
<td>36-45</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Latino</td>
<td>6%</td>
<td>46-55</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mexican/American</td>
<td>6%</td>
<td>56-65</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td>9%</td>
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</tbody>
</table>
All participants are also able to undergo a training to become Peer Mentors for the project once they are stabilized in their recovery. Peer Mentors receive a stipend for their work, gain valuable experience, and develop strong skill sets for their resumes, all building their self-worth while helping others. Last year one third of the Peer Mentors were Ex-offenders and five were Veterans.

**Outcomes:** Support groups provided Ex-offenders, Veterans and family member participants with a safe place to process common challenges, issues and experiences and to have access to other additional in-house services as needed such as: Weekly Wellness Recovery Action Plan (WRAP) groups for those struggling with co-occurring disorders; case management; crisis intervention; vocational assistance; Individual Therapy; and Family Therapy (which has been integral in reuniting families that have been fractured by drug addiction, incarceration and extended military service). Among project participants there has been reduced recidivism, decreased relapses into mental health disorders, and improved self-esteem.

Per project report, participants not only stayed clean, sober, and out of the system (for Ex-offenders) but also found new meaning in their lives and a renewed sense of hope. Many participants with mental health issues either started addressing them for the first time, or re-engaged in mental health treatment. Family members demonstrated increased communication skills and positive progress towards reunification with their Ex-offender or Veteran relative. Going forward, the project will focuses on engaging more women and younger veterans into support services and on strengthening the Family Group by encouraging the participation of children of Ex-offenders and Veterans.

**Sisterhood for Wellness Project for Asian Pacific Islanders**
Implemented through Community Health for Asian Americans (CHAA) this project provides culturally appropriate mental health services and supports to unserved and underserved API communities. The goals of the project are to understand the main challenges and barriers to accessing and utilizing mental health services for Asian Pacific Islanders living in the Berkeley/Albany area. This project seeks to understand this issue through testing whether culturally based activities that foster intergenerational interaction, support continuity in community narratives, build intercultural alliance, and improve the quality and density of social support, can result in a reduction of acculturative stress; promote healthy integration and wellness; and increase the access to, or the outcomes of, mental health services for underserved and un-served API’s in Berkeley and Albany.

**Activity Update**
This project provides information, services and supports to immigrant women, elders and girls in the Tibetan and other immigrant/refugee communities in Berkeley and Albany. The goal is to reach women (ages 16 and above) with particular attention to new immigrants, single mothers, victims of family and community violence, and elders. This project is appropriately named the “Sisterhood for Wellness Project”, as CHAA partners with “Acha-Himalayan Sisterhood” (formerly known as ACHA-Tibetan Sisterhood). ACHA is a grassroots volunteer women’s group in Berkeley, whose mission is to create safe, supportive, and inclusive spaces for women immigrants, refugees, and asylees. In collaboration with ACHA, CHAA implements the following overarching project strategies:

**Capacity Development:** Services have an intentional focus on Tibetan women in the Berkeley/Albany area as a pilot effort to develop a core group of women leaders and volunteers within one API community to be a possible model of engagement to replicate with women in
other API communities. The project focuses on building the capacity of this core team through Leadership Development training, and workshops designed to promote women’s self-empowerment; increase API women’s mental health and wellness in Berkeley and Albany; and develop a women-led culturally sensitive pilot model for decreasing API women’s vulnerability to mental health disorders. At least 5-10 women form the core group, which meets at a minimum twice per month. Core group participants assist in forming the structure of the program by co-designing interventions and cultural wellness strategies and have opportunities to fulfill their individual and collective sense of contribution toward the overall well-being of their respective communities, particularly for women and girls empowerment, by serving as “change agents” and leaders of wellness activities.

### Outreach, Trainings and Workshops:
In an effort to raise awareness and increase knowledge and supports for women in API immigrant; refugee and asylee communities, workshops are provided on important topics related to health, and well-being.

### Cultural Wellness Activities:
Wellness workshops are conducted weekly for women of all ages and from all Asian Pacific Islander communities, with a focus on engaging the community through various organized cultural awareness activities. The purpose of the activities/workshops are to increase social supports; reduce cultural, social and linguistic isolation; reduce symptoms of depression, anxiety and trauma; and increase participants self-confidence, sense of integration, and sense of independence. Participants are introduced to new wellness techniques and concepts (such as: stress management and recognizing symptoms of contributing stressors to mental health) while honoring cultural modalities for mental health and wellness (such as: spirituality, traditional healing methods, dietary practices, etc.).

During last year approximately 395 women were reached through Core Group, Capacity Building Trainings, Workshops, or Cultural Wellness activities. Demographics on those served include the following:

<table>
<thead>
<tr>
<th>DEMOGRAPHICS N=395</th>
</tr>
</thead>
<tbody>
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<td><strong>Race/Ethnicity</strong></td>
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<td>Japanese</td>
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<td>Korean</td>
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<td>Mongolian</td>
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<tr>
<td>Nepali</td>
</tr>
<tr>
<td>Tibetan</td>
</tr>
<tr>
<td>Vietnamese</td>
</tr>
<tr>
<td>Other including:</td>
</tr>
<tr>
<td>Bangladeshi, Burmese, Hmong, Indian, Khumer, RakHaing, Thai, Tongan</td>
</tr>
<tr>
<td>Unspecified</td>
</tr>
</tbody>
</table>

### Outcomes:
This project has highlighted some valuable lessons in assessing community readiness to address issues around women’s empowerment and specific community concerns
such as gender-equity, domestic violence, and women’s voices and choices. Within refugee communities, especially the Tibetans and Bhutanese who are still struggling for their political rights and sovereignty, it was learned that there are strong expectations that a focus on political freedom should trump all other issues. Addressing other community-building and empowerment issues appeared to be seen as disruptions to the ‘greater’ struggles for freedom. Despite the many pressures and community challenges faced by Tibetan women participants, they remained open and receptive to opportunities for growth and moving forward.

The project Core Group that was formed provided opportunities to foster connections between the participants, conduct a needs assessment of women’s needs in the Himalayan community, support one another, and create role models for community empowerment and resource sharing. Last year the Core Group conducted 30 meetings, each of which was designed around a social bonding potluck meal, as food is an integral part of social gatherings in the Himalayan community.

Cultural Wellness activities intentionally integrated mental health and culture, creating sensitive and safe environments for un-served and underserved API women to access information around topics of interest and community resources. Last year, Cultural Wellness activities, Community Capacity Building Trainings and Workshops were well attended, highly rated, and very popular with attendees from many API communities. Among the most successful and beneficial trainings and activities were: Basic Budgeting and Retirement Planning; Parenting skills; Parent-Teacher Communications; Child Birth and Reproductive Health; Jewelry Making and Embroidery; Job Readiness; Vocational Training; Yoga Classes; Meditation; and International Storytelling.

It was learned that API women have definitions of “wellness” that are multidimensional. Per multiple focus group discussions, it appeared that happiness, success, reputation among friends, and getting the right result when doing the right thing all seemed to be indicator’s of wellness to API women. Although, getting the desired effect is really difficult when the required resources and the path to get there are at times unknown, the project provided an important safe space where women could go to share resources, and support one another to attain their wellness goals.

Going forward the project will focus on providing more workshops on Parenting Skills, Domestic Violence, Meditation, Yoga, Somatic Practices, Job Readiness, Public Speaking, Language Improvement, and other topics of interest to the community. Additionally, the project plans to incorporate the arts, such as playback theatre and art therapy, so women will have access to alternative mediums to share their stories.

**Trauma Informed Holistic Health Care Delivery Model for Transition Age Youth (TAY)**

Implemented thorough the Niroga Institute this project provides holistic health services for TAY. The goals of the project are: to understand the impact and outcomes on the well-being of TAY who simultaneously receive mental and physical health interventions; to ascertain whether various skills based interventions promote positive health practices and healing; and to assess the impact of receiving services in a culturally appropriate setting from an agency that provides culturally-based services, has on the healing of traumatic issues.
Activity Update
This project provides holistic healing services TAY in Berkeley, and partners with YEAH for mental health services and supports. The partnering of these two organizations brings together the eastern practices of yoga and mindfulness that create stress management and emotional regulation in combination with the western modality of mental health treatment through narrative therapy, to pilot test this TAY holistic approach. Services are as follows:

Community Engagement: “Community Mind-Body (COMBO)” meetings for TAY are held at local youth serving organizations such as: Berkeley Youth Alternatives, BOSS, United for Health-Suitcase Clinic, Youth Spirit Artworks, Teen Center, Berkeley Food and Housing Project, Harmon Gardens, Fred Finch Youth Center, etc. Additional COMBO meetings are conducted at area community groups working with the TAY population (including Berkeley Mental Health, Berkeley Family, Youth, & Children’s Services, YEAH, among others). The purposes of the meetings are to conduct mini-trainings on trauma informed “Transformative Life Skills” (TLS, a multi-modality intervention that teaches yoga, breathing techniques and meditation). Over the course of last year, 23 COMBO meetings were conducted at thirteen TAY serving organizations serving 332 individuals including 158 TAY, 89 staff from youth serving organizations, 36 teens, and 49 at-risk adults.

BREATHE Campaign: Twenty-four TAY participated in the development and creation of the “BREATHE Campaign”. The BREATHE Campaign is a TLS-based Photovoice project, combining photography, grassroots social action, and participatory visual methods of digital storytelling to empower TAY to create a series of posters displaying captivating images of “peace amidst chaos”. The BREATHE Campaign is designed to compel viewers to slow down, take a deep breath, and shift from the sympathetic (fight/flight) modality to the parasympathetic (centered/grounded) state, thereby aiding in emotional regulation and the development of self-mastery. BREATHE posters have been created and distributed to TAY-serving organizations, and in other locations throughout the City, especially in areas where TAY congregate. As reported by project staff the campaign created a safe environment enabling youth to talk candidly about their histories of stress and trauma, where participants commented that they learned practical skills to deal with stress. An event hosting an Art Show to display the photographic images youth created for the campaign was very empowering to the participants, eight of whom indicated a desire to continue their involvement with the program.

Community-Wide TLS: Two short video protocols, one focused on stress management (“Manage Your Stress – Anytime, Anywhere”), and the other focused on healing from trauma (“Healing Yoga for Trauma”) were developed and made available on the internet via YouTube, and also as freely downloadable mobile applications. TAY will be able to follow along with these short personal practice protocols, and TAY-serving organizations can play these protocols onsite at specific times of the day for collective practice. The videos of TLS protocols for stress management and for healing from trauma are available on YouTube at http://www.niroga.org/media/video-healing_yoga and at the following: http://youtu.be/QAa6H3QHPL8 (for Trauma) and http://youtu.be/ANDMZb86C10 (for Stress). These videos are also available through iApp. A total of 2005 views of Healing Yoga and 337 views of Yoga for Stress Management have occurred since they were developed.

TLS Community Capacity Building: To build community capacity of TLS, an all day retreat was conducted for a selected group of eleven TAY from area youth serving organizations, of whom learned the TLS protocol and will be prepared to serve as TLS Peer Educators and act as role models of self-mastery in their communities. TLS Peer Educators will provide a role on a Youth Advisory Board guiding future TLS trainings and campaigns.
Mental Health Supports: TAY staying at the YEAH! Shelter received weekly TLS Sessions conducted on site, twice a week. TAY participants also received free passes to go to the Niroga Institute (which is a block away) to attend classes 7 days a week. A total of 23 TAY participated in weekly TLS Sessions.

Across all project services, 214 unduplicated TAY were served during last year. Demographics on those served are as follows:

<table>
<thead>
<tr>
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<tr>
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<td>Race/Ethnicity</td>
<td>Number Served</td>
<td>Age</td>
</tr>
<tr>
<td>Female</td>
<td>37%</td>
<td>African American</td>
<td>17%</td>
<td>16-17</td>
</tr>
<tr>
<td>Male</td>
<td>40%</td>
<td>Asian Pacific Islander</td>
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<td>18-19</td>
</tr>
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<td>23%</td>
<td>Caucasian</td>
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<td>20-21</td>
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</tr>
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<tr>
<td>Unknown</td>
<td>22%</td>
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</tbody>
</table>

Outcomes: The success of the COMBO meetings began to build collaborative relationships with other Berkeley TAY serving organizations and agencies where regular TLS services will be regularly provided for youth. TAY who participated in the Breathe Campaign had high attendance and perfect retention rates. Strong bonds were formed among TAY participants and with Niroga as an organization. Project staff learned directly from youth about the stressors in their lives, and the resources and practices they have (or lack) to cope with stress in a healthy way. Discussions with youth changed the focus of the Breathe Campaign. The project originally began with the principal goal of producing breath-inspiring photographs, but by the third session it was clear that the needs of the youth warranted something different so a shift in focus was made from “Peace amidst Chaos”, to “healing from trauma and stress through self-expression”. Participants used the safe space they found within the project to discuss challenging experiences, and a staff social worker and a trauma sensitive yoga teacher were available to assist youth with their healing process. Of the 14 participants in the Breathe Campaign, 10 continue to have an active relationship with Niroga, 5 joined the institutes newly created Youth Advisory Board, two have applied to Niroga’s year long Yoga Teacher Training Program, and two youth who found themselves in intolerable situations took positive actions over their lives and now live in much healthier environments.

The TLS video protocols on stress management and healing from trauma proved to be widely viewed, highly beneficial, and a viable and efficient mode of disseminating TLS practices and information. Based on the number of online views of the TLS video protocols there is clearly a need for healing from the effects of trauma.

The TLS Community Capacity Building training was positively rated by all 11 youth participants, 8 of whom expressed a desire to continue their education as TLS Peer Educators and 4 of whom affirmed a commitment to help spread mindfulness practices among local youth by joining the Youth Advisory Board.

Overall twenty-three youth participated in TLS sessions weekly at the YEAH site. In order to retain and increase TAY participation and influence the culture going forward, Niroga and Yeah staff will work together to implement on-site TLS trainings and trauma-informed care groups.
Senior 2 Senior Project

Implemented through the Albany Senior Center, this project provides Technology Support Groups for Senior Citizens in an effort to decrease isolation, increase social connections, and identify those in need of mental health services. The goals of the project are to understand whether issues of loneliness and isolation can be decreased and mental health positive outcomes can be increased in the Senior Citizen population through training and access to social media technologies and associated peer supports.

Activity Update

This project provides services for Senior Citizens (aged 50 and over). Weekly Support Groups are implemented that provide access to, education on, and supports around new iPad and computer technologies for Albany/Berkeley Senior Citizens. Services are structured as a 12 week series of weekly two hour Support Groups where 10 Senior Citizens are served at a time. Support Groups are held in a relaxed setting, promoting sharing, learning, and mutual respect among group members. Group structure allows for each participant to receive individualized attention, supports, and referrals as needed.

The first technology support group proved to be so successful that a weekly iPad Drop-In Class was also added in January 2013 at the request of program participants. This ongoing follow-up support group provides free access to personal senior volunteer tutors, ongoing personal email, and drop-in support for both technology and social services needs for all Support Group participants.

During last year, 29 women and 2 men attended the support group series, 28 of whom graduated from the project and received an iPad as a gift for completing the series. Additionally, 35 women and 5 men participated in the weekly iPad Drop-In Class. Demographics for each are outlined below:

| Senior 2 Senior Technology Support Groups N=31 |  |
|---|---|---|---|
| Gender | Number Served | Race/Ethnicity | Number Served | Age | Number Served |
| Female | 94% | African American | 3% | 55-60 | 3% |
| Male | 6% | Asian Pacific Islander | 10% | 61-70 | 13% |
| | Caucasian | | 71% | 71-80 | 39% |
| | Latino | | 10% | 81-90 | 42% |
| | Other | | 6% | 91-100 | 3% |

| iPad Drop-In Class N=40 |  |
|---|---|---|---|
| Gender | Number Served | Race/Ethnicity | Number Served | Age | Number Served |
| Female | 88% | Asian Pacific Islander | 37% | 61-70 | 25% |
| Male | 12% | Caucasian | 58% | 71-80 | 40% |
| | Latino | | 5% | 81-90 | 17.5% |
| | | | 91-100 | 2.5% |
| | Unknown | | 15% |

Outcomes: Support Groups were adapted to the student’s expressed needs on how to make them more successful and enjoyable, which in turn kept attendance and completion rate high. It was found that quite a few of the participants had no keyboard experience and that many had a variety of accessibility issues, including vision and hearing needs, and 2nd language limitations. While the iPad tablet has solutions to these dilemmas (dictation, speech selection, zoom/enlarge, international keyboards/screens, etc.) it was important to slow down the process, observe carefully, and not make assumptions about participants skills or needs while...
introducing these features to the user and supporting them to try out the tools that might be helpful.

By participant self-report, confidence and comfort all rose in the areas of using a computer; or a touch screen device; using computer related technology; searching the internet; and using email. Regarding a reduction in isolation and loneliness as a result of participating in the technology support groups, the following comments were made by program participants:

- “It was wonderful for me to come to the Senior Center and socialize”;
- “I enjoyed the class because all of us did not know anything about the iPad, and was helping each other out, it made me feel very comfortable”;
- “I got to meet new people with the same problems”;
- “Opened another world of experience. People that know me are impressed”;
- “Learning to find the town and state my family lived in, so many things to learn. I met a new friend”;
- “I want to learn technology to keep my mind working. I want to be able to use a computer independently”;
- “My son, he can’t believe this. He says, hey mom, you really did it. He’s really proud of me. I don’t like depending on him all the time”;
- “I want to publish my poetry”.

Project staff noticed that encouraging each other in this new skill itself is helping to decrease the feelings of isolation in senior participants. Many exchanged email addresses, forwarded funny stories and photos and generally kept in touch for fun and practice. A few of the participants in the initial support groups even went on to be assistants to future groups to continue learning but also to encourage and support others. Some additional observations made by Support Group leaders were as follows:

- A participant, who due to health difficulties, rarely left her house and had no close family or friends, blossomed into a class leader. She was the first to send and respond to emails and to try out new things and encourage others to do so as well. She also mentioned that knowing the technology changed her life and greatly helped her blood pressure because it gave her more control over things she used to worry about such as banking, shopping, correspondence with doctors, etc.;
- Another participant went from looking tired and worried each time she came to the group to being happy and joyous. She has great-grandchildren across the country which the technology she learned assisted her in accessing photos and videos of them, and she now corresponds with old and new friends electronically.
- An additional participant who initially didn’t get along well with the other group members mentioned that she liked the camaraderie and cooperation of the other participants.
- Another began sending and receiving photos and funny emails and sharing them with the group and stayed in contact with group members electronically.
- One went onto Face time to communicate with her distant relatives, and wrote the group an email about it.

Project participants were also referred to area resources and services as needed, many of which they were able to research themselves online.

**Board & Care Nutrition Project**

Implemented through Berkeley Food & Housing Project (BFHP), this project implements a nutrition and exercise support services project for Board and Care residents in an effort to improve and/or prevent serious medical conditions and increase positive health outcomes for mentally ill Adults and Older Adults. The goals of the project are to: create a change in participants knowledge as it relates to healthy foods and nutrition information; increase
participants skills around acquiring and preparing healthy meals; have a positive change on participants Physical Health, as demonstrated through vital health signs; and to increase self-care, as demonstrated by changes in participants health habits.

Activity Update
This project provides services to individuals with mental health disabilities who reside in “Russell Street Residence”, or the “Transitional House” at the North County Women’s Center in South Berkeley. A collaboration with Samuel Merritt University (SMU) supports all of the program services described below with 4-5 students interning at each of the two sites during the program year. Services include the following:

Nutrition Education and Cooking Instruction Class Component: Collaborating with “Three Squares”, a local “Culinary Partner”, enables the provision of Nutrition Education and Cooking Instruction classes on-site to interested participants in the target population. At each site, 2-hour nutrition classes are provided for a minimum of 6-8 weeks during which time a meal is prepared for the residents.

Walking and Exercise Program Component: SMU nursing students who are interested in serving as “Health Mentors” for the project lead walking groups, run exercise and activity groups, develop individualized nutrition and walking goals, and provide mentoring and reinforcement to program participants. The Walking and Exercise project component is conducted in 30 minute sessions each, over a six month period, and is conducted weekly at each site. Residents at both sites are encouraged to participate in this component of the project. Additional services includes a partnership with Lifelong Medical Center to provide Physical Exams on each participant monitoring vital health signs at designated key points in the project including prior to participant involvement in each project component and at the end of services. All services, including culinary, diet and nutrition instruction take place onsite to ensure accessibility and cultural competence, by building on the existing relationship and comfort residents have with their respective housing sites. Yoga has also been implemented and plans are being made to incorporate on-site Tai Chi classes and a Chi Gung group. During last year, 27 clients (24 women and 3 men) were served through this project. Demographics on those served are as follows:

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<thead>
<tr>
<th>DEMOGRAPHICS N=27</th>
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Outcomes: On project interviews, participants expressed that their health has improved as a result of participating in the project including making and achieving exercise and weight loss goals, feeling increased energy, and being more awake and self-aware. Eight participants experienced significant weight loss, ranging from 6-40 pounds; three quit smoking; four lowered their blood pressure; and one participant who needed to attain a healthier weight, gained twenty pounds. Board and Care staff reported in overall increase in resident’s general attitudes and in baking rather than frying, making smoothies, preparing healthier breakfasts, adopting healthier 

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shopping, meal choices, and eating habits, and increased physical activity. An additional benefit of having nutrition programs on-site is that it not only impacted project participants, but all Board and Care residents received exposure to, and knowledge on, how to prepare healthier meals and lead healthier lifestyles.

**Improve the Access and Quality of Mental Health Services for LGBTQI Individuals**

Implemented through Pacific Center for Human Growth, this project provides no-cost mental health services and supports to LGBTQI-identified residents at collaborating off-site agencies where other public social services are being provided. The main goals of the project are to better understand the needs of those who are marginalized from multiple perspectives; and to gauge whether LGBTQI individuals will be more accepting of mental health services and have better mental health outcomes when culturally competent individuals meet them in their own settings (i.e., agencies where they are already accessing other services). An additional goal is to determine if providing competency training on LGBTQI mental health issues for agencies that do not specifically provide such services, improves outcomes for their LGBTQI clients.

**Activity Update**

This project provides mental health services and supports to LGBTQI TAY, Adults and Older Adults at two to three collaborating partner sites in the Berkeley/Albany area.

**Mental Health Services:** Interns are trained and supervised to provide no-cost mental health services and supports to LGBTQI-identified individuals at area collaborating partner agency sites. Last year, two interns were trained and collaborations were formed with the following four partner sites: North Berkeley Senior Center; Jewish Family & Children’s Services; Berkeley Adult School; and the Center for Independent Living. Services at collaborating sites began to be provided in October 2012. Over the course of the year, a total of 48 individuals ranging in age from 18-85 received mental health services and supports. Demographics on those served are as follows:

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**Cultural Competency Staff Training:** Trainings on LGBTQI issues are provided at each collaborating partner site. The Trainings are conducted by Pacific Center’s Director of Clinical Training, and can include other training staff. Over the past year, Training materials were adapted to provide modules that can be used in a variety of settings, and four LGBTQI Cultural Competency Trainings were held for 98 staff at four partner sites.

**Outcomes:** Through this project LGBTQI appropriate services became more readily available to those in need at locations individuals were familiar with and already receiving other services. Client and care-provider reports showed improved treatment outcomes such as: staying in treatment, expressing willingness to return for services, and an overall better treatment
experience for LGBTQI clients. Additionally, a total of 63 LGBTQI individuals (and the agencies serving them) received information on community LGBTQI resources and supports.

The Cultural Competency trainings created a collaborative two way learning exchange between the provider and the partner agencies. Through the trainings, 97 staff attendees reported increasing their knowledge of LGBTQI issues; and 85 staff attendees reported increasing their skills in serving the LGBTQI population.
## INNOVATION BUDGET SUMMARY

**County:** City of Berkeley  
**Date:** 7-Nov-13

<table>
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<td>10. Total MHSA Funds</td>
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People’s Investigation:
In-Custody Death of Kayla Moore

Report prepared by
Berkeley Copwatch
October 2013
# People’s Investigation: In-Custody Death of Kayla Moore

## Table of Contents

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IV. Context ............................................................................. 13  
V. People’s Investigation process .............................................. 19  
VI. Analysis of Policies, Protocols, and Training ............................ 23
   1. Procedure/Policy Issues 
      A. Police conducted an inappropriate background check. 
      B. There was an unnecessary escalation of the situation. 
      C. Officers demonstrated an inability to interpret verbal cues and to an 
         inability to remember these. 
      D. Officers failed to disengage. 
      E. Officers failed to make use of caregiver present to de-escalate. 
      F. There was inadequate response from officers as first responders. 
      G. There was an unnecessary call for a spit hood. 
      H. Officers demonstrated insensitivity towards a transgender person. 

   2. Officer Misconduct Issues 
      A. There was no legal basis for arresting Moore: 
      B. Police engaged in an excessive use of force. 
      C. The officers on scene failed to provide crucial breathing assistance. 

   3. Investigation Flaws 
      A. There was not adequate documentation of search warrant status or 
         evidence gathered. 
      B. There is inadequate process for gathering witness testimony. 
      C. The investigating officer failed to gather information on the mental 
         state of Moore and other relevant questions.
VII. Recommendations

1. Procedure/Policy issues
   A. For Berkeley Community
   B. For Berkeley Police Department
   C. For the Berkeley City Council

2. Misconduct/Criminal Violations
   A. For Berkeley Community
   B. For Berkeley Police Department/Police Review Commission

3. Improving Future Investigations

Sources
Selected Reports and Policy Documents
People’s Investigation: In-Custody Death of Kayla Moore

I. General overview

The People’s Investigation into a recent death in Berkeley Police Department custody demonstrates that the City of Berkeley is currently operating without benefit of a clear and responsible approach to managing emergency mental health episodes. Dramatic cuts in mental health services and an expanding policing budget have created a context where it is primarily Berkeley Police who respond to mental health crises even though police training emphasizes priorities different from mental health care concerns. More importantly, officers are not adequately trained to provide mental health care or address mental health issues. It is hazardous and economically unviable to substitute police officers for trained mental health workers. Despite warnings about the preventable harm that occurs as a result of this often violent approach, the city continues to under staff emergency mental health services while supporting increased funding for the number of officers hired and the level of “less lethal” weaponry employed by the department—a clear demonstration of competing agendas. The underfunding of mental health services and lack of mobile crisis team means that there is only police personnel available to respond who are inadequately trained. The dangers inherent in the present situation became evident in the in-custody death of Xavier Christopher Moore, otherwise known as Kayla Moore, on February 13th, 2013 at the Gaia Building in Berkeley. A transgender woman of color living with schizophrenia, Kayla Moore was 41 years old at the time of her death in police custody.

Since the Berkeley Police Review Commission (PRC) has become legally mired in restrictive administrative processes and faces endless threats of litigation, it has been rendered unable to critically examine police officer conduct or support community efforts for justice. Additionally, a series of legislative acts and court decisions since the inception of the PRC have succeeded in limiting transparency into internal investigations and disciplinary measures taken against officers. Thus, there are fewer resources available and even less political motivation to determine police custody deaths. The People’s Investigation, unlike the PRC, is not encumbered by restrictions that limit the effectiveness of the PRC. Over the course of the investigation into Moore’s death, we

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1 Throughout the report, we refer to Moore as Kayla Moore to honor her chosen name. While the
have identified specific incidents of officer misconduct including false arrest, excessive force and failure to act in this case. This People’s Investigation report also provides a basis for the police department and the PRC to hold the involved officers accountable for their actions and for the decisions made according to chain of command that led to Moore’s untimely death. It also serves a demand that the public be informed of the department’s response, suggesting disciplinary measures and policy changes as a result of Moore’s death in custody. The People’s Investigation challenges the current situation of shielding officers who respond with excessive, or in the case of Moore, deadly force.

The People’s Investigation was able to review a number of critical documents including the Berkeley Police Investigation of this incident as well as the eventual release of the autopsy. It is our hope that with the release of the People’s Investigation report on Kayla Moore and, in consideration of the findings herein, that the BPD will improve their responsiveness to community efforts to participate in civilian oversight of police and be more responsive to requests for documents and materials, particularly those subject to the California Public Records Act (PRA). This report also invites the Berkeley community to consider critical reforms to policing practices including interacting with Berkeley’s diverse community and training new generations of community-oriented officers. Together with other ongoing People’s Investigations across the Bay Area, we release this report as a component of a shared community defense.

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2 The Berkeley Police Department’s In-Custody Death Investigation: Xavier Moore (2013) includes a number of documents, including a Case Report Summary, the Police Incident Report from the night of the incident, the Case Narrative, Police Report Supplementals from officers involved in the incident, narrative statements from individuals involved or present at the incident, the Case Report Summary, the Report Narrative, the Alameda County Sheriff’s Office Coroner’s Bureau Report, and transcribed interviews between BPD Sgt. Hong and the officers involved in the incident. For the purposes of this report, we refer to the larger investigation report in which all these documents occur by page number in the overall Berkeley Police Investigation report, rather than naming each document in each reference.

3 People’s Investigations are an emergent process and have evolved over time. They draw on a history of community based investigation processes in the Bay Area. These include the work of the Idriss Stelley Foundation, including interviews and research into the Asa Sullivan shooting by members of the San Francisco Police Department in San Francisco in 2006. They also draw on the investigation into the police shooting of an unarmed African American man at 99th and Cherry Street in Oakland in September 2011, conducted by a subcommittee of the Oscar Grant Committee. Beyond the Bay Area, Redwood Curtain Copwatch based in the north coast of California has supported numerous community investigations as an aspect of community justice, and many of the specific cases that this collective followed up on are referenced in this report. This investigation would like to acknowledge that there is a rich history of community investigations, including and beyond the ones included here, that are present in the thinking of this report, and in the investigation as a process.
As a result of the findings of this investigation, we recommend:

- Policy changes in the way officers respond to people experiencing mental health crisis or mental health variance.

- Disciplinary action be taken against the officers involved in the in-custody death of Kalya Moore.

- Changes in how investigations are conducted by the Berkeley Police Department in cases involving deaths of civilians.
II. Summary of events

At approximately 11:48pm on February 12th, 2013 BPD received a call from John Hayes, who had just left the residence located at 2116 Allston Way on the 5th floor of what is locally referred to as The Gaia Building. Hayes had just left apartment 514, Kayla Moore’s residence. A friend of Moore’s, Hayes called BPD worried that Moore was having a mental health episode and was in need of an evaluation and assistance. Neighbors who were interviewed by members of the People’s Investigation reported that they heard no signs of a disturbance and only became aware of any kind of problem at the moment when police officers arrived on the scene. For example, the resident in the adjacent apartment #513 explained to the People’s Investigation that although he had heard a thud against the wall, he did not consider the sound to be a disturbance. Police arrived around 11pm. Residents in apartment #512 reported that they “heard nothing until the police came.”

Prior to the arrival of the BPD officers, there had been an argument in the apartment. Moore had argued with her girlfriend, Angel. Moore’s caregiver, Edward George Sterling, and Hayes arrived on the scene. Moore was agitated and threw a chair at Angel. After Angel left, Sterling began to make food for Moore in an effort to calm her down. Hayes called BPD and told them that he was concerned for Moore’s mental state. Hayes was aware that BPD had done welfare checks on Moore on previous occasions and had persuaded Moore to voluntarily seek assistance in circumstances.

Officer Smith and Officer Brown responded to the call and arrived at the residence at approximately 11:54pm. There they were met by Hayes who told them that Moore was acting strangely. Officer Smith did a background check on both Hayes and Moore as Officer Tu arrived on the scene. Officer Smith was made aware of an outstanding warrant for $5000 on Hayes. He also states that a warrant for a person named “Xavier Moore” was listed but with a date of birth of 1952 (which would have placed Moore roughly twenty years older than she was) and Moore as a San Francisco resident. For this reason, Officer Smith maintains he did not confirm the warrant and relayed to Officer Brown that the warrant had not been confirmed. In her statement, Officer Brown says that she thought the warrant had been confirmed. Officer Brown stated that regardless of the warrant, she still wanted to take Moore into custody for a Welfare and Institutions (W&I) Code 5150 evaluation. Moore was in her own home. Moore’s caregiver was present. It is not clear why Moore’s caregiver was ordered to leave the room once police entered the residence.

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4 People’s Investigation witness interview from February 23rd, 2013.
5 According to Officer Smith’s initial statement, he was dispatched to Allston way at 23:54 “as a cover officer to a report of 5150 off their medication.” Once there he met with Officer Brown and Officer Tu. (BPD Investigation, 12). According to Officer Brown’s initial statement, she and Officer Smith were both dispatched and Officer Tu “attached himself to the call” (BPD Investigation, 8). BPD, “In-Custody Death Investigation,” (2013).
6 Ibid., 12.
7 Ibid., 258-9.
8 Ibid., 9.
Officer Brown “knew of Moore” and was aware that she had mental health issues.\(^9\) Xavier Christopher Moore’s name was conveyed along with some background and instruction that there had been prior “10-42” contacts and “a possible medical eval” would be necessary. Brown also received information about a possible response to a Penal Code 415 when she was dispatched.\(^10\)

Officers were brought to the apartment by Hayes who then opened the door of the apartment with his key. Once officers were on the scene, Moore came to the door in response to officer requests. Moore stepped outside and spoke with Officer Brown who later explained that Moore seemed to be “unfocused” and was not making rational sense.\(^11\) During the interview, Moore expressed her belief that the officers were not really police officers.\(^12\) Officer Smith confirmed the warrant on Hayes and Officer Brown directed Smith to take Hayes into custody. At that point, according to Officer Brown, she made the decision to take Moore into custody, stating “we might as well take him.”\(^13\) She informed Moore about the (unconfirmed) warrant and that she would take her into custody. Moore expressed that she wanted to contact the FBI.\(^14\) When she turned to go back into her apartment, Officer Brown signaled Officer Tu that they should go “hands on.”\(^15\) Based on the Detail Call for Service Report, BPD received an initial call regarding Xavier Moore at 11:51pm on February 12, 2013. Dispatch officer Tyrone McClain contacted Berkeley Fire Department for a gurney at 12:34am.\(^16\) At 12:41am the Detail Call for Service Report indicates that Moore was not breathing.\(^17\)

According to Officer Brown, “I signaled to Officer Tu to go hands on and assist me in placing Moore in handcuffs. Officer Tu grabbed Moore’s left wrist. I simultaneously grabbed Moore’s right wrist, in an attempt to apply a control hold and put the cuffs on. Moore immediately started yelling, ‘No no!’ He attempted to pull away. Officer Tu and I maintained our grasp. Moore continued to violently pull away. While doing so, he pulled Officer Tu and me into his apartment. We all fell on a mattress that was on the floor against the east wall.”\(^18\)

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9 Officer Brown had responded to previous welfare checks, but had not made direct contact with Moore. Berkeley Police Department, “In-Custody Death Investigation: Xavier Moore,” (2013), 92.
10 The dispatch tape says “prior medical.” Dispatch code 10-42 directs officers to “Check on Welfare of” a person. Penal Code 415 is the code for disturbance.
12 Ibid., 8.
13 Ibid., 258-59.
14 Ibid., 9.
15 Ibid.
17 The Detail Call For Service Report is stamped as follows: “Information Redacted is protected from public disclosure by California Government Code 6254FNK.” Berkeley Police Department, Detail Call for Service Report: 12/12/2013 00:00 – 12/12/2013 23:59, (2013), 1-13.
Officer Brown called for back up and Officers Mathis, Gardner, Kastmiler, arrived and assisted in restraining Moore. It is worth noting that Moore weighs 347 pounds and that the officers present wrangled Moore until she was face down on a futon. The situation continued to escalate since, according to officer accounts, Moore resisted the officers.

Moore’s arms were cuffed behind her back and her legs were crossed and forcibly tied with a strap from the police arsenal known as a WRAP device. Some officers reported that after she was fully restrained, she seemed to “calm down” allowing them to roll her onto her left side. According to the 2008 Berkeley Police Department’s WRAP policy, if a subject exhibits sudden quiet or inactivity, it is a sign that immediate medical attention may be required. The policy also states officers should watch for sudden changes in facial coloring. In the police reports in the BPD In-Custody Death Investigation, officers noted what they referred to as her compliance at that time. However, Officer Brown reported that a minute later, she noticed that Moore was not breathing. The officers removed the handcuffs, pulled Moore onto the floor and off of the futon. They called for code three assistance from the Berkeley Fire Department. Officer Tu began chest compressions while Officer Brown “held his head to open up his airways.” No officers present claim to have attempted to assist or restore her breathing.

Paramedics arrived at Moore’s apartment. Upon arriving paramedics who took over chest compressions and administered oxygen. They placed the now unconscious Moore onto a gurney and transferred her to Alta Bates Hospital where she was pronounced dead at 1:34a.m. on February 13th, 2013.

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19 The WRAP is a restraining device developed in California by Walnut Creek law enforcement officers and first used in San Jose. It is sometimes referred to in all caps (WRAP), and sometimes simply as ‘wrap’ or ‘the wrap’. The writers of this report are unaware of an acronym that the all caps format represents, however for the purposes of consistency we will adhere to Safe Restraints, Inc.’s brand name format of all caps throughout this report. Safe Restraints, Inc. “The WRAP,” (Martinez, California: Safe Restraints, Inc.) <http://www.saferestraints.com/>.

According to the Berkeley Police Department’s 2008 WRAP policy, the WRAP is a temporary restraint device that immobilizes a body by forcing the restrained individual into a seated position with their legs out straight and perpendicular to the body. This is achieved by binding both legs into a leg panel with Velcro straps, and applying an ankle strap, a torso harness, and a handcuff carabiner on the backside. The WRAP is used “to restrain a combative person, to prevent violent/combative behavior, to inhibit a violent subject’s efforts to injure themselves, to prevent a violent subject from causing property damage, and to facilitate safe physical transportation of violent/combative subjects.” The policy states that the WRAP should “only be used by personnel trained in its function and application.” (Berkeley Police Department, “The ‘Wrap Restraint’, Berkeley Police Department Training and Information Bulletin, N. 247, (April 15, 2008). There have been several deaths in custody where the WRAP device was used including at least two in California, Ricardo Escobedo (Redwood City, November 17, 2002) and Shaheed Jamal Daniels (San Jose, July 1, 2000).

21 Ibid., 9; 92.
22 Ibid., 337-8.
Numerous witnesses testified to the large number of police officers on the scene, as well as providing details that several of the police were visibly sweaty and acting in a manner consistent with physical exertion. Witnesses revealed that one officer emerged from Moore’s apartment sweating profusely and with a torn shirt. Witnesses did not confirm a disturbance in the building prior to the arrival of the police although the police and media both reported that they were responding to a call about a disturbance. However numerous accounts document screaming and banging coming from Moore’s apartment following the arrival of the police. At some point, the screaming suddenly stopped. Residents of the Gaia building reported seeing Moore unconscious on a gurney and several witnesses report that a significant portion of Moore’s torso was exposed. Residents also noted seeing the person they identified as Moore’s roommate in handcuffs next to squad cars downstairs.

III. Summary of officer contact with Kayla Moore on February 13th, 2013.

According to officers interviewed, after entering Moore’s apartment the officers responded to her in the following ways:

- **Officer Brown**
  - Put a control hold on Moore and then she, Moore and Officer Tu all fell onto the futon. Brown says she put her “weight on Moore’s shoulder blades.”
  - “Held his head to open up his airway” after noticing that Moore was not breathing. She called for a mask but did not begin assisted breathing herself. The police investigation states that, “even if Moore did not have valid warrant Brown was intent [on] putting Moore on a 5150 Hold.”

- **Officer Tu**
  - States that he “sprawled onto [Moore’s] hip in an attempt to prevent him from further kicking me.” Tu also put Moore’s right arm in rear wrist lock.
  - Ofc. Smith states that Ofc. Tu was “straddling” Moore and using his weight (200 pounds) to control him.

- **Officer Smith**
  - Helped Officer Brown get Moore’s left hand into cuffs.
  - States that “[Officer Tu] was mostly laying on uh, [Moore’s] legs um, and kept getting bucked up in the air. Um, and he had [Moore’s] right arm

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23 Witness statements from the People’s Investigation.
25 Ibid., 338.
26 Ibid., 92.
27 Ibid., 92.
28 Ibid., 10.
29 Ibid., 261.
29 Ibid., 12.
behind his back um, and that time I didn’t realize it but he had actually had a handcuff on that hand.”

- Notes that when the other three officers arrived, the handcuffing had already been done.

- **Officer Mathis:**
  - On restraining Moore’s legs, Ofc. Mathis states that “I was using a fair amount of strength to do so because I could tell he was a big--I could see this was a very big person. Um, you know, kicking and a good sized officer who’s on the back quarter of this individual so I – I knew that I needed to bring, you know, bring some of my size and strength and pull him with it but, ah, I- I quickly found out that I needed to use a little more.”
  - States that throughout he heard Moore screaming, ‘Get off me’: “I remember hearing ‘Get off me’ a few times….I don’t remember specifically what he was screaming… I mean, you hear it, I mean you hear certain things, but you don’t--I drown them out.”
  - States that while Moore was face down on the futon and fully restrained, that he “figured, I’ll go down and do two things. I’ll get the spit hood and then I can bring the Fire Department up with me.”
  - Observes that: “I’ll say the amount of strength that ah, normally I am, I know what I’m doing and normally the amount of pressure and the amount of weight and strength that I use to cross those ankles is usually enough to handle most people. Um, this individual was, you know, maybe that was part of the cause. I don’t know.”

- **Officer Gardner:**
  - Observes that: “It was apparent that [Moore] would not fit into the WRAP and so we decided that we would, uh, put the hobble restraint from the WRAP on his ankles.”
  - States that: “Oh yeah. I mean, when I was holding down his feet it was –I-it-I-it was all I could do to hold his-his ankles down.”

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30 Ibid., 261.
31 Ibid., 263.
32 Ibid., 183.
33 Ibid., 184.
34 Ibid., 185.
35 Oral interview with Sgt. Hong on 2/13/2013 at 5:10pm. Ofc. Mathis is replying the question, “Based on the amount of observation that you had of Mr. (Moore) during your time that you were restraining him do you—could you say based on your training and experience that he was under the influence of anything?” To which Ofc. Mathis responded, “I didn’t have that—enough contact to—to make—to say, you know, whether they were 550 or not.” California Health and Safety Code 11550 refers to people under the influence of a controlled substance. Ibid., 188.
36 Ibid., 212.
37 Ibid., 214.
o Observes that: “It was just based on his behavior, it was my suspicion that that’s—that he was under the influence of a--some kind of stimulant.”\(^{38}\)

**Officer Kastmiler:**

o States that: “I was trying to grab both arms. I noticed that [Moore] was already in handcuffs, but again, he was trying to bring his arms up and he also tried to grab my wrists while he was holding there, but I was trying to hold both of his arms to keep them in that position.”\(^{39}\)

o States that: “I was holding his two arms and, uh, I was also using my shin and knee on the back of his left leg to keep them stationary on the mattress.”\(^{40}\)

**Sgt. Cardoza**

o States that: “When I looked inside, there was a group of officers restraining an individual on a mattress inside …the mattress was on the floor and the officers were on top of the individual. The individual was screaming and actively resisting both kicking and fighting the officers.”\(^{41}\)

o Notes that: “We were able to control Mr. Moore’s ankles by just using the ankle strap of the WRAP and that was it.”\(^{42}\)

**Sergeant Phillips**

o Brought a WRAP to the scene.\(^{43}\)

o Saw five officers on Moore: Ofc. Brown near the head, Ofc. Tu and Ofc Smith on the upper body and Ofc. Gardner and Ofc. Mathis were restraining the legs.\(^{44}\)

o States that: “I couldn’t tell if it was male or female…for the most part the whole back area and the- and the butt area was exposed and I could see that he was nude. I asked Officer Brown –is it male or female. I know that wasn’t…for me it was in my mind. It’s just-I don’t know who we’re dealing with and—or what we are dealing with and if it is female there’s other, you know, factors at play. So I asked and then she told me it’s a male but it was a uh, pre-op transgender or transsexual or something like that and I said okay.”\(^{45}\)

According to the testimony offered by the above officers in the police investigation there were at least five officers on Moore during the time that the restraint and control techniques were employed. We do not have the exact weight of all officers involved, but accounting for the fact that at the time of deployment they would have been fully dressed

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\(^{38}\) Ibid., 215.

\(^{39}\) Ibid., 277.

\(^{40}\) Ibid., 278.

\(^{41}\) Ibid., 234.

\(^{42}\) Ibid., 236.

\(^{43}\) Ibid., 264.

\(^{44}\) Ibid., 297.

\(^{45}\) Ibid., 298.
with firearms and other gear, the officers would have amounted to significant weight. Even allowing for a range of statures of the officers, it is still likely that each officer would weigh between 140 pounds and 220 pounds each.

We note that several of the officers also specifically reference the amount of force that they were employing against Moore as they struggled to restrain her in her own apartment. This is evident throughout multiple statements in the investigation report. In one instance, the investigation report states, “Sergeant Phillips was concerned about Tu because he was ‘limping,’ ‘out of breath,’ and, ‘sweating’ from the struggle and doing chest compressions.” Other officers were also preparing to put a spit hood on Moore. She apparently stopped breathing before the hood could be placed over her head.

IV. Context

As Berkeley residents and city leaders examine the events that led to the death of Kayla Moore, it is important to understand the local and national context in which this incident occurred. Since an initial factor that allowed for police to come into contact with Moore was related to her perceived status as a person with mental illness, it is necessary to understand the structure of government services that dispatch police officers to situations involving people experiencing mental health crises.

The scale back of the welfare state and the dismantling of social services at the local and national level has meant drastically reduced mental health care options for the majority of the population. Mental health service funding in California has declined by 21% since 2009. It is estimated that cuts to federal block grants for mental health for 2013 could leave an additional 373,000 adults and children across the state with serious mental health and emotional illness without adequate mental health care. At present, there are an estimated 700,000 mentally ill people in jail and prisons nationally.

As social services continue to recede, we are witnessing a parallel rise in law enforcement budgets and forms of policing that are more violent, intrusive, and heavily armed than ever before. Law enforcement budgets and military level weapons are often heavily supplemented through federally funded grants from the Department of Homeland Security.

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47 Ibid., 190. Other officers statements and also dispatch tapes confirm that there was a plan to use a spit hood as well.
Security distributed at the municipal and state level. This funding does supplies local departments with greater weaponry such as drones, police boats, Tasers, or armored personnel carriers, e.g. the Lenco BearCat which the BPD recently attempted to purchase with Homeland Security Funds. These funds also put more officers on the streets as a first level of response in the context of dwindling social services.

Berkeley has kept pace with these trends that have drastically limited the ability of emergency mental health care projects like the Mobile Crisis Unit to respond to the growing number of people impacted by budget cuts. Gaps in adequate care are increasingly filled by the police who have taken over a significant portion of the tasks formerly in the realm of mental health responders and other care workers including extended networks of family and friends. According to Berkeley’s Department of Health Services, the 2011 adjusted budget for Crisis Services, including the city’s Mobile Crisis Unit, was $2,190,967. By 2013, the amount of money allocated for this same purpose was a mere $957,505. This represents a decrease of approximately 56% in just two years.

A growing emphasis on ‘security’ and increasingly militarized policing has, in recent years, had a serious impact on people suffering from mental illness or experiencing mental crisis. This includes large numbers of people who cannot afford privatized care. A rising number of news stories and copwatching groups report that veterans returning from wars in Iraq and Afghanistan are among those targeted by local police. In some cases veterans’ mental health crises are the result of inadequate care following the trauma experienced by many for serving in America’s wars. Civilians managing past experiences of trauma, facing mental health crisis, or perceived as mentally ill are also subjected to practices of criminalization that correspond to an escalating militarization.

While there is no national data available on the numbers of mentally ill people killed by police each year, the US Deparment of Justice estimates that people experiencing mental illness are four times as likely to be killed in interactions with law enforcement compared to the the general population. One study estimates that half of the between 375 and 500 people shot and killed by police each year in the United States are mentally ill. This

51 This purchase order had to be cancelled by BPD in 2012 following a Public Record Act request from Berkeley Copwatch that revealed the pending purchase of the vehicle through a Department of Homeland Security grant. Groups and civilians across Berkeley and the Bay area coordinated to force the BPD and also the University of California Berkely, who was to share the vehicle with the BPD, to withdraw from the purchase.

52 This information comes from a Berkeley Department of Health Services report prepared by the Berkeley Department of Health Services on July 16, 2013 in response to a PRA request from the People’s Investigation and containing information from 2000-1014. Berkeley Department of Health Services, (July 16, 2013).

53 David Arroyo, “Mentally ill four times more likely to be killed by police,” Las Vegas Guardian Express, (October 8, 2013), < http://guardianlv.com/2013/10/mentally-ill-four-times-more-likely-to-be-killed-by-police/>.  
figure does not include the high numbers of deaths in custody and other incidents involving people classified as mentally ill. The under reporting of death at the hands of law enforcement results from the lack of an investigation since these deaths do not involve a firearm. Berkeley Copwatch together with various policing watch groups and community defense projects across the Bay Area and beyond continue to document cases where people in mental crisis die as a result of interacting with law enforcement.55

A complete list of shooting deaths of people in trauma or crisis by California law enforcement in recent years would be extensive and would include Idriss Stelley (San Francisco, 2001); Bruce Edward Seward (Hayward, 2001); Matthew Cicelski (Oakland, 2011); Charles Blair Hill (San Francisco, 2011); Pralith Pralourng (San Francisco, 2012) to name just a few. Recent prominent deaths involving people with mental health issues interacting with law enforcement personnel without a firearm include two brought to prominence by Redwood Curtain Copwatch of Eureka: Hupa man Peter Stewart who died in June of 2007 when the Eureka Police Department and Pelican Bay SWAT team surrounded the home where he was staying days after a premature release from a mental health care facility. They fired 50 canisters of tear gas into the home and then refused to allow firetrucks to put out the fire after the house ignited.56 Martin Cotton Jr. of Eureka was beaten to death by several officers on a main street in daylight in August of 2007.57 Redwood Curtain Copwatch also has made visible the case of Cheri Lyn Moore who was killed in April of 2006 by a Eureka Police Department SWAT team in her home during a time of crisis.58 More recent cases where severe beatings by law enforcement resulted in death include Kelly Thomas of Fullerton (July 2011) and Hernan Jaramillo of Oakland (July 2013).59

In Alameda County, the absence of a firearm means that the District Attorney’s office is not required to conduct an investigation into the death, even in the most brutal of cases. This leaves the investigation up to the police themselves, including in cases where large numbers of officers may have been involved and which would reflect poorly on the department were the investigation to find against the officers. In several recent cases, the beating deaths of homeless people have gone relatively unnoticed without investigation. This means that it is local groups and concerned civilians that pursue various forms of investigations to push these incidents into public view. This pressure often forces cities to respond to the violence executed by their police departments.

55 Among these are Redwood Curtain Copwatch <http://www.redwoodcurtaincopwatch.net/>; Idriss Stelley Foundation <http://mysite.verizon.net/vzeo9ewi/idrissstelleyfoundation/>; No Justice, No Bart <http://nojusticenobart.blogspot.com/>; <Indybay at http://www.indybay.org/>. 56 See “What Happened to Peter Stewart?” <http://redwoodcurtaincopwatch.net/node/44>. 57 See “The Death of Martin Fredrick Cotton II” <http://redwoodcurtaincopwatch.net/node/29>. 58 See “The Killing of Cheri Lyn Moore” <http://redwoodcurtaincopwatch.net/node/625>. 59 Kelly Thomas had been diagnosed as schizophrenic. Hernan Jaramillo was not known to be suffering from any form of mental illness, but is included here as a civilian who died in custody on the sidewalk after being dragged from his home by police. Witnesses report Hernan repeatedly crying out for air under the weight of several Oakland Police Department officers.
Rising rates of police attacks on the mentally ill have recently resulted in several cities bringing in the Civil Rights Division of the Department of Justice (DOJ) to review the issue at the department level. The findings following these DOJ reviews advocate implementation of de-escalation techniques and the addition of new positions within the department that will focus on police interactions with people in mental crisis or experiencing mental health differences.

Many community members oppose the expansion of law enforcement budgets that encourage police to respond to mental health concerns. Rather they support the use of trained mental health professionals and other care workers as a more appropriate solution to reduce the escalating violence against the mentally ill. Diverse groups emphasize the need to develop care alternatives and new forms of community response. Several organizations encourage people to seek alternatives to calling the police. Other initiatives in reimagining a caring response to individuals in crisis include exploring the possibilities of safe houses for people in crisis, and relying on strategies of accompanying where mental health advocates and care workers accompany police to 5150 calls as a first line of contact and negotiation with a goal of deescalation.

There are also direct community response alternatives that do not rely on state institutions or social services, including community medics dispatching to sites to provide care on an on-call basis. By placing care in the realm of community control, these projects can redefine the relations of the community to the state and serve as a critical site for demilitarization. These projects coincide locally with the work of autonomous collectives that emphasize the importance of rebuilding a social infrastructure of care as central to larger projects of community safety.

Often groups advocate for more officer training as a temporary measure to mitigate police violence against specific groups, even as they question the wisdom of sending

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60 These cities include New Orleans, Seattle, and Portland (Oregon).
62 This concern was central to the community forum Cops or Counselors? hosted by the People’s Investigation and held at the East Bay Media Center in Berkeley on May 30, 2013.
63 Although different in their emphases and strategies, this is the case for groups like Berkeley Copwatch in Berkeley <http://www.berkeleycopwatch.org/> and Critical Resistance in Oakland <http://criticalresistance.org/>.
64 We learned of these alternative from discussions with mental health workers and advocates over the course of the investigation. For example, members of Peers Envisioning and Engaging in Recovery Services (PEERS) of Oakland have advocated safe houses as among possible alternatives to respond to people in crisis; http://www.peersnet.org/.
65 This is the project of the People’s Community Medics of Oakland <http://www.peoplescommunitymedics.org/>.
66 This is among the themes currently developed through Universidad de la Califas in its recent convening of the Democracy Ateneo <http://ccra.mitotedigital.org/democracy_ateneo> in San Jose.
armed agents to respond to any health crisis. The San Francisco Police Department shot and killed Idriss Stelley in 2001 when they responded to a call from his girlfriend that was explicit about his experiencing mental variance. Following the shooting, his mother, Mesha Irizarry spearheaded an effort to pressure the SFPD to institute mandatory Crisis Intervention Training (CIT). Even with this training requirement in place, interactions between law enforcement and mentally ill continue to result in the death of the mentally ill person. The SF Examiner reported in 2011 that the majority of San Francisco Police officers involved in recent deadly shootings of mentally ill people in San Francisco had completed the mandatory forty hours of Crisis Intervention Training (CIT). The SFPD recently discontinued its CIT officer training program.

The case of Moore’s death in Berkeley makes visible two different questions of police training: the first involves the logic of training law enforcement as first responders to health care crisis; and the second involves the importance of awareness training and efforts within the department to address sexual and gender difference.

People in need of care who encounter police are often simply left at local jails. It has been estimated that around 50% and possibly upwards to 70% of inmates at the Alameda County Jail (Santa Rita) suffer from mental illness. Incarceration in Santa Rita and other jails may be the only time many of these inmates receive any medical or psychiatric treatment, in the form of doctors or counselors working within the prison system. When released, many of those who received care in prison or jail then have few options to continue with any form of support. For many, any medications they might have received do not extend far beyond the prison or jail walls; thus many untreated or under treated people are sent back into communities with no adequate net of services or community infrastructure to support them.

Further, the disturbing upward trend of violence against queer and trans people across the United States occurs in parallel with increased police violence against transgender groups. People identifying as transgender or in processes of transition or gender

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68 The SFPD has launched successive campaigns to acquire Tasers, arguing that Tasers could replace the cancelled CIT program and save lives. Police arguments frequently highlight the life-saving potential of Tasers in instances of uncertainty even as death rates associated with use of Tasers continue to rise dramatically across the United States. Further, it is common across Police departments for law enforcement to leverage killings of mentally ill people in their municipal bids to acquire Tasers. Many opposing groups across the Bay argue that as deadly and often brutal attacks on mentally ill people by law enforcement continue to escalate, adding Tasers to the police arsenal is not a viable, humane or even logical option. Ultimately, based on sustained community pressure, the SFPD decided that the risks far outweighed the benefits of using Tasers and efforts to acquire them for the department were abandoned. The Idriss Stelley Foundation and the SF BayView Newspaper continued to oppose the use of Tasers in San Francisco and have repeatedly forced the department to abandon its quest to arm its officers with the devices.

nonconformity frequently experience violence in interacting with law enforcement. In a 2011 incident in California a federal law enforcement agent was captured on video tasing a transgender woman in the stomach and when she collapsed, tasing her again between her legs. This was after the officer established that she was transgender by confronting a seemingly inconsistent state-issued license. The attack takes place while the woman is clearly holding her hands in the air and posing no threat to the officer.

The cuts to social services, reductions in police training programs, and the rapid militarization of the police converge with alarming frequency (and even predictability) on particular groups of the communities’ most vulnerable people. These are often people who do not conform to certain norms of whiteness or follow gender expectations, or versions of mental “correctness” and “stability.” Often these norms reflect status quo understandings of what determines a successful or meaningful life, or even a life worth living. An unwillingness or inability to conform to these norms make some populations and lives more vulnerable to violence and more likely to be targeted by police.

Several recent community investigations have meticulously documented violence against black and brown people by police nationally. These community research projects challenge mainstream media efforts that dehumanize people when they are killed by police and at the same time reveal a legal apparatus organized to protect police privacy and personnel files. Through a variety of methods aimed at accountability and transparency, groups are also working to reassess justice efforts at the community level. It is in this context that the People’s Investigation into the death in custody of Kayla Moore was initiated in Berkeley in February of 2013.

70 Local websites and collectives that address police abuse directed at queer, transgender, and gender nonconformity include Bay of Rage, Oakland’s Occupy Patriarchy and the Tsega Center, a feminist space in East Oakland. These sites and collectives highlight for example the unsolved murder in Oakland of trans woman of color Brandy Martell (April 29, 2012), believed to be a victim of a hate crime. The Tsega Center is named in memory of Occupy Oakland activist Tsega, a woman of color murdered by her boyfriend on July 30, 2012. See The Tsega Center <http://thetsegacenter.wordpress.com/>. Other local groups like Communities United Against Violence (CUAV) also address the violence and targeted hate crimes that LGBTQQ people continue to face (LGBTQQ: Lesbian, gay, bisexual, transgender, queer, and questioning; See the CUAV website at <http://www.cuav.org/>.


V. People’s Investigation process

People’s Investigations are community based independent inquiries into incidents of police violence and misconduct. They are also responses to a lack of transparency around police conduct, and compromised review boards. These are collaborative, grassroots initiatives and are a way for us to become involved in sharing and producing information about police excess in the community. This process can supplement the work of lawyers and support court cases by providing narratives to counter official reports and mainstream media portrayals that criminalize and dehumanize people targeted by law enforcement. The information produced can also inform direct action tactics and other political strategies towards greater community safety. These investigations also provide an open space for us to come together and share in the process of research that is put in service of diverse efforts to take control of our own safety as a community. Thus these investigations emerge from a desire to organize ourselves to address safety beyond the institutions of the state. People’s Investigations place the survivor, or in other cases, the victim’s family and friends, at the center of an effort to determine what happened, discover how it could have been avoided, initiate a process of reprimand against offending officers and make sure families do not suffer reprisals or are denied justice. Specifically, these investigations are committed to supporting the family to seek and determine forms of justice; to aiding families to secure responsible legal counsel; and to working collaboratively to review information and organize actions and responses.

The People’s Investigation into the death in custody of Kayla Moore commenced immediately following news of Moore’s death and as of the release of this report, is ongoing. A key innovation of this report is the effort to make explicit or visible how the police officers interacted with Kayla prior to, during, and after the events in question. By observing all of the officers and their specific interaction with her we can observe in detail the violent disregard of her dignity and humanity such that she ended up dead. The research process, including the graphing of each individual officer’s actions that night as reported in the official police record and reproduced in the police investigation, makes it possible to see the series of interactions with the state, including with individual officers. The People’s Investigation claims that the investigation is as important as other aspects of policing; it is also an indictment of police actions.

Berkeley Copwatch learned of the in custody death of Kayla Xaiver Moore on February 13th as reported in various Berkeley newspapers in the days following the incident at 2116 Allston Way (Gaia Building). Over the course of the next few days Berkeley Copwatch sent members of an investigative team on two separate occasions, February 22nd and 23rd, to the Gaia Building where the incident occurred to speak with residents and locate witnesses. Both teams documented the results of their conversations.

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and interviews. Following the investigative teams’ visits to the site of the incident, Berkeley Copwatch made contact with Moore’s family and friends as well as identified concerned civilians thus collectively launching the People’s Investigation.

As part of the People’s Investigation, members of Berkeley Copwatch began requesting documents from the Berkeley Police Department. This included their Crisis Intervention Training (CIT) Orientation package; the Detail Call for Service Report; their “WRAP” restraint policy; their Transgender Awareness policy; the coroner’s report and the police investigation report. Berkeley Copwatch also requested budget information on mental health services from the Berkeley Department of Health Services. From the family, and this was later corroborated by police documents, we learned that officers had been to Moore’s residence previously in response to moments when Moore was experiencing mental crisis. Thus, officers were aware on the night of the in-custody death that Moore was someone with a past history of emotional crisis. Dispatch and at least some dispatched officers had prior knowledge of Moore’s condition. They knew that this contact would require an evaluation of Moore’s medical situation (“Med eval”).

On April 1, 2013 we sent a Public Records Act Request (PRA) to the District Attorney’s office. The District Attorney did not respond to the PRA. The office alerted us that no investigation had been completed by their office because this was not an officer involved shooting. We learned that without the discharge of a firearm, the incident is left for the police department to investigate since the District Attorney’s office does not conduct an independent investigation.

We contacted the Coroner’s Office at the Alameda County Sheriff’s Department to determine the status of Moore’s case (#2013-00-538) and to gather the autopsy and toxicology reports. Here we discovered that there was a police hold in place from the Berkeley Police Department insuring that no information could be released to the public. We were informed that it could take up to 6-8 months for the records to become public. In addition, we learned that officers requested a “Wrap” device and a spit hood to be used on Moore. As part of the investigation, we requested information on the department’s WRAP policy and also policies such as the use of spit hoods. While we were able to access the Berkeley Police Department’s WRAP policy dated from 2008, we learned that there are no policies for the BPD governing the use of spit hoods.

The People’s Investigation organized together with concerned citizens and various groups across the Bay Area to demand that the Berkeley Police Department release the BPD in-custody death investigation and the coroner’s report detailing the findings of their investigation regarding that evening. These demands were asserted at a rally and speak out at the Berkeley City Council Meeting on April 30, 2013 where one member of the family was forcefully handled by police officers on the floor of the council meeting. Within days, the Berkeley Police Department released the investigation and the coroner’s report.

It can be very useful to review old reports or policy statements. For example, we reviewed the Berkeley Police Review Commission Report of Findings based on a Board
of Inquiry Hearing held May 21-22, 1991. This particular inquiry and report, known as the “Lindstrom Report,” revolved around the death in custody of James Lindstrom who was a schizophrenic man. He stopped breathing following a beating by Berkeley Police officers who also kneeled on his chest.

The investigation also required that we meet with members of the Berkeley Mental Health Commission and other groups, including Peers Envisioning and Engaging in Recovery Services (PEERS) a nonprofit group dedicated to providing a variety of mental health services. It can be very useful to meet with groups organized around similar cases across the Bay, where police responded to people in mental health crisis and in some cases, killed the person in crisis. With these groups, we discussed the state of mental health services in Berkeley, and we learned of viable alternatives that do not involve the police as the first responders. We attended meetings of the Mental Health Commission, and invited members of the community to speak with us further about these possibilities. Collectively we generated options that would better serve the community and those in crisis, including families who struggle to support loved ones who experience crisis.

We also spoke with witnesses and neighbors at the memorial celebration and gathering outside of the Gaia building. On April 17, 2013, on what would have been Kayla’s birthday, Berkeley Copwatch, together with Kayla’s family and friends and other groups organized a celebration remembering Kayla’s life. We gathered in front of the Gaia building where Kayla had lived and died. We celebrated Kayla with blown up photographs of a smiling Kayla and Kayla flashing a peace sign, and with poetry and music, cupcakes, and flowers. The space of the celebration allowed us to collectively contest any attempt to erase her life or to criminalize her in the media. The space also made it possible for the People’s Investigation to generate new information. We were able to speak with people who lived in the building about what they had witnessed the night Kayla died. We spilled out into the street and talked to people throughout the afternoon and handed out hundreds of flyers demanding the release of the police investigation report and coroner’s report. In a large festive group we then made our way

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76 The birthday celebration for Kayla parallels the escrache, a political space that emerges in Argentina organized by families and friends of people disappeared by the Argentinian state. In the escrache, people gather to celebrate missing comrades but to also expose the violence directed at them without expecting any specific form of “justice” or punishment carried out by the state. The space of the escrache not only promotes new approaches to justice but generates information about resistance to state violence. See Brian Whitner, Genocide in the Neighborhood (Oakland: Chainlinks, 2009). This celebration parallels another local project of remembering and making visible grief and violence, Our Hallowed Ground (a project of Love Balm for My Spirit Child). Artist Arielle Brown collaborated with mothers and grandmothers across the Bay Area who have lost children to police and street violence and gathered testimonios of life and loss. These testimonios generated monologues that were then performed on the sidewalk or street where the loss happened, making visible the militarization occurring in our communities, the violence disproportionately experienced by people of color, and the complexity of social networks that violence interrupts.
to the Berkeley Police Department, with our music and banners, and an oversized Public Records Act Request that we had crafted together on a posterboard demanding that the police release the results of the investigation and the coroner’s report. We taped this to the door of the Police Department and held a rally out front where people shared stories of police killings and violence. In addition to the interviews conducted in the days directly following Kayla’s death in February, we were able to gather more information and contacts as well as compare the statements gathered over the course of the investigation to the evidence and overall narrative of the police investigation report.

Following the release of the investigation report, which included the coroner’s report, we made copies and distributed them across members of the People’s Investigation team, including family members. We used the investigation report as an opportunity to gather everyone involved and some supporters to generate more information about the case and to advance a shared analysis that would encourage new strategies to emerge collectively. As part of that effort, we created a graph of all the officers involved in order to mark out the responses of each officer, including each officer’s role in the incident, their statements about that night, and recorded reflections on what happened in the room. We were able to observe that police officers knew whose apartment they were entering, and that they acknowledged a prior history with Moore including recognition of her mental health issues. In order to understand what the officers who responded knew about Moore, how they participated and what their various levels of understanding about what was happening at the time, and most importantly, the amount of force being applied to Moore at any given moment, we created a graph of officer interaction with Moore. We began classifying key information gleaned from each officers’ statements to investigators about the incident which were contained in the final police investigation. In a vertical column on the left side of the spreadsheet, we listed all of the officers who participated in restraining Moore on February 13th, 2013. In a row across the top, we wrote critical questions, including:

- Which officers believed that they were acting in service of a valid warrant?
- What prior knowledge did responding officers have before they arrived?
- How did each officer apply force to restrain Moore?
- What did each officer observe other officers doing?
- Which officers assisted in resuscitation efforts?

These questions, as well as others, were answered as we read each officer’s statements and inserted relevant quotes into the corresponding cell. The result was that we were able to take the totality of responses and make visible patterns that make explicit the officer’s interactions with Moore. Patterns included a) most officers were applying their strength and weight to restrain Moore b) some officers knew her from past incidents c) no officers identified themselves as offering Moore artificial respiration as she was dying. It is from here that we formulated our analysis of the policies, protocols, and training.

We then read the draft of the People’s Investigation report and the police investigation report against various reports from other similar incidents including from different states and from the United States Department of Justice investigations of police responses to
people suffering mental crisis. We also reviewed the situation nationally and noted trends. From here, we deliberated collectively on recommendations.

VI. Analysis of Policies, Protocols, and Training

1. Procedure/Policy Issues

A. Police conducted an inappropriate background check. The caller who contacted BPD to request assistance was John Hayes, who resided in the same apartment as Moore. He reported that Moore was having a mental health episode and that Moore had demanded that Hayes leave the apartment. When officers arrived on the scene, Hayes provided information to officers and assisted police entering into Moore’s residence. BPD later ran a background check on Hayes and discovered that he had an outstanding warrant for $5000. He was immediately arrested. The People’s Investigation asks why Hayes was given a background check. Unless there is a reasonable suspicion to place a person under detention for a specific criminal act, we are concerned that the routinization of background checks can dissuade individuals from seeking the assistance of city services.\footnote{In one recent study as many as 45% of respondents reported that they would not contact police if they were a victim of or witness to crime for fear of triggering an investigation of their status. This is particularly true for populations stigmatized in the media and elsewhere and for those specifically targeted by a variety of law enforcement agencies through practices that include immigration enforcement, racial profiling, and anti-homeless harassment. These figures are from a recent report by Nik Theodore, “Insecure Communities: Latino Perception of Police Involvement in Immigration Enforcement,” (Chicago: Department of Urban Planning and Policy, University of Illinois at Chicago, May 2013).} Further, people should not be subject to background checks or arrested based on their proximity to an unrelated situation that involves the police. This practice widens the net of police surveillance and discipline in a way that threatens individual rights and liberties.

B. There was an unnecessary escalation of the situation. According to the officers’ descriptions of events, it is evident that there is no significant difference in police protocols for dealing with a resistant suspect of a crime and an individual in the midst of a mental crisis. It is evident to the People’s Investigation that there were no efforts by officers to employ even basic de-escalation techniques such as listening to the person, explaining what was happening or going to happen, and allowing time for questions or discussion. There was no attempt to minimize physical contact with the person. Starting from the moment of entry, force was the primary tactic employed to address Moore and resolve the situation. There were no Crisis Intervention Team officers or emergency mental health workers available or called to the scene.

A 1998 BPD report cites Sergeants Lopes and Faeth offering recommendations for families dealing with crisis. They state that callers should be prepared to provide a brief description of the individual’s behavior (and likely outcome) to the police dispatcher. If a caller can recognize and communicate to dispatch that an individual may, for example, be experiencing a psychotic break which in the past has led to prolonged hospitalization, the
officer is able to eliminate other possibilities and respond accordingly. In the case of Moore, officers responding to the call were aware of Moore’s history of crisis, a fact which statements from both Moore’s family and the police investigation confirms.

The joint investigation by the United States Department of Justice’s Civil Rights Divisions and United States Attorney’s Office for the the District of Oregon of the Portland (Oregon) Police Bureau (2012) emphasizes in its assessment of police responses to people experiencing mental illness that “the usual command and control approach does not work effectively with people in a mental illness crisis. If the response is to reassure the individual of safety, there may be a de-escalation. But, if the response is command and control, it may increase the level of fear and result in an escalation.” The investigation summary also points out that, “not all police contacts with people with mental illness are with people in ‘crisis.’” Often times, individuals with mental illness may not be in a crisis, but instead will demonstrate signs and symptoms of their illness, which can be perceived as criminal behavior. The report notes the dangers of criminalizing people with mental illness. These dangers are significantly more likely to occur if the response to people with mental illness comes from officers trained to respond to criminals instead of people experiencing variances in mental health.

C. Officers demonstrated an inability to interpret verbal cues and an inability to remember these. It is evident in the police investigation report, statements, and the witness interviews conducted by the People’s Investigation, that officers were unresponsive to any communication from Moore throughout the incident. Most officers involved in the incident have little or no recollection of the words Moore was using or what she was communicating during the struggle. Those who remember her words recall things like, “get off me.” Neighbors of Moore recounted hearing Moore yell, “get off me,,” “don’t touch me,” and “you’re hurting me.” This failure to respond to the detainee can be considered a factor in escalating a situation that could have been handled without engaging in such drastic physical contact and struggle.

D. Officers failed to disengage. When it became apparent that taking Moore into custody was going to be more difficult than first imagined—and several officers attest to this realization in their statements throughout the police investigation report—officers should have withdrawn and reassessed the objectives of their plan. Officers needed to assess whether it was worth risking Moore’s life with excessive force to protect her from herself. Officers did not disengage even when they realized that the level of force necessary was greater than the threat the situation posed. They also knew Moore was

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80 This information is from witness statements, including from the People’s Investigation.
physically compromised due to her weight, disability, and possible drug use that day. Repeated efforts to win her cooperation and calm the situation should have been made. They should have recognized the coalescence of factors that are known to contribute to positional asphyxia and made efforts to reduce these risks.

E. Officers failed to make use of caregiver present to de-escalate. Officer Brown engaged with Moore and subsequently fell onto the futon in Moore’s apartment with Moore and Officer Tu. At this time, Officer G. Brown reported that she saw another man in the apartment. This was Edward George Sterling, Moore’s caregiver and friend of many years. Sterling could have been instrumental in calming the situation if he had been allowed to remain and to speak with Moore. Unfortunately, Officer Brown ordered Sterling out of the apartment for fear that he might be “dangerous.” To reiterate, Moore’s caretaker had been in the apartment with Moore prior to the BPD’s arrival and had been engaged in a series of strategic practices to calm Moore down, including making Moore something to eat. A reassessment of the situation on the part of the BPD that allowed Moore’s trusted caretaker back into the apartment might have resulted in a different chain of events that evening.

F. There was inadequate response from officers as first responders. No officers attempted to do assisted breathing support and no officers had a safety mask with which to cover the subject’s mouth and begin assisted breathing. Moore’s life might have been saved if officers had been willing and able to provide this assistance.

A situation occurred in Ohio when following an arrest, a woman fell down repeatedly and became incoherent. Officers neglected to summon medical assistance following the arrest. When the case was heard in the Supreme Court in 1989, the ruling noted, “it may happen that in light of the duties assigned to specific officers or employees the need for more or different training is so obvious, and the inadequacy so likely to result in the violation of constitutional rights, that the policymakers of the city can reasonably be said to have been deliberately indifferent to the need. In that event, the failure to provide proper training may fairly be said to represent a policy for which the city is responsible, and for which the city may be held liable if it actually causes injury.”

G. There was an unnecessary call for a spit hood. As Kayla Moore was struggling for her life, Officer Mathis reports that he went down to his squad car to get spit hoods with the intention of placing one on Moore’s face. Currently, BPD has no policies

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81 This directly contradicts the recommendations of Lieutenant Russell Lopes of the Berkeley Police Department, who in a 1998 NAMI presentation offered a number of actions families in crisis can take before calling the police. The summarized presentation makes the suggestion, “try to contact your regular care provider, psychiatrist, or therapist. Perhaps the problem can be handled by an adjustment in the client’s medication or other non-confrontational approach” (Rafael Herrera, Sergeant David Faeth, David Wee, and Lieutenant Russell Lopes, “What Happens When You Have to Call the Police?,” speaker notes compiled by Thomas T. Thomas, National Alliance on Mental Illness (NAMI): East Bay Chapter (May 27, 1998), <http://www.thomastthomas.com/NAMI.htm>.

82 City of Canton, Ohio v. Harris, 489 U.S. 378.
governing the use of spit hoods. However, there are serious issues of concern raised around the use of spit hoods, including an inability of hooded subjects to identify arresting and assisting officers, the tendency for spit hoods to escalate the subject’s level of fear as well as the enhanced likelihood of choking or aspiration of blood or vomit that could result from the impact of the hood, especially if this person is thought to be under the influence of drugs or alcohol. Covering an already compromised person’s face impedes the ability of officers to safely monitor the respiration of that individual.

H. Officers demonstrated insensitivity towards a transgender person. While the People’s Investigation was able to procure BPD policy on Transgender Awareness the documentation of the officers’ verbal and active responses throughout the incident evidences a lack of sensitivity to Moore’s gender and body. This may have played a critical role in the officers’ decisions about how to respond or what first aid they were willing to provide to her when she stopped breathing. Testimony by one officer to a superior officer reveal that he was uncomfortable and possibly unfamiliar with transgendered people. An officer discussed or referenced Moore as an “it” throughout the encounter and subsequently in testimony, referring to her as, “it was a uh, pre-op transgender or transsexual or something like that.” These statements demonstrate discomfort on the part of an officer with the body before them. Officers allowed her to be stripped of her clothing and transported nude. These attitudes of the officers reveal an alarming willingness to disregard the dignity of a member of our community and as a result place that person at risk of serious bodily injury or even death.

2. Officer Misconduct Issues

A. There was no legal basis for arresting Moore. Officer Brown did not have a legal basis for attempting to take Moore into custody. There was no probable cause to arrest Moore on scene for any criminal activity. The warrant from San Francisco was not confirmed. The police investigation attests to the fact that the warrant was not confirmed: “Smith told Brown about the warrant but advised he was unsure if it was for Moore because of the birth year.” Officer Smith stated that he told Officer Brown that he needed to confirm the existence of a valid warrant. Officer Brown decided to proceed with the arrest without confirmation of the warrant. Despite the fact that the “records bureau operator advised of no warrant for Moore. Smith passed on the information to Brown on a field interview card.” Furthermore, Officer Brown did not have justification based on her own observations to assert that Moore was a danger to herself or others. In fact, Moore was in her own home with her caregiver when police officers arrived.

83 A PRA from Berkeley Copwatch confirmed that the BPD does not have a spit hood policy.
85 BPD bulletins warn that, “Since the expansion of the definition of gender now includes transgendered people, harassment and victimization of individuals who have changed their sex, or who are in the process of sex reassignment, or who have gender presentations or characteristics that seem to conflict with an observer’s perception of the individual’s sex, is not to be condoned or sanctioned.” Berkeley Police Department, “Transgender Awareness,” Berkeley Police Department Training and Information Bulletin, N: 275, (January 2000), 2.
87 Ibid., 87.
B. Police engaged in an excessive use of force. Officers knew that Moore was very overweight, possibly under the influence of alcohol and/or drugs, and that she had a history of mental illness. Attempting to violently restrain Moore on the futon contributed to the risks of positional asphyxia and other potentially lethal outcomes. Although she, together with the officers who had approached her “hands on,” accidentally landed on the futon when two officers attempted to arrest her, they should not have attempted to restrain her and take her into custody by straddling her. According to Brown, Tu straddled Moore.88 Several officer statements also confirm that the full body weight of several officers was employed to prevent Moore from kicking, even after her arms had been handcuffed behind her back.89

Recently the Department of Justice investigated the Portland Police Bureau as part of an effort to review the Department’s responses to community members experiencing mental health crisis.90 Drawing on Graham v. Connor, the report notes that claims of excessive force “in the context of an investigatory stop, arrest, or other ‘seizure’ of a free individual are analyzed under the Fourth Amendment’s objective reasonableness standard.”91 They note that courts adjudicate in individual cases whether less intrusive alternatives existed to the level of force employed. Also of importance is whether police officers issued proper warnings prior to employing force, and “whether it should have been apparent to officers that the person they used force against was emotionally disturbed.”92 Notably, “[e]ven when an emotionally disturbed individual is ‘acting out and inviting officers to use deadly force,’ the governmental interest in using such force is diminished by the fact that the officers are confronted, not with a person who has committed a serious crime against others, but with a mentally ill individual.”93 Unreasonable seizure of a person is a type of excessive force under the Fourth Amendment.

C. The officers on scene failed to provide crucial breathing assistance. Based on our review of officer statements, there was no attempt to provide respiratory exchange after officers realized that Moore was not breathing prior to the arrival of paramedics. The police investigation states that Officer Tu initiated chest compressions but no assisted breathing was administered to Moore to accompany these efforts.94 Officers can reasonably be expected to understand the risks of positional asphyxia. Clearly, placing an overweight drug user on her stomach with her face down or to the side, engaging in a prolonged and exhaustive struggle to handcuff her, and allowing four to five officers to apply their full strength and body weight to stop Moore from struggling would increase the risk of death or bodily harm. Although the autopsy lists “drug toxicity” as the cause of death,95 the actions of officers could certainly have contributed to this lethal outcome.

88 Ibid., 91.
89 Ibid., 17-19.
90 September, 2012.
92 Glenn v. Washington County, 673 F.3d 864, 872 (9th Cir. 2011).
93 Ibid., 876.
95 Ibid., 113.
Moore was completely able bodied before she encountered officers. It is dangerous and irresponsible for officers to have allowed this confluence of factors to occur. Police officers who make the decision to engage in forceful restraint techniques against an individual should also be prepared in the event that this force results in the subject’s cessation of respiratory function.96

3. Investigation Flaws
   A. There was not adequate documentation of search warrant status or evidence gathered. The People’s Investigation is interested to know on what authority evidence was taken from the apartment of Kayla Moore. We were unable to locate certain investigative materials in the police report, including a search warrant and affidavit for search warrant if it exists. This makes it difficult for independent investigations and concerned civilians to verify that proper procedures were followed.

   The police investigation lists two pages of items taken.97 On what basis were these items collected? According to BPD General Order I-16 Section 20 (a) Despite the Directive of WI 8102 (a), officers shall not enter a mentally disordered person’s residence, or if in the residence at the time of detention/apprehension, search areas beyond the person’s immediate control solely to seize a firearm or deadly weapon without express consent or a search warrant.” The People’s Investigation would hope that such a prohibition would extend these protections to non-lethal articles of evidence as well. If the search of the premises was justified, it would be important to include the legal basis for the search in the report.

   B. There is inadequate process for gathering witness testimony. The official police investigation into the in-custody death fails to provide the transcribed interviews of witnesses. The witness statements in the police investigation are paraphrased throughout. At no point in the report were witnesses able to represent themselves in their own words or are their statements unmediated by official viewpoints. Audio recordings of field interviews and complete transcriptions of witness interviews would reflect a more accurate representation of the incident and better account for the exact details regarding the incident.

   C. The investigating officer failed to gather information on the mental state of Moore and other information relevant to her well being. The investigator, Sgt. Hong, asks leading questions that shift the focus of the case towards a subject who is treated as a

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96 A recent study in the journal *Medicine, Science, and the Law* addressing death during restraint warns that as part of officer training, “instructors must stress vigilance in monitoring the subject’s condition. The process of hypoxia is insidious, and subjects might not exhibit any clear symptoms before they simply stop breathing. Generally, it takes several minutes for significant hypoxia to occur, but it can happen more quickly if the subject has been violently active and is already out of breath. If the subject experiences extreme difficulty breathing or stops breathing altogether, officers must take steps to resuscitate the subject and obtain medical care immediately.” J. Parkes, “Sudden Death During Restraint: Do Some Positions Affect Lung Function?” *Medicine, Science and the Law*, 48 (2) (2008): 137-41.

criminal. Not surprisingly, Moore was also misrepresented in the public record. Hong asks each officer involved whether they believed that Moore’s behavior was related to drug or alcohol use. As the investigator, Hong did not ask whether Moore’s behavior might likely have been related to a mental condition or whether any official evaluation of Moore had been conducted. There was no Application for Emergency Psychiatric Detention form included in the BPD’s investigation into this incident. In the absence of officer responses and the absence of the application for Emergency Psychiatric Detention, it is not possible to ascertain whether officers conducted any evaluation of Moore’s mental state.

In addition, the investigator did not ask officers if they were informed about or trained in regards the dangers of positional asphyxia, in-custody death syndrome, or excited delirium. At no time did the investigating officer ask any of the officers at the scene if there was any assessment of what was causing Moore to resist and what the risks to Moore’s health were. This failure could reflect a profound disregard for their training. When officers are authorized to employ restraint techniques on people with mental health issues as well as resistant criminal suspects, there is a greater overall incidence of physical contacts, and thus, a greater probability of injury. The city government must address concerns raised when the police force is called on to respond to people with mental health issues or who are experiencing crisis.

In order to reduce medically serious and lethal outcomes, incidents must be evaluated as to whether officers executed actions within training protocols. The goal will be to determine if they were not prepared properly or acted in contradiction to their training. Failure to gather information from officers on their awareness of the dangers of this kind of restraint in this type of situation undermines any confidence officers are able to respond to health crises. A lack of oversight undermines the ability of the department to assess whether to adjust training or consequence misconduct by officers.

VII. Recommendations

1. Procedure/Policy issues

A. For Berkeley Community

- Seek alternatives to police when a person is experiencing a mental crisis. Inviting the police into a tense situation can lead to escalation and seriously increase the risk of harm or death to the individual in distress. The inadequacy of the emergency mental health systems is producing lethal consequences for families across the country. Learn more about emotional CPR training and continue to build networks of support so that community based care can be increased. Emotional CPR (eCPR) is a project of the National Coalition for Mental Health Recovery (NCMHR) and is “an educational program designed to teach people to assist others through an emotional crisis by three simple steps: connecting,

98 See for example, Berkeley Police Department, “In-Custody Death Investigation: Xavier Moore,” (2013), 166; 215.
empowering, and revitalizing. These steps emphasize the need for deep listening and establishing a feeling of safety, encouraging people to feel more engaged in life, assisting others to reconnect with support systems and loved ones, and supporting people to resume routines to establish health. At the center of eCPR is a sense of “practiced presence” that affirms a sense of mastery for the person experiencing crisis. In short, the healing process is achieved through connections to community.

Contact Peers Envisioning and Engaging in Recovery Services (PEERS) 333 Hegenberger Road, Oakland CA 94621, Phone (510) 832 7337 to learn more about alternatives.

- Lobby for City resources to be directed away from police hardware and away from increases in police personal. Instead, lobby for resources that can establish an emergency mental health delivery system that does not feature police as the first point of contact for mentally ill people in crisis.

B. For Berkeley Police Department

- Cease background checks on reporting parties without reasonable suspicion. Police officers should not run background checks on individuals who report suspicious activity to police unless reasonable suspicion for a detention of that person is present.

- Create clear distinction between “Command and Control” and “Medical evaluation” protocols. Train all officers to be able to identify and respond to people with developmental disabilities, mental illness, and people having serious mental health episodes. This includes introducing de-escalation techniques for all officers. There should be clear protocols established to work with other responders in situations involving mental health variance, not just the few who choose to take Crisis Intervention Training offered by the county of Alameda. This should be a mandatory training for all officers at the police academy. CIT should be expanded and mandatory for all law enforcement personnel. Measures should be taken to discipline officers, including supervising sergeants, who fail to recognize and revise plans of action in accordance with the dangerous set of circumstances that the arresting officers either precipitate or allow to develop.


• Peace Officers Standards and Training (POST) certified officers acting as first responders should be capable of providing more than the most basic techniques of CPR. POST training stresses the basics of C-A-B (circulation-airway-breathing) and Berkeley officers’ training should align with the POST standards, according to Berkeley Police Public Information Officer Jennifer Coats. In normal circumstances officers would be expected to administer respiratory assistance. It is of great concern to us that the officers were either unable or unwilling to provide some type of rescue breathing. Further investigation in this area should be conducted to determine the reasons for the failure to assist in the application of life saving techniques.

• Clarify training protocols. To many people involved in social services the following topics for training of officers are considered commonplace. However, if officers lack these skills, direct/explicit instruction should be provided.
  
  o Recall and respond techniques: Officers need training in how to hear individuals, how to recall what is being said and how to respond appropriately. If a person declares they are in pain, officers should be held accountable for responding to that person’s communication. Injuries to the individual being detained should be evaluated according to whether they could have been avoided.

  o Disengagement Strategies: Officers need to know when it is in the interest of safety to disengage from a confrontation and regroup in order to ensure the safety of all persons involved. Evaluation of the whole situation relative to the immediate objective is required. Ability to work with friends and family of the person in crisis should be emphasized and encouraged.

  o De-escalation Techniques: Officers need to know how to use their words and their body language to calm a person in distress. This is similar to CIT program. Officers should be required to identify de-escalation techniques, employ them and be required to use them early in citizen-police encounters.

  o Transgender Awareness: Officers working in a diverse, urban area need to understand the current issues in gender awareness and how to show respect for all people regardless of their perceived gender. This training should be required of all BPD officers.

C. For the Berkeley City Council

Identify a civilian point of contact for Berkeley citizens to call when they need help managing a mental health crisis. The City of Berkeley needs to ensure the delivery of emergency mental health services to its residents. Staffing and funding levels are currently too low to provide for adequate crisis intervention and assessment. Revise emergency response system protocols so that Berkeley
officers are only called in when the situation has escalated to the point of imminent danger or where a dangerous weapon is involved. Otherwise, mental health workers should be the primary point of contact during mental health emergencies.

2. Misconduct/Criminal Violations

A. For Berkeley Community
The people of Alameda County must demand that ALL in custody deaths be investigated and the results of these investigations should be provided to the families and the public. It is important to note that on April 1, 2013, in response to a direct inquiry from the People’s Investigation, the main office of the District Attorney for Alameda County explained that the District Attorney’s office does not initiate investigations of in-custody deaths unless the incident involves a firearm. A Public Records Act request was sent to the District Attorney’s office for further clarification asking for written confirmation that this failure to investigate is a matter of policy, but as of this writing, no response has been received.

Some of the officers involved in restraining Kayla Moore should have been disciplined and, in some cases, investigated for possible criminal activity related to their actions on the night of Moore’s death. We believe that some of the officers involved are potentially dangerous to people with mental health challenges and SHOULD NOT be responding to situations where interactions with people with mental health issues might be required unless or until they have received adequate training.

B. For Berkeley Police Department/Police Review Commission
The following allegations of misconduct have been examined by the People’s Investigation process and we believe that there is evidence to support the following allegations against these officers. Although we do not have access to additional confidential personnel information, we base our conclusions on information presented in the Berkeley Police investigation of this incident as well as supporting documentation. We believe that this information justifies action on the part of the Chief of Police to inquire if it is warranted to discipline officers for their conduct related to this incident.

Allegation #1: False arrest
Subject Officers: G. Brown #16 and K. Tu #38

Basis: Officer Brown proceeded with an arrest and Officer Tu assisted without having confirmation of a warrant for the arrest of Moore. While Officer Smith ran a warrant check on Moore, the only thing that came back about Moore was a “caution code” associated with her name. According to Officer Smith, “And a $10,000 warrant out of

101 Supporting documentation includes BPD CIT orientation manual and training bulletins, BPD Detail Call for Service Report, People’s Investigation witness statements, and other sources. Please see selected sources at the end of this document for a list of primary documents and their citations.
San Francisco came up but I didn’t have a birth date. So I didn’t know for certain if that was them or not but when I ran his name through Telecom they didn’t come back with any warrant.”

No officer should take a person into custody for an outstanding warrant, unless that warrant is confirmed at/by the time of arrest.

**Allegation #2: Excessive Force**

Subject Officers: G. Brown #16, K. Tu #38, N. Kastmiler #104, Officer Smith #3, Officer Mathis #80, Officer Gardner #121, Sgt. Cardoza #S-31, Sgt. A. Phillips #S-17

Basis: These officers and their supervisors are trained in the dangers of positional asphyxia and should have recognized the danger that they put Kayla Moore in when they allowed dangerous conditions to continue without interruption. The visible factors were a) an obese person b) possibly on drugs c) struggling with officers d) face down on a futon. These are all factors that officers should have known could contribute to a lethal outcome. Not only did five to six officers restrain Moore through the use of their full strength and their full body weight while she was face down, they needlessly prolonged the confrontation by insisting that her lower legs be restrained. Officers could have stepped away to a safe distance from the individual and de-escalated the situation. Handcuffed and face down, she did not pose an immediate danger to the officers.

The amount of force used to restrain Moore was unnecessary to ensure officer safety and other techniques for gaining compliance should have been employed.

**Allegation #3: Failure To Act**

Subject Officers: G. Brown #16, K., N. Kastmiler #104, Smith #3, Officer Mathis #80, Gardner #121, Sgt. Cardoza #S-31, Sgt. A. Phillips #S-17

Basis: With or without a legal basis, once BPD officers handcuffed Moore and assumed custody of her, they also assumed responsibility for her medical situation and any condition that they themselves had caused. Once it became known that Moore was not breathing, officers rightly removed the handcuffs, began chest compressions and ensured that her airway was not obstructed. Officer Tu was doing chest compressions, but none of the other officers involved or their supervisors actually provided Moore with assistance breathing. Officer Brown states that “We immediately removed the handcuffs, laid him on his back and began CPR and was relieved by Berkeley Fire Department (BFD).” Officer Tu’s statement corroborates that they “began CPR”. In fact, Officer Brown who was “holding [Moore’s] head” states, “And I said, ‘Someone run downstairs, get a mask, get a mask.’ And they said, ‘B-BFD’s here.’” However, based on the investigative notes, it is clear no officer attempted to provide artificial respiration.
All of the officers had a moral, if not legal, responsibility to assist Moore as she lay on the floor, unable to breath. These officers should have been qualified to provide assisted breathing in addition to chest compressions. It is disturbing that none of the officers or supervisors present even had a safety mask to use for the purpose of providing assisted breathing. Even without the mask, it is possible that, had one of those provided Moore with artificial respiration, she might not have died.

3. Improving Future Investigations
Overall, the Berkeley Police Department’s In-Custody Death investigation was helpful to the People’s Investigation and we note that the BPD was more transparent in its investigation into Moore’s death than it has been at other times. We hope that this will continue to be the case. We hope that BPD can appreciate the many reasons why a family that loses a loved one needs accurate information as soon as possible. Releasing the police report and finally allowing the coroner’s report to be released was helpful for us in formulating our understanding of events and enabling us to make better recommendations.

There are however key areas in need of improvement in the Berkeley Police Department’s investigation process to insure that the ways that police document and later investigate their own actions are accountable to their own policies and procedures and transparent to the people:

- Create direct transcripts of witness statements as well as those of the police officers. Paraphrased statements do not hold up to transcribed ones. If officers in the field conduct interviews, these should be recorded, pending permission of the witness. The investigation is a critical aspect of policing. This requires an attentiveness throughout the investigative process to record and reproduce accurate information and to provide documentation that clarifies the decisions made by officers throughout the incident.

- Provide primary source documents:
  - “Affidavit for Search Warrant” for the apartment of Kayla Moore would be one. Why was the apartment searched? What were they looking for? Was this part of an investigation? The Affidavit for Search Warrant would be most helpful in answering these questions.
  - A transcript of the initial call for assistance from Mr. Hayes to dispatch would confirm what the officers knew about the scene before they entered.

- Assess what questions could have been asked, including:
  - Did Kayla Moore demonstrate any behavior that made you think that she might have some kind of mental illness?
  - What do you know about the dangers of positional asphyxia and safety measures to prevent it?
  - Did you or any officers attempt to offer any kind of assisted breathing to Moore? Why or why not?
- Make public investigator findings and recommendations
  
The public should also be informed as to what the official position of the BPD is and whether this death should be reviewed further and efforts made to prevent this type of tragedy in the future. The public would like to know whether the Chief believes that something went wrong that night and what he intends to do to prevent similar episodes from happening or if he considers this incident to have been unavoidable.
Selected Reports and Policy Documents

Berkeley Department of Health Services, report prepared by BDHS in response to a PRA request from the People’s Investigation and containing information from 2000-1014. (July 16, 2013).

Berkeley Police Department, Crisis Intervention Training (CIT) Orientation package, (March 27, 2013).


People’s Investigation, witness interviews conducted February – April, 2013 (2013).


TO: Honorable Mayor and Members of the City Council

FROM: Councilmember Linda Maio

SUBJECT: Recommendation to the Alameda County Board of Supervisors Regarding AB 1421 (“Laura’s Law”) for Mental Health Services

RECOMMENDATION:
Urge the Alameda County Board of Supervisors to adopt the recommendations for improved Mental Health Services as proposed by Health Care Services Director Alex Briscoe, and in particular to approve the pilot of Assisted Outpatient Treatment (AOT) for five seriously ill clients.

BACKGROUND:
AB1421 (“Laura’s Law”) provides community-based, assisted outpatient treatment to individuals who, as a result of their mental illness, are unable to access mental health services voluntarily and who qualify under a host of stringent criteria.

To date, Alameda County has opted not to implement AB1421, although all of California’s 58 counties are eligible to do so. Only Nevada County, home of Laura Wilcox, a victim of a severely mentally-ill person, has fully implemented. Los Angeles County has a pilot program and other counties are considering implementation. The Alameda County Board of Supervisors will be presented with a set of recommendations for implementation at their meeting of November 28, 2013.

The critical need for improved services for the mentally ill is all too apparent to first-line providers and family members. As the Police Chief from San Leandro reported at a recent gathering hosted by Congresswoman Barbara Lee, there are simply not enough services and facilities. Often when a client in critical condition is placed in John George Psychiatric Hospital or a similar facility, someone on the other end gets pushed out before s/he is well - only to enter the revolving door of illness and crisis once again. Director Briscoe has developed a set of recommendations to improve services. These services are eminently worth support from all sectors.

The more controversial part of Briscoe’s recommendations is the piloting of Assisted Outpatient Services (AOT) as outlined AB1421, for five clients. These clients would be those who have a documented serious mental illness; are unlikely to survive...
safely in the community; historically lack compliance with treatment; have experienced two hospitalizations, prison, have been jailed in the past 36 months or committed a serious or violent act, made threats, or made attempts to harm one’s self or others; have been offered an opportunity to participate in treatment and failed to engage or refused and their condition is in deterioration; and will likely benefit from treatment.

Approximately 40% - 50% of those with severe mental illness lack awareness that they are ill and possess significant deficits in self-awareness. They are unable to consistently participate in voluntary treatment by choice alone and thus represent the most tragic of cases. Often, these persons end up in our emergency psychiatric hospitals, jail, or prison.

Daniel DeWitt is the young man who is accused of attacking and murdering Peter Cukor in a state of paranoid schizophrenia. Daniel DeWitt's parents continue to advocate for AB1421 stating they were not able to get appropriate help for their son in our current mental health system—not an uncommon story. Assisted Outpatient Treatment (AOT) is an upfront tool that could have helped Daniel before he became floridly psychotic. The proposed pilot for five mentally ill persons is a way for Alameda County to test and develop implementation of AOT in a way that respects patients’ rights while helping them get the help they urgently need.

Because AOT is characterized by some as a violation of patients’ rights, it is often dismissed out of hand without an understanding of how it can work. Misinformation is about it is rampant and the facts become shadowed. Recently, Nevada County, which has implemented AOT, visited Alameda County to present their implementation. Vice-Mayor Maio attended as did many parents of mentally ill persons, care providers, field professionals, and patients’ rights advocates.

The Director of Turning Point (Nevada County’s mental health provider) described their process along with Judge Anderson who handles these cases. What follows is an overview of how AOT is applied in Nevada County. It focuses on those persons who are in such a disabled state that they cannot voluntary participate in services and have a long and current history of chronic interventions by police and emergency services.

Judge Anderson reported that the intervention before his court is not punitive. It is much like a mediation session with an agreed-upon outcome. In about 95% of the cases the outcome is a contract for a treatment plan between the client and the provider. Because it is administered by a judge, the clients are more apt to adhere to the treatment plan. Judge Anderson was very clear that the gravitas of the court makes the difference. It may take a few appearances before the court, but they report very successful outcomes.

In cases where a person cannot engage in treatment and is evidenced as seriously deteriorating, AB1421 can require the person to have a hospital
evaluation. It is important to note that although medication may be a part of the court-order and the individualized treatment plan, medications cannot be forced. Medication can only happen in a hospital and after a hearing. This is no different from what exists now.

Most of the audience, if not all, was impressed by Nevada County’s humane approach. Patients’ rights advocates cited their doubts that Alameda County could replicate Nevada County’s humane approach. That is a good reason to include community oversight as a pilot goes forward. In the context of a pilot of only 5 people, it should be entirely possible for Alameda County to follow the pilot’s progress very closely and to include community oversight to ensure integrity.

The piloting of AOT, a very small pilot indeed, should at the very least enable us to see for ourselves how this approach could help critically ill people. This approach can save lives, protect civil rights, increase public safety, save a good deal of money and resources, and improve the quality of life for the individual before s/he becomes gravely disabled or does harm to self or others.

The entire set of AB1421 recommendations can be found at:
http://www.acbhcs.org

FINANCIAL IMPLICATIONS:
None at this time.

CONTACT:
Councilmember Linda Maio, District 1

ATTACHMENTS:
1. Flow chart
2. Letter from Millie Swafford, Director, Alameda County Criminal Justice Mental Health Services and CONREP
Family Member
Roommate
Peace Officer
Agency Director
Hospital Director
Licensed Therapist

Requests from Community
Screen
Outreach
Engage

Meets AOT Criteria
Accepts treatment

Does Not Meet AOT Criteria
Does not accept treatment; or refuses Assessment

Petition Superior Court

Continue to Outreach

Meets Medical Necessity; wants treatment; offer ongoing treatment

Petition Granted

Petition Denied: End of Intervention

Periodic Review Hearings

Refuses to Show, or refuses Treatment

Inpatient Evaluation; 72 hours

Meets Medical Necessity; does not want treatment; end of intervention

Completes AOT Treatment Plan

ultimately judge could order for hospital stay if for evaluation if conditions are dire enough (starving herself)

at least 2/3 accept treatment at this point voluntarily
April 8, 2012

RE: Laura's Law

To Whom It May Concern;

My hope is that our agency will have the courage to begin having meaningful talks and I am confident we can find a way to develop effective interventions that are intended to prevent harm while at the same time ensuring due process for consumers who adamantly oppose any type of “involuntary treatment”. The “one size fits all” approach (no form of involuntary care) advocated so vociferously by a segment of consumers has so far been the only voice listened to at the tragic and traumatic expense of victims, the severely mentally impaired perpetrators themselves, and their families.

There is strong support for Laura’s Law in the criminal justice mental health world and with families. Far too many mentally ill people end up in jail instead of hospitals because they do not engage in treatment in the community. These are our castaways. No matter how much voluntary outreach takes place, some individuals, because of the nature of their mental illnesses, do not respond. Involuntary outpatient treatment can be very effective, and it is the humane approach for persons who are unable to make rational decisions about their treatment needs. CONREP is a great example of how successful persons with mental illnesses can be with the appropriate type of interventions and support.

I want to strongly encourage BHCS to include the voices of families and criminal justice mental health workers in discussions about Laura’s Law. Like so many issues, there is more than one perspective and voice.

When I received opposition for the Behavioral Health Court I said, and I continue to say, one size does not fit all. I hope our agency has the courage and compassion to stand up for the needs of those individuals and families who can benefit from Laura’s Law.

Thank you.

Millie Swaﬀord, Director
Alameda County Criminal Justice Mental Health Services and CONREP
2055 Fairmont Drive, San Leandro, CA 94578
Phone: 510-667-3952 FAX: 510-667-3903
QIC: 43401
6. **Purchase Orders: Toter, Incorporated for Refuse and Recycling Roll-Out Carts**

From: City Manager

Recommendation: Adopt a Resolution: 1. Authorizing the City Manager to enter into additional FY 2014 purchase orders with Toter, Incorporated for refuse and recycling rollout carts, for a total FY 2014 amount not to exceed $176,039; and 2. Authorizing the City Manager to purchase refuse and recycling rollout carts from Toter, Incorporated, piggy-backing off of a National Intergovernmental Purchasing Alliance (NIPA) contract with Toter, for annual expenditures not to exceed: FY 2015 - $259,659; FY 2016 - $267,448; FY 2017 - $275,472; FY 2018 - $283,736

Financial Implications: See report

Contact: Andrew Clough, Public Works, 981-6300

Action: Adopted Resolution No. 66,379–N.S.

7. **Naming Twain Path No. 68 for Betty Olds**

From: Public Works Commission

Recommendation: Adopt a Resolution, by at least a 2/3 majority, renaming Twain Path No. 68 as the Betty Olds Path.

Financial Implications: Unknown

Contact: Jeff Egeberg, Commission Secretary, 981-6406

Action: Adopted Resolution No. 66,380–N.S.

**Council Consent Items**

8. **Recommendation to the Alameda County Board of Supervisors Regarding AB 1421 (“Laura’s Law”) for Mental Health Services**

From: Councilmember Maio

Recommendation: Urge the Alameda County Board of Supervisors to adopt the recommendations for improved Mental Health Services as proposed by Health Care Services Director Alex Briscoe, and in particular to approve the pilot of Assisted Outpatient Treatment (AOT) for five seriously ill clients.

Financial Implications: None

Contact: Linda Maio, Councilmember, District 1, 981-7110

Action: Moved to Action Calendar. 29 speakers. M/S/C (Maio/Moore) to approve the recommendation amended to include a request to the Board of Supervisors to appoint an oversight committee and to encourage Alameda County to increase the number of persons in the pilot program.

Vote: All Ayes.

9. **Portable Sign Pilot Program**

From: Councilmember Arreguin

Recommendation: Refer to the City Manager, the Commission on Disability, and the Transportation Commission for consideration the expansion of the existing portable sign program that enables businesses to place portable signs on sidewalks and medians.

Financial Implications: Staff time

Contact: Jesse Arreguin, Councilmember, District 4, 981-7140

Action: Approved recommendation.

10. **Salary Study for Mayor and Councilmembers**

From: Councilmembers Arreguin and Wozniak

Recommendation: Direct the City Manager to conduct a study regarding the salaries of local elected officials in other jurisdictions (including Charter Cities and Bay Area cities) and including information on how much time Council members in other cities on average dedicate to their Council position or are obligated to dedicate, as well as information on how Council members in other cities are paid (whether by hourly rate or a lump sum stipend). The City Manager should report the results of this salary study to the City Council.

Financial Implications: Staff time

Contact: Jesse Arreguin, Councilmember, District 4, 981-7140

Action: Approved recommendation.

11. **Support Transgender Rights: Oppose the Deceptively Named Privacy for All Students Campaign**

From: Councilmember Worthington

Recommendation: Adopt a Resolution opposing the Privacy for All Students Campaign, a referendum effort to overturn AB 1266, the School Success and Opportunity Act, a bill that provides rights for transgender students.

Financial Implications: None

Contact: Kriss Worthington, Councilmember, District 7, 981-7170

Action: Adopted Resolution No. 66,381–N.S. Councilmembers Arreguin, Moore, and Anderson added as co-sponsors.

12. **Proclamation to Honor Shelley Jones, Sean Stallmayer, and Zandra Guiten-Bellard for Acts of Heroism and Compassion**
### AB 1421 Proposed Program Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Type of Program</th>
<th>Funding</th>
<th>Implementation Timeline</th>
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<tr>
<td>1. Pilot San Diego County’s <em>In Home Outreach Team</em> (IHOT) to provide home or community-based support and education to clients/consumers, family members and caregivers.</td>
<td>Outreach and Engagement with Youth, Consumers and Families</td>
<td>$275,000 (two teams) - $400,000 (three teams)</td>
<td>6 months</td>
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<td>This pilot would be funded through a BHCS MHSA Innovations Grant.</td>
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<td>2. Pilot a <em>Street Youth Outreach Team</em> to meet and engage young people “where they’re at” in the community and help link them to services and treatment.</td>
<td>Outreach and Engagement with Youth, Consumers and Families</td>
<td>$300,000</td>
<td>6 months</td>
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<td>The federal Family and Youth Services Bureau is currently accepting applications for the Street Outreach Program. This pilot could also receive funding through a BHCS MHSA Innovations Grant.</td>
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<td>3. Offer <em>Multifamily Groups</em> to support family members of youth who are not engaged or participating in their treatment.</td>
<td>Outreach and Engagement with Youth, Consumers and Families</td>
<td>Training is in the range of $1200/person, which includes 12 months of monthly phone supervision. For a three person team, the training cost would be approximately $3600. Training expenses would be covered by the BHCS Training Budget.</td>
<td>3 months or less, depending on trainer availability</td>
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<td>4. Implement the <em>Mentors on Discharge Program</em> to support clients/consumers following their discharge from John George Psychiatric Pavilion and possibly other local psychiatric hospitals. Funded by a BHCS MHSA Innovations Grant, this program demonstrated a 67% decrease in hospital recidivism rates for clients/consumers that had a peer mentor upon their discharge. (New recommendation)</td>
<td>Utilize Peer Navigators to Provide Peer Support to Clients/Consumers Receiving Services</td>
<td>$187,500 – this program would be supported by MHSA funding</td>
<td>This is a new program which will be contracted out to a community-based provider through the BHCS Request for Proposal (RFP) process. The RFP process takes approximately six months from posting the RFP to the execution of the contract.</td>
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<td>5. Develop and pilot a <em>Peer Navigators Program</em> to offer individual peer support to clients/consumers during care transitions and to provide linkages to primary and behavioral health care services and community resources. (New recommendation)</td>
<td>Utilize Peer Navigators to Provide Peer Support to Clients/Consumers Receiving Services</td>
<td>$200,000 This pilot would be funded by a BHCS MHSA Innovations Grant.</td>
<td>6 months</td>
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<td>6. Hire an <em>Acute Care Clinical Manager</em> to work with staff at John George Psychiatric Pavilion and to identify BHCS services and community resources for clients/consumers in the Psychiatric Emergency Room or in the hospital.</td>
<td>Expand Hospital-Based Resources and Intensive Case Management Services</td>
<td>This BHCS position is vacant and funded.</td>
<td>Recruitment will open in September 2013.</td>
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<td>Program Name</td>
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<td>7. Expand <strong>Intensive Case Management Services for Transition Age Youth</strong></td>
<td>Expand Hospital-Based Resources and Intensive Case Management Services</td>
<td>$350,000 – the expansion would be supported by MHSA funding</td>
<td>This is a new program which will be contracted out to a community-based provider through the BHCS Request for Proposal (RFP) process. The RFP process takes approximately six months from posting the RFP to the execution of the contract.</td>
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<td>who are difficult to engage, require assistance with maintaining their activities of daily living and would benefit from these services. (New recommendation)</td>
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<td>8. Expand capacity of the <strong>STEPS Adult Intensive Case Management Program</strong> to address a broader target population that includes clients/consumers experiencing early episodes of mental illness in the hospital.</td>
<td>Expand Hospital-Based Resources and Intensive Case Management Services</td>
<td>$250,000 – the expansion would be supported by MHSA funding</td>
<td>BHCS would seek to provide and implement services with an existing provider, as soon as possible, through a contract augmentation.</td>
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<td>9. Expand capacity of the <strong>Forensic Assertive Community Treatment (FACT) Team</strong> to address a broader target population that includes clients/consumers experiencing early episodes of mental illness while incarcerated. (New recommendation)</td>
<td>Expand Hospital-Based Resources and Intensive Case Management Services</td>
<td>$350,000 – the expansion would be supported by MHSA funding</td>
<td>BHCS would seek to provide and implement services with an existing provider, as soon as possible, through a contract augmentation.</td>
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<td>10. Develop an <strong>AB1421 Pilot</strong> that reflects BHCS values of wellness and recovery, consumer choice and peer support and expands eligibility criteria to include client/consumer participation in: a) outreach or engagement programs and/or b) a peer mentor and c) participation in intensive case management prior to consideration for the pilot.</td>
<td>Pilot an AB1421/Assisted Outpatient Treatment Program</td>
<td>$300,000 (includes services and an estimate of court and legal costs, which will need to be determined by Alameda County System Partners). This program will be funded by County General Funds.</td>
<td>If approved by the Board of Supervisors, BHCS will convene a Planning Work Group to develop eligibility criteria, program design and processes and to identify outcome measures and an evaluation plan.</td>
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August 27, 2013

Dear Mental Health Commissioners,


The purpose of the Town Hall Meeting was to address inequities, disparities and discrimination in the areas of Employment, Education, Housing, Health Care, Mental Health and Criminal Justice in the City of Berkeley. We would like to elicit your support in eliminating inequities, disparities and discrimination, especially as they relate to African Americans, low-income families and other marginalized communities in the City of Berkeley.

Attached is the Town Hall Meeting summary report with recommendations (the report summary also includes information from complaints that the Berkeley NAACP received.) We are requesting the Mental Health Commission to review the report, in particular the Health and Mental Health and Housing sections and develop Action Items that can be put forth to the Berkeley City Council that will be executed and result in resolutions being passed.

The Berkeley NAACP looks forward to working with the Mental Health Commission on this worthwhile endeavor.

Sincerely,

Mansour Id-Deen,
President, Berkeley NAACP Branch
BerkeleyNAACP@gmail.com
(510) 206-2129

Cc: Mayor Bates; Berkeley City Council Members; Berkeley City Commissions; Berkeley Unified School District Superintendent and School Board Directors; Supervisor Keith Carson; Loni Hancock; Nancy Skinner; Congressperson Barbara Lee and Alice Huffman
“The Status of African Americans, Low-income Families and Marginalized Communities in the City of Berkeley”

TOWN HALL MEETING
SUMMARY AND RECOMMENDATIONS

The City of Berkeley’s historical reputation is one of diversity, inclusion, and free speech. In fact, the City’s logo depicts an array of colorful human faces, as it pledge’s of diversity and inclusion within its borders. The City of Berkeley is a Sanctuary City providing safety, shelter and rest to all who enter into its boundaries. Therefore it is imperative that African Americans, Low-income Families and other Marginalized Communities continue to be an integral part of this great City. (Town Hall Press Release)

Members of the Berkeley NAACP Branch, ACLU Berkeley North Eastbay, African American/Black Professionals and Community Network, Coalition for a Safe Berkeley, SEIU 1021 Berkeley Maintenance Chapter and the City of Berkeley Peace and Justice Commission hosted a Town Hall Meeting on Saturday, July 13, 2013 at the South Berkeley Library. The purpose of the Town Hall Meeting was to address inequities, disparities and discrimination in the areas of Employment, Education, Housing, Health Care, Mental Health, and Criminal Justice in the City of Berkeley.

At the Town Hall Meeting we heard from Berkeley residents, city workers, commissioners, council members and other political figures. The participants agreed that there are significant problems in the City of Berkeley in relationship to inequities, disparities and discrimination in the areas of employment, education, housing, health care, mental health, and criminal justice as they relate to African Americans, Low-income Families and Marginalized Communities in the City of Berkeley.

For the most part, people are unaware that numerous African Americans employed by the City of Berkeley have lodged discrimination complaints; the privatization of public housing has displaced African Americans and low-income families from their homes in Berkeley; Berkeley Unified School District has one of the largest achievement gaps between Black and Brown students and White students in the state; Berkeley’s African American/Black population has declined from over 30% of the city’s population to less than 8%; African Americans have the poorest health outcomes in Berkeley; most mental health services are not provided in a culturally responsive manner; and racial profiling of African American young men is an escalating problem in Berkeley.

The Berkeley NAACP has received many complaints from African American city workers, low-income and marginalized residents regarding discrimination within the past two years. Throughout this period we attempted to collaborate with various city entities and individuals, including the City Manager and Deputy City Manager, Berkeley Unified School District Board members and Berkeley’s Police Chief. The Berkeley NAACP feels that there is unwillingness by some in positions of power to address the numerous concerns that were brought forth to the City of Berkeley. Therefore, in order to shed light on these issues, the Berkeley NAACP collaborated with other community partners and hosted this Town Hall Meeting.

The Town Hall Meeting provided the opportunity for those experiencing perceived discrimination, inequities, disparities and injustices a safe place to discuss these issues and provide suggestions and recommendations for solutions to the problems identified. The goal of the Berkeley NAACP is to assist with the elimination of...
discrimination in education, law enforcement, health care, mental health, housing and employment in the City of Berkeley.

**Employment**

City Manager Christine Daniel was present for the four-hour meeting, as was Police Capt. Cynthia Harris. Daniel told this newspaper she was not prepared to comment on questions raised about city employment practices, other than to say the city continues to meet with SEIU on labor issues.  *(City of Berkeley)*

Numerous employees from different City departments met with the Berkeley NAACP and lodged complaints concerning what they perceived to be discriminatory employment practices by the City of Berkeley. Most of the complaints came from employees that work or worked in three departments: Health, Housing and Community Services; Parks, Recreation and Waterfront and Public Works (Zero Waste.) There were complaints from a few other departments as well.

The complaints alleged unfair hiring and promotional practices, favoritism, cronyism and unfair treatment of African Americans within the City of Berkeley. The city was accused of manipulating practices and protocols for hiring, firing, promotional and job reclassification processes in order to put friends and individuals of their selection in various city positions. There are other city employees who are afraid to speak out, because they are fearful of retaliation, such as losing their jobs, being demoted, having their work hours cut, being reduced to part-time status and/or not being able to obtain promotional opportunities.

Some city staff who have spoken up and/or are perceived to ask too many questions about divisional, departmental and/or city issues reported that they are ignored and/or they have been retaliated against in various ways, such as job relocation, demotion, isolation, being left out of the information loop, cuts to program budgets, denied office equipment, write ups, receiving bad evaluations, having their work hours cut, not being granted overtime and even being terminated.

The *Glass Ceiling* is still a problem for African Americans in their professional careers, including in the City of Berkeley. There are few African Americans in Senior Management positions in the City of Berkeley, BUSD and community-based agencies. Deserving Black staff members are constantly over-looked for promotions and upward mobility on the job. It was reported that within the past year more than eight senior management positions within the City went to White employees that were pre-selected for the positions.

Concerns were also expressed about the lack of Black men in management and/or supervisory roles in some city departments and divisions. The hiring of most Black employees, especially in senior management and mid-level management positions in city government are usually as replacements for African Americans that have left the City of Berkeley employment; not resulting in an increase of African American employees.

High unemployment rates for African Americans in Berkeley, especially among Black males, are also a major concern that was expressed at the Town Hall Meeting. This includes black professionals, youth, unemployed and underemployed individuals and blue-collar workers. It was stated that Black construction workers are noticeably missing from construction sites throughout the City of Berkeley. And, given the imminent release of a massive number of incarcerated individuals back into society and the job market, it is essential that employment solutions are developed and fair employment practices be upheld in the City of Berkeley.
Priority Recommendations:
- Put in place a City Council Oversight Body to monitor unfair employment hiring, promotional practices, favoritism, cronyism and unfair treatment of city employees
- Monitor the increased use of “Contracting Out” (Outsourcing) of city employee jobs
- Institute “Mandatory Cultural Competency” training for all City staff – 16 hours per year
- Provide for oversight and accountability of the City of Berkeley Human Resource Department by City Council
- Require “Equal Work for Equal Pay” (Salaries based on actual job duties not City classifications)
- Provide long-time hourly city employees with full-time benefited positions; especially in the Park, Recreation and Waterfront Department
- Put in place an Oversight Committee for the City of Berkeley Labor MOU process
- Employ the 360 Performance Evaluation process for all city staff, including Department Directors, Deputy Directors, Managers and Supervisors
- Institute an annual evaluation for the City Manager by the Berkeley City Council
- Employ an external comprehensive city audit to review city staff personnel matters every three years.

Other Recommendations:
- Reinstate all part-time employees to full-time status (some positions were downgraded to half-time due to budgetary issues; however, numerous full-time staff have been hired)
- Use the City of Berkeley First Source Compliance Agreements and Contract Monitoring
- Provide the Labor Commission with some authority to address fair and equal employment practices of city personnel
- Increase city staff diversity at the Senior Management level throughout the city
- Offer incentives in addition to punitive measures to encourage contractors to hire low-income South Berkeley residents
- Improve definitions of city job classifications (most are too vague)
- Increase the salary for living wages
- Provide more funding for employment and training programs and services for low-income residents
- Direct the City to increase its hiring and/or contracting with firms and agencies that have a diverse workforce
- Increase construction jobs for African Americans on Roads, Streets and Buildings
- Implement annual training for All City Senior Management staff for Employee Relations and Effective Team Building.

Housing

"We’re losing families, low income people, working people," Arreguin said. "Rent continues to increase. It's almost virtually impossible if you're a working class person to buy a single-family home in Berkeley. Unless we stand up and fight for affordable housing, and we fight to protect our diversity, what we love about our community may be gone."

* (City of Berkeley Councilperson)

The City of Berkeley is a very unique place to live, and for more than fifty years African Americans and low-income people were able to call Berkeley home; however, that is changing. The City of Berkeley has an international reputation and longstanding dedication to diversity, inclusion and equality. However, there is a massive push-out of African Americans and low-income families happening in the city. The declining numbers of African Americans and low-income residents in Berkeley should be of concern to the Berkeley City Council and other political figures that represent this great city.

Berkeley NAACP Fighting for Civil & Human Rights for All!
*Quotes taken from the *Inside Bay Area*Oakland Tribune* newspaper article - Berkeley NAACP focuses on discrimination, July 17, 2013
The Berkeley Branch of the NAACP has been working on a number of issues affecting residents in the city, including the privatization of public housing and the lack of affordable housing. Numerous African American and low-income Berkeley residents have voiced concerns about their inability to continue to live in the City of Berkeley, due to the lack of affordable housing. Therefore, securing and maintaining housing in Berkeley has become increasingly problematic for African Americans and low-income families and individuals. Affordable housing and the issue of Berkeley Housing Authority’s (BHA) privatization of public housing were among the topics addressed at the Town Hall Meeting.

Concerns were expressed at the Town Hall Meeting and to the Berkeley NAACP about the lack of assistance and support that residents are receiving from the Berkeley Housing Authority. Some families that are being displaced by the privatization of Berkeley Public Housing discussed the lack of support they are getting from BHA. The Berkeley NAACP was informed that the housing assistance that was promised to BHA residents who are being displaced from their homes, including relocation assistance and financial compensation was not provided to all tenants and in the process many residents were constantly disrespected and treated very badly. Although some residents attempted to stand up for themselves, it was stated that people were harassed and intimidated by BHA representatives. It was reported to the Berkeley NAACP that some tenants moved out of fear; others were evicted unfairly, and some of the tenants that are left live in fear of eviction every day.

In most communities there is resistance to subsidized affordable housing and providing assistance to low-income citizens, especially African Americans. However, if policies are not implemented to maintain the current level of diversity of Berkeley residents, then the city will soon resemble cities like Piedmont and counties like Marin, which lacks real diversity of residents, especially African Americans.

Other urban cities, such as San Francisco are putting policies and projects in place to increase affordable housing in order to enhance the diversity of their residents. If the City of Berkeley wants to maintain its inclusion of African Americans and low-income residents, it too has to create policies, projects and programs that will add affordable housing stock in the City of Berkeley.

Priority Recommendations:
- Demolition Ordinance will include the replacement of all affordable housing that is demolished
- Obtain more oversight and accountability for Berkeley Housing Authority
- Pass new regulations and/or incentivize housing developers to offer more housing at below-market rates
- Increase development of affordable housing in Berkeley by putting policies, projects and programs in place
- Implement the adopted 1990 South Berkeley Area Plan.

Other Recommendations:
- Increase the number of African American and low-income residents on the Berkeley Rent Board, Housing Advisory Commission (HAC), Affordable Housing Associates (AHA), and California Housing and Land Trust and Zoning Adjustment Board
- Increase investigations into fair housing complaints in Berkeley, especially as it relates to African Americans and other marginalized groups
- Develop a Community Housing Advisory Group (consisting of BHA tenants and low-income residents)
- City Council members should host a Housing Workshop with a focus on Affordable Housing
- Reestablish the section 8 home ownership program for low-income families living in Berkeley
- Increase incentives for landlords that accept Section 8 Vouchers.

Berkeley NAACP Fighting for Civil & Human Rights for All!
*Quotes taken from the Inside Bay Area/Oakland Tribune newspaper article - Berkeley NAACP focuses on discrimination, July 17, 2013*
Education

School district data shows, for example, that on standardized test in language arts, just 23 percent of African Americans were proficient, while 84 percent of whites were proficient. Daniels said that schools are addressing the problem and the gap is narrowing, but it won’t close by the district’s target date of 2020. * (BUSD School Board Director)

The "Achievement GAP" is the disparity of educational performances among groups of students that are identified by gender, race, ethnicity, disability, language and socioeconomics. Berkeley Unified School District (BUSD) is not the only school district in the nation that is struggling to address educational achievement gaps among their different student populations. However, the achievement gap between Black and White students has existed in the district for a long time and at this point it is unacceptable and must be fixed.

It is easy to label children as “At Risk” and then make them responsible for their own academic failure and not that of an educational system that has been unwilling to invest in the necessary methods, techniques and funding that are required to address the numerous problems related to poor educational outcomes for African American students in BUSD. Special Education classes are where most African American children that present with different learning styles are “Warehoused.” The report Black Boys and Special Education – Change Is Needed!, states that “special education in this country has reac hed a state of national crisis. This $60 billion industry is impacting the lives of many American children – disproportionately black boys.”

Black parents and community members expressed concerns about the Achievement GAP problem at the Town Hall Meeting. The NAACP has also received complaints from parents and family members about the problems they face with student registration, BUSD’s extremely low acceptance of Inter-District Permits for African American students and high rates of suspensions and expulsions of Black students in the school district, especially males. Additionally, African American students are involuntarily transferred to other educational settings that lack sufficient support and assistance with their educational goals and they are also abruptly dis-enrolled.

BUSD also lacks diversity among its teachers; there are an inadequate number of African American teachers employed at BUSD. It was stated that the school district hires African American teachers, but they don’t stay around long. This comment should be a red flag of sorts, because if educated Black professionals find it hard to flourish in Berkeley Unified School District, it only makes sense that African American students would find it difficult to successfully navigate the BUSD educational system too.

Priority Recommendations:
- Reform BUSD disciplinary procedures, including expulsions and suspensions, especially as they relate to African American males
- Develop clear registration guidelines and protocols and eliminate the practice of home visits as part of BUSD student registration process
- Increase funding to implement Specialized culturally effective curriculum and learning interventions and tools for Black students, in order to address educational deficiencies
- Increase support and funding for homeless students and families in BUSD
- Hire and maintain more African American teachers and staff; especially males
- Institute “Mandatory Cultural Competency” training for all district staff – 12 hours per year.

Other Recommendations:
- Hire a consultant to assist with the development of a “Welcoming Environment” for students, parents and staff of color, especially African Americans
Employ more full-time permanent Parent Liaisons positions within BUSD and increase funding for the program
- Work with UC Berkeley Black Student Union in order to implement a Mentoring program
- Develop “Safe Black Spaces” for students and teachers
- Increase quality academic student support and tutoring for African Americans
- Develop effective culturally congruent academic programs for African American preschool children
- Create an African American Parent Educational Oversight Committee.
- Create an annual public report with disenrollment and inter-district permit status of all students.

Public Health and Mental Health

Dr. Vicki Alexander, who worked in the city's health department for more than a dozen years, addressed the high rate of low birth-weight babies among Berkeley's black population, arguing that health issues and education levels are only part of the problem. She placed much of the blame squarely "on stress related to racism, stress walking down the street as a black person."
*(Retired City Employee)*

It is reported that African Americans live approximately 10 years less than other racial groups. Health inequities and disparities have been caused by institutionalized racism in every system in American life. The City of Berkeley's 2007, Health Status report states that African Americans have far higher rates of illness and deaths from hypertension, heart disease, and stroke, compared to White residents of Berkeley.

There is research to support that Black mental health consumers are over represented in the mental health system and they receive inappropriate treatment, such as being commonly misdiagnosed, prescribed unsuitable medications for their ethnic composition and they remain in treatment for lengthy durations. Inappropriate mental health services are mainly due to the lack of inclusion of best practices and community defined approaches for African Americans and the employment of licensed African American mental health professions. Providing culturally responsive services to all mental health clients in the City of Berkeley is essential in order to improve mental health outcomes for consumers, family members, and communities.

In order to eliminate health inequities and disparities and notably decrease poor health outcomes for Black people, adequate funding must be established to serve the community in ways that provide quality services. A number of programs and services are not funded appropriately in order to provide the service levels that are required to effectively address health and mental health inequities and disparities in the Black community in the City of Berkeley. The Affordable Health Care Act is a funding resource that can be used to address health and mental health inequities and disparities. However, getting the best results from the Affordable Health Care Act will require having seasoned senior management professionals in place who know what they are doing in the health and mental health fields.

The NAACP received complaints that cited some serious alleged discriminatory practices within the Health Housing and Community Services Department, into which the divisions of Mental Health, Public Health and Environmental Health were merged in order to save money. Some staff members believe that the merger of the Health Department into the Housing Department (HHCS) was a mistake. It is believed that Health and Mental Health focuses on the quality of people’s lives, and Housing mostly focuses on paper and money. Some staff persons have stated that the difference in philosophy and ideology for service delivery has impacted the quality of health and mental health services for Berkeley residents.

Some city staff at the Town Hall Meeting discussed their fears and concerns about being employed in a work environment that is hierarchical in nature (Top-Down Structure), where it is common for staff to be
micromanaged, disrespected and intimidated by supervisors. Employees stated that they are not included in departmental and divisional decisions and only a small handful of selected management staff and a few other employees that are shown favoritism are involved in decision-making. Staff input is mostly frowned upon by Management and Directors, especially in the HHCS Department, except in the area of Employee Safety, where a Suggestion Box is available for staff to provide input.

A lot of staff members, especially African Americans, believe they are not respected or treated like professionals in the Health, Housing and Community Services Department. Some employees have complained that there has not been an all-staff divisional meeting to discuss transformation and changes in the Mental Health Division; therefore, staff members are left to listen to rumors about their jobs. Management personnel in the Divisions and the Health, Housing and Community Services Department share very little information with staff. Overcrowding of staff at clinic sites is another tactic that is being used to create dissension among staff members in the Mental Health Division and this has lead to the loss of service space for clients and family members at clinics.

The Berkeley NAACP was informed by city staff members that they are usually ignored, emails go unanswered, phone calls are not returned by some senior management staff in the Health Housing and Community Services Department and there is NO transparency whatsoever in the HHCS Department, despite the fact that the Mental Health Services Act (MHSA) calls for transparency in all areas of mental health services. Some staff members feel they are not allowed to freely provide input or suggestions or make comments about the divisional and/or departmental work. Some stated that prior to the past several years all staff was viewed as an integral part of the decision-making process within the Health Services Department.

We were informed that the Public Health Division used to provide innovative and cutting-edge services for African Americans and low-income families in the City of Berkeley. The division worked from a social justice framework and promoted culturally congruent programs and services, such as the Community Action Team (CAT) and there was a real investment in the Black Infant Health Program. However, due to new leadership and funding concerns, the focus to improve the health and welfare of African Americans and low-income families seems to have taken a back seat, especially given the appalling health outcomes for African Americans in the city.

Another problem that was identified at the Town Hall Meeting and received in complaints to the Berkeley NAACP was in regard to the lack of appropriate leadership for Mental Health services in the City of Berkeley. Staff commented on the dismantling of the Mental Health Administration Office and the relocation of Administrative staff to clinic sites. Individuals stated that Berkeley Mental Health is the only mental health jurisdiction that does not have an Administrative Unit. The Mental Health Division has not had a Mental Health Manager for almost a year and a half, thereby leaving the direction of Mental Health services mostly in the hands of novices. The division lacks real diversity of staff, has very few professional people of color and has extremely limited language capacity, which impacts the quality of mental health services.

Because of these factors, some staff members of color are being overworked and required to perform work related duties and tasks for which other staff are being compensated at a higher rate of pay. And, in fact some of these same employees are required to work with some of the more severe clients and take on more difficult responsibilities and assignments for which they are being paid less than their counter-parts (usually a non person of color.) Equal Work for Equal Pay is a major problem that was cited by numerous city employees at the Town Hall Meeting and in complaints that were made to the Berkeley NAACP.

Due to a Top Down Management style that has been instituted in the city and the HHCS Department, some professional employees that were part of the Mental Health Administration and employed to assist with the transformation of Berkeley’s Mental Health System of Care (per the Mental Health Service Act requirements)
stated that their Divisional Leadership Positions have been diminished, thereby not fully being utilized to transform services for Berkeley Mental Health consumers, family members, staff and the community-at-large.

At the time of the city’s decision to merge the Health Services Department with the Housing Department, it may have seemed to be the right thing to do. However, given the immediate future increase in the demand for health and mental health services, there is currently a need to restructure a separate Health Services Department with senior leadership from a polished and innovative health and/or mental health professional who is a visionary.

**Priority Recommendations:**

- Re-create a Health Services Department for Berkeley Mental Health, Public Health and Environmental Health Divisions with seasoned senior professional Mental Health and Public Health leadership and oversight
- Increase Mental Health Services Act funding and services for low-income residents in South and West Berkeley
- Implement a policy of non-Police involvement with Mental Health Services (BPD to have backup role for life-threatening matters)
- Secure annual funding of $350,000 from Alta Bates Summit Medical Center for the operations of the Black Infant Health Program
- Implement the operations of the Mental Health Mobile Crisis Unit to operate 24 hours, 7 days a week
- Require annual all-Staff Divisional Meetings
- Hire more African American and Latino mental health professionals (Currently there are only three African Americans and one Latino licensed clinician employed at Berkeley Mental Health clinics.)

**Other Recommendations:**

- Implement culturally responsive services in the Mental and Public Health service delivery systems, using welcoming, respectful, practices and models that are designed to be culturally and ethnically congruent
- Permanently invest in a Mental Health Crisis Support System for Black youth and their families
- Develop accountability standards for place-based Health Equity Work in the African American community
- Develop mechanisms for on-going staff input at the Senior Management level in the HHCS Department
- Develop standards to address Violence as a mental health and public health condition
- Increase resources in order to eradicate violence; especially as it affects youth
- Create a Mental Health and Public Health oversight advisory committee comprised of African Americans, Low-income individuals and people from marginalized communities
- Mental Health and Health Commissions need to provide more Oversight to Mental and Public Health Divisions.

### Criminal Justice

Id-Deen talked about racial profiling in Berkeley…"Three officers got out of the car," he said. "They approached the young man and he's looking at them, like, 'What's going on?'" Id-Deen said it brings to mind the killing of Oscar Grant and Trayvon Martin. "You have officers walking toward you -- you don't know what they want," he said. "You haven't done anything." The officers asked the young man for identification and where he was going. "He politely refused to give it to them and said he was waiting for the bus," Id-Deen said. The officers said they'd wait with him. At that point the young man walked away, Id-Deen said. *(President of the Berkeley NAACP)*

Although illegal, "Racial Profiling" still very much exists in the United States, as evidenced by the recent case against the New York Police Department’s "Stop and Frisk" program. Studies have shown that African
American men are more likely to be racially profiled than other groups and they are more frequently stopped and searched by law enforcement. Profiling of individuals based solely upon their race, ethnicity, or national origin is illegal and yet it still occurs quite frequently in communities of color. Some Blacks are even profiled because of the way they are dressed. Most African Americans feel they are being treated like common criminals when they are racially profiled by the police, and African American residents in Berkeley have expressed these same sentiments.

The Berkeley NAACP has received numerous complaints from African Americans in regards to “Racial Profiling” and this issue was also discussed at the Town Hall Meeting. Some attribute this problem to “Over Policing” in South Berkeley and this tactic is being carried out by the Berkeley Police Department’s Drug Task Force (DTF). Use of the DTF and “Over Policing” has lead to an increase in racial profiling of African Americans, especially young Black men in Berkeley.

Police Officers must have a "Reasonable Suspicion" that an individual they want to stop is armed or is a danger and they must be able to communicate why they believed the individual that they stopped was suspicious. Statistics indicate that African Americans are much more likely to be arrested and imprisoned than White Americans and in a majority of these cases the black people are innocent of the crime; however most are not fully afforded the opportunity to prove their innocence. Historical police brutality and racial profiling by police officers in the United States against African Americans, especially against African American males has lead to Mass Incarceration (Black men are about five times more likely than white men to be incarcerated during their lifetime) and the Death of numerous African American men at the hands of the police.

Documented cases have proven that some White Police Officers have demonstrated their prejudice against African American males by stopping them on the street, pulling them over on state highways and roads for no reason and using excessive force. A lot of traffic stops that are made by Police Officers that involve African American men are made because they are driving expensive vehicles or because of the color of their skin. “Driving While Black” or “DWB” and “Walking While Black” “or “WWB” are major problems for African Americans in most places, including the City of Berkeley.

The presence of Berkeley Police Departments’ Drug Task Force Officers driving around in dark cars and dressed in dark clothes (usually non-Black Officers) presents to most in the Black community as menacing, threatening and dangerous. The Black community-at-large feels “unsafe and threatened” by these Officers who are charged with protecting and improving the quality of their lives. Some African Americans even draw a correlation between these Berkeley Police Officers’ (especially, Drug Task Force Officers) behaviors that are reminiscent of the Bull Connor era of the Deep South, given the actions that are exhibited towards many people in the Black community.

There is fear and mistrust of Berkeley Police Officers by many African Americans and other people of color that reside in the City of Berkeley and this should be alarming to those in positions of power within the city, because these are the very people that Berkeley Police Officers are sworn to serve and protect.

Priority Recommendations:
- Abolish the Berkeley Police Department’s Drug Task Force (DTF)
- Stop unmarked police cars from making ordinary traffic stops
- Implement mandatory reporting of aggregated data, collection and analyzing of ALL police stops with information and demographics of person stopped (including race) – Annual public report to be made available
- Implement a policy of non-Police involvement with Mental Health Services (BPD to have backup role for life-threatening matters)
- End the use of the “Stop and Frisk” approach, especially in South Berkeley.
Other Recommendations:

- Hire more African American and Latino Police Officers
- Implement Community Policing Model in South Berkeley
- Provide on-going mandatory cultural competency training for all Berkeley Police Department employees in order to address racism and racial profiling
- Institute “Mandatory Cultural Competency” training for all BPD staff – 16 hours per year
- Hold all Officers accountable and require them to operate according to constitutional standards of the law.

**Conclusion**

In the book *The New Jim Crow*, it states, “While many successful blacks from earlier generations remained aware of their unique status by virtue of the blatant nature of Jim Crow, contemporary African-American elites are increasingly far removed from visible signs of racial discrimination. On this score, rather than focusing on the "New Jim Crow" of mass incarceration, horrendous public schools, residential segregation and massive unemployment and gun violence that plague too many black communities, the focus becomes the easy target of individual behavior.”

(Author, Michelle Alexander)

Superficial resolutions provide great sound bites, but seldom offer effective solutions that permanently address poverty, substandard education, affordable housing, high unemployment rates, and injustices in the criminal justice system and numerous other institutionalized inequities that primarily affect African Americans, low-income families and other marginalized communities in America and in the City of Berkeley.

The Berkeley NAACP is providing this summary report with recommendations that we believe will actually address some of the problems identified at the Town Hall Meeting and complaints received by the Berkeley NAACP. We believe Berkeley City Commissions such as Peace and Justice, Rent Stabilization, Mental Health, Health, Labor, Police Review and Homeless to name a few, have the ability to craft *Action Items* from the recommendations in this report and present them to the Berkeley City Council and Berkeley Unified School District Board of Directors in order to implement substantial changes in the lives of African Americans, Low-income Families and Marginalized communities in the City of Berkeley.

The Berkeley NAACP wants to work with the City of Berkeley, Berkeley Unified School District, community organizations and other public officials in order to eliminate inequities, disparities and injustices in the areas of employment, education, housing, mental health and health and law enforcement. Therefore, the Berkeley NAACP plans to work with City Commissions, residents and other stakeholders in order to ensure that the recommendations in this report are successfully implemented into City and District resolutions. We plan to host another Town Hall Meeting in December of 2013 in order to assess the progress of these recommendations. The Berkeley NAACP is committed to fighting for civil and human rights for all people.
BERKELEY -- With an abundance of walkers, runners and cyclists, well-used parks, health-conscious schools, breast-feeding moms and tobacco-free public spaces, the city looks healthy. And it is -- for most residents.

Nonetheless, Berkeley has significant health inequities that the 2013 City of Berkeley Health Status Report calls "avoidable," "unjust" and "predictable by race/ethnicity ... income, housing, and education."

Dr. Janet Berreman, who heads the city's Public Health Division, shared data from the report at an Oct. 29 City Council work session: while many in Berkeley's white community -- 55 percent of the population -- enjoy homeownership, post-high school education and access to health care, life for many of the city's African Americans -- 10 percent -- is less rosy.

African Americans living in Berkeley are twice as likely as whites to live in poverty (a family of four living on less than $23,550 per year), and twice as likely to bear a premature baby. Blacks are hospitalized 14 times more for diabetes and five times more for hypertension.

The report focuses on the stark gap dividing white and black health outcomes, covering to a lesser degree Latino and Asian-American communities where the disparities are less pronounced.

Berkeley has multiple programs targeting the health divide, including health and mental health clinics serving mostly lower-income people, clinics at Berkeley High School and Berkeley Technology Academy, teen parenting programs and a community-based project in South Berkeley focused on hypertension.

Budget cuts, however, have hampered these efforts.

"As a result of the economic downturn ... the Public Health Division is about 50 percent of the size it was (in 2007)," Berreman told the council. "We have diminished resources to do this work." In a separate interview, Berreman declined to discuss how the consequences of cuts impact efforts to eliminate disparities.

Councilwoman Susan Wengraf asked Berreman to go beyond statistics. "I want to know the why," she said.

Berreman pointed to "racial inequities ... rooted in the long history of racial inequality in our country," and said solutions are beyond the capacity of a single agency or city.

Still, there has been progress, Berreman said, singling out the Black Infant Health program's role in reducing the rate of low-birth-weight (under 5.5 pounds) African American babies from four times that of white babies in 1991, to 2.5 times today. Still, she said, "That level of
BIH founder, Dr. Vicki Alexander, retired director of Berkeley's Maternal, Child and Adolescent Health explained in a phone interview that the BIH program worked because it was sensitive to participants' needs.

She described the program's core, sessions educating expectant and new African American mothers, and program elements that she likened to sunflower petals. The "petals" are support that participants receive when literally taken by the hand to navigate the maze of public services, including "getting past a welfare interview without getting pissed off by the way you're treated," she said.

The support includes building trust among participants facing "the constant assault society puts on you, between the job, education, the way people look at a black person as you walk down the street," Alexander said.

Budget cuts, however, eliminated 2.5 of the four BIH staff, one of whom was a mental health professional. "'Petals' are what the program had before we were cut back," Alexander said.

Interviewed in the Public Health Division offices, Berreman underscored the importance of looking ahead, noting her department recently added tobacco prevention staff -- 25 percent of adult African Americans in Berkeley smoke -- and staff for emergency preparedness focusing on vulnerable communities.

A school-based mobile asthma clinic is expanding.

"There have been reductions in the six-year period (2007-13) we're talking about," she said. "The reductions aren't my primary focus at this point. The reductions had an enormous impact a few years ago. Where we are now, is really a new normal. We have a strong (Public Health) Division. We are focused on moving forward."

While the council did not discuss health policy at the work session, Councilwoman Wengraf suggested it might be "appropriate to re-evaluate how our resources are being used in light of this information."

On Nov. 12, the council will look at NAACP and Health Commission proposals to reduce disparities.

The Health Status Report is at http://www.ci.berkeley.ca.us/publichealth/
Hi Carol,

As discussed the requested reviewer is for a panel that will be convened for proposals we receive for the Homeless Outreach Project. The Homeless Outreach Project was a new project in the City Council approved (and Mental Health Commission approved) MHSA FY2012-2013 Annual Update. The project is for $100,000 in the initial year and will increase access to mental health services and supports for homeless TAY, Adults & Older Adults in Berkeley and Albany. The RFP is currently out to the public now through Thursday December 12th.

The commitment of the chosen Mental Health Commissioner will be to utilize scoring and other materials that will be provided before the meeting to rate each proposal received and then to bring the scoring results to the Review Panel meeting which will be held on Thursday, December 19th from 10:30-12:00 at 3282 Adeline Street in Berkeley.

Let me know if you have any further questions!

Thanks,

Karen
<table>
<thead>
<tr>
<th></th>
<th>Item</th>
<th>Responsible</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Rights and Mobile Crisis</td>
<td>Kim</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Mental Health needs of the Latino, Pacific Islander and Native American communities</td>
<td>Staff</td>
<td>Was placed on agenda but tabled due to lack of time.</td>
<td>Paul K-B to F/U</td>
</tr>
<tr>
<td>5</td>
<td>Emergency Preparedness Presentation</td>
<td>Commission</td>
<td>We previously had Gil Dong present the City plan with understanding that we would have his program come again so Commission could give input on MH consumer emergency needs.</td>
<td>Local hazard mitigation Plan brought to MHC for comment 12/12/13</td>
</tr>
<tr>
<td>7</td>
<td>Presentation from Employment Law Center</td>
<td>Carole M</td>
<td>Carole to F/U to see if they are still available to present</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Invite Deborah Badhia to speak about chronic mental health problems in the street community/access to services</td>
<td>Kim</td>
<td>Deborah is no longer at that org. Might still be good to have a presentation on this - find the contact for DBA. Chuck will F/U.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Pacific Center's Invitation to Collaborate</td>
<td>Carole M</td>
<td>Presentation on the collaboration between Pacific Center and BMH deferred to January 2013 mtg. but the agenda was too full.</td>
<td>Shelby will f/u to see if they still want to present</td>
</tr>
<tr>
<td>16</td>
<td>Have a follow up report on how BMH has improved its Medi-Cal billing</td>
<td>Jeffrey</td>
<td>To be included in a future Director’s Report</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Develop Commission Workplan</td>
<td>Suggested at July 2012 retreat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Presentation by POCC Healing Trauma Committee on their visit to Second Story House</td>
<td>Staff</td>
<td>Want to arrange a visit to the respite center – can we get a vehicle to go?</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Consideration of NAACP Report and make recommendations to City</td>
<td>NAACP Berkeley 8/30/13</td>
<td>Placed on 12/12/13 agenda</td>
<td></td>
</tr>
</tbody>
</table>
### Mental Health Commission Agenda Item Tracking Form
#### January 2014

<table>
<thead>
<tr>
<th>Council</th>
<th>24</th>
<th>The Impact of Tasers on the MH Community</th>
<th>Paul 10/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council</td>
<td>25</td>
<td>Division presentation of the Medical Team</td>
<td>Staff 10/24/13</td>
</tr>
</tbody>
</table>

**Completed Items** – Staff has removed the items below because they appear to have been completed or were delegated to a Subcommittee. If the latter, once the committee is ready to report back to the Commission, the item can be placed on the agenda. This is an attempt to organize the Commission’s agenda prioritization process.

<table>
<thead>
<tr>
<th>A</th>
<th>Presenting Howard King memorial board to Garry Bernhardt?</th>
<th>Staff 11/7/12</th>
<th>Memorial board presented to Garry Bernhardt on 5/31/13 by staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Safety Standards</td>
<td>Kim</td>
<td>The new Safety Plan has been issued, incorporating recommendations from staff and the Commission.</td>
</tr>
<tr>
<td>C</td>
<td>Re-opening the Drop-In Café</td>
<td>Public Comment</td>
<td>Letter written to MH Manager – re-opening can be considered upon Completion of Safety Policy.</td>
</tr>
<tr>
<td>D</td>
<td>Presentation on Due process, including a) Adequate and meaningful notice b) Rule/Standards as interpreted by BMH c) Fact finding d) Right to Confrontation e) Right to Appeal f) ADA rights</td>
<td>Kim 8/13/12</td>
<td>Staff suggestion that this be brought to the Safety Plan Subcommittee.</td>
</tr>
<tr>
<td>E</td>
<td>Commission discussion on requirements of due process compared to existing safety policy.</td>
<td>Kim 8/13/12</td>
<td>Staff suggestion that this be brought to the Safety Plan Subcommittee.</td>
</tr>
<tr>
<td>F</td>
<td>Recommending wording on Informing Materials/ Informed Consent</td>
<td>Kim</td>
<td>Staff suggestion that Kim bring this to the Informed Consent Subcommittee.</td>
</tr>
<tr>
<td>F1</td>
<td>a. Review of Informed Consent Principles</td>
<td>Kim 4/26/12</td>
<td>Staff suggestion that Kim bring this to the Informed Consent Subcommittee.</td>
</tr>
<tr>
<td>F2</td>
<td>b. Review existing Informed Consent materials</td>
<td>Kim 4/26/12</td>
<td>Staff suggestion that Kim bring this to the Informed Consent Subcommittee.</td>
</tr>
<tr>
<td></td>
<td>Agenda Item</td>
<td>Details</td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>F3</td>
<td>c. Review of materials that Kim has submitted</td>
<td>Kim 4/26/12</td>
<td>Staff suggestion that Kim bring this to the Informed Consent Subcommittee.</td>
</tr>
<tr>
<td>G</td>
<td>Input into Medication Informed Consent Policy</td>
<td>Commission motion</td>
<td>Draft policy was presented at December 2012 Commission meeting. Informed Consent Subcommittee created at 1/24/13 meeting to gather additional input.</td>
</tr>
<tr>
<td>H</td>
<td>MHSA Updates</td>
<td></td>
<td>FY 2012-13 Update was presented at March 2013 meeting in public hearing format. Future updates will come to the Commission. Innovation s Update presented at Dec 2013 meeting</td>
</tr>
<tr>
<td>I</td>
<td>Have a progress Report on the implementation of Management Partners’ recommendations</td>
<td>Jeffrey 9/27/12</td>
<td>Council Work session report 2/19/13 included in February 2013 packet</td>
</tr>
<tr>
<td>J</td>
<td>Review of Berkeley’s Local Hazard Mitigation Plan</td>
<td>Staff 10/21/13</td>
<td>Initially the deadline for comment was before the next meeting. The deadline was extended to 12/20/13 to allow Commissioners to provide feedback. The plan was included in the 12/12/13 packet</td>
</tr>
</tbody>
</table>
CONSENT CALENDAR
December 3, 2013

To: Honorable Mayor and Members of the City Council
From: Mental Health Commission
Submitted by: Jesse Arreguin, Chairperson, Mental Health Commission
Subject: Appointment of Neal Adams to Mental Health Commission

RECOMMENDATION
Adopt a Resolution approving the appointment of Neal Adams to the Mental Health Commission, as a representative of the General Public Interest Category for the three year term beginning December 4, 2013 and ending December 3, 2016.

FISCAL IMPACTS OF RECOMMENDATION
None.

CURRENT SITUATION AND ITS EFFECTS
The Mental Health Commission is authorized to be composed of thirteen members. However, there are presently four vacancies on the Commission. These vacancies impair the Commission’s ability to adequately review and evaluate the community’s mental health needs, resources, and programs.

Approval of the recommended action will fill a vacancy, and allow the Commission to move one step closer to having a full and diverse complement of commissioners to review and evaluate the community’s mental health needs, resources and programs.

BACKGROUND
California State law requires that appointments to the Mental Health Commission meet specific categories, who may serve up to nine years consecutively. The general public interest category may include anyone who has an interest in and some knowledge of mental health services. The special public interest category includes direct consumers of public mental health services and family members of consumers, which together must constitute at least fifty percent or nine of the commission seats. Direct consumers and family members shall each constitute at least 20% of the commission membership. Two members shall be residents of the City of Albany with at least one of these seats filled by a direct consumer or family member.

At its October 24, 2013 meeting, Dr. Neal Adams introduced himself to the Mental Health Commission as a psychiatrist and an active champion of changing the mental health system to a recovery orientation. He has authored the book: “Treatment
Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery." Dr. Adams was formerly the mental health director of Santa Cruz County, currently resides in Berkeley and wants to give back to the community. The Mental Health Commission interviewed Dr. Adams and subsequently passed the following motion:

M/S/C (Davis, Kealoha-Blake) Move to recommend that City Council appoint Neal Adams to the Mental Health Commission in the Berkeley General Public Interest seat.

Ayes: Arreguin, Black, Davis, Heda, Kealoha-Blake, Marasovic; Noes: Posey; Abstentions: None; Absent: Black, Michel.

RATIONALE FOR RECOMMENDATION
Approval of the recommended action will allow the Mental Health Commission to move one step closer to having a full and diverse complement of commissioners to review and evaluate the community’s mental health needs, resources, and programs.

ALTERNATIVE ACTIONS CONSIDERED
None.

CITY MANAGER
The City Manager concurs with the content and recommendations of the Commission’s Report.

CONTACT PERSON
Carol Patterson, Commission Secretary, HH&CS, 510-981-7721

Attachments:
1: Resolution
RESOLUTION NO. ##,###-N.S.

APPOINTMENT OF NEAL ADAMS AS A REPRESENTATIVE OF THE GENERAL PUBLIC INTEREST CATEGORY TO THE MENTAL HEALTH COMMISSION

WHEREAS, membership of the Mental Health Commission is composed of thirteen appointments by the City Council as a whole, including one appointment by the Mayor (or designee), six special public interest appointments, two appointments of residents of Albany (one of which shall be a representative of the special public interest category), and four general public interest appointments; and

WHEREAS, with the ongoing implementation of the Mental Health Services Act, the City of Berkeley will need to have a full complement of diverse appointees to the Commission to review and evaluate the community’s mental health needs, resources, and programs and to fulfill its mandate; and

WHEREAS, the Mental Health Commission, at its October 24, 2013 meeting, recommended the appointment of Neal Adams to the Mental Health Commission.

NOW THEREFORE, BE IT RESOLVED that the Council of the City of Berkeley appoints Neal Adams to the Mental Health Commission, as representative of the General Public Interest Category, for a three year term beginning December 4, 2013 and ending December 3, 2016.
October 21, 2013

To: Commission Secretaries

From: Christine Daniel, City Manager

Subject: 2014 Update to the City’s Local Hazard Mitigation Plan (LHMP); Public Comment Process

The First Draft of the City’s 2014 Local Hazard Mitigation Plan (LHMP) update has been released on the City’s website (www.CityofBerkeley.info/Mitigation) and at City libraries. The document’s Executive Summary and Actions are attached to this letter.

As a Commission Secretary, please agendize the Local Hazard Mitigation Plan Update as an Information Item at your next Commission meeting, and include the attached information in your next Commission packet. At your next meeting, please:

- Review the contents of the attachment, including the topic areas covered by the plan actions
- Identify any plan actions pertaining to your Commission’s area of expertise
- If your Commission has any significant concerns about these actions or the First Draft Plan generally, please capture them in writing and submit them to Mitigation@CityofBerkeley.info by December 9 at 5:00 p.m.

Plan Content
The LHMP identifies natural hazards in Berkeley and outlines a five-year strategy to further protect Berkeley’s people, buildings, infrastructure and environment from those hazards. The City began updating the LHMP in summer 2011. This update effort will allow Berkeley to apply for federal mitigation grant programs and State funding, and is anticipated to be complete in spring of 2014.

Commission Review
All Commissions are being invited to provide feedback on the First Draft Plan. Commission feedback will be due to Mitigation@CityofBerkeley.info by December 9 at 5:00 p.m. Staff will review the feedback and incorporate appropriate edits into the Final Draft Plan.
From October - December 2103, staff will be making public presentations about the First Draft Plan at meetings of the Planning Commission and the Disaster and Fire Safety Commission. The following presentations are scheduled:

- October 23: Disaster and Fire Safety Commission: Hazard Analysis updates
- November 20: Planning Commission: Plan development process, Hazard Analysis updates and mitigation strategy
- December 4: Disaster and Fire Safety Commission: Plan Development Process and Mitigation Strategy

Community Review
The First Draft Plan has been posted for review and comment at City libraries and on the City website (www.CityofBerkeley.info/Mitigation). Members of the public are invited to provide written feedback on the document until Monday, December 9 at 5:00 p.m.

Written feedback can be submitted:
- Via email to Mitigation@CityofBerkeley.info
- Via postal mail to:
  
  Fire Department - Office of Emergency Services
  Attn: Mitigation Plan
  2100 Martin Luther King, Jr. Way, 2nd Floor
  Berkeley, CA 94704

- In-person during business hours to the Fire Department - Office of Emergency Services at the address above.

Staff will review community member feedback and will incorporate appropriate edits into the Final Draft Plan.

Adoption
The Planning Commission and Disaster and Fire Safety Commission will play specific roles in the Plan update. Because the Plan is an annex to the City’s General Plan, the Planning Commission must make a recommendation to Council on the Final Draft Plan. Because the Disaster and Fire Safety Commission closely monitors the City’s preparedness and mitigation efforts, staff will request that the Commission make a recommendation to Council on the Final Draft Plan.

If your Commission provides feedback on the Plan before the December 9, 2013 deadline, that feedback will be included in these Commissions’ January meeting packets. Staff will present the Final Draft Plan to the Disaster and Fire Safety Commission at its January 22 meeting, and to the Planning Commission at its January 15 meeting. The January 15 Planning Commission meeting will be the first Public
Hearing for the Final Draft Plan. At these January meetings, staff will request these Commissions' recommendations to Council on the Final Draft Plan. The Final Draft Plan will be brought to City Council for review and adoption in spring 2014. **Commission Secretaries will serve as their Commissions' point of contact for this project.** Commission Secretaries with questions should contact Sarah Lana, Emergency Services Coordinator (981-5576; slana@cityofberkeley.info).

Attachment: 2014 Local Hazard Mitigation Plan: First Draft Executive Summary and Actions

cc: William Rogers, Deputy City Manager  
Gil Dong, Fire Chief  
Ann-Marie Hogan, City Auditor  
Mark Numainville, City Clerk  
Matthai Chakko, Assistant to the City Manager  
Sarah Lana, Emergency Services Coordinator
City of Berkeley
2014 Local Hazard Mitigation Plan

First Draft

Executive Summary and Details of Actions

October 21, 2013

Full First Draft Plan Available at www.CityofBerkeley.info/Mitigation
Executive Summary

Berkeley is a vibrant and unique community. But every aspect of the city – its economic prosperity, social and cultural diversity, and historical character – could be dramatically altered by a serious earthquake or fire. While we cannot predict or protect ourselves against every possible hazard that may strike the community, we can anticipate many impacts and take steps to reduce the harm they will cause. We can make sure that tomorrow’s Berkeley continues to reflect our current values.

The City and community members have been working together for years to address certain aspects of the risk – such as strengthening structures, distributing disaster supply caches, and enforcing vegetation management measures to reduce fire risk. The 2004 Disaster Mitigation Plan formalized this process, ensuring that these activities continued to be explored and improved over time. Over many years, this constant focus on disasters has made Berkeley, its residents and businesses, much safer.

This 2014 Local Hazard Mitigation Plan continues this ongoing process to evaluate the risks that different hazards pose to Berkeley, and to engage the community in dialogue to identify the most important steps that the City and its partners should pursue to reduce these risks.

The federal Disaster Mitigation Act of 2000 called for all communities to prepare mitigation plans. The City adopted a plan that met the requirements of DMA 2000 on June 22, 2004. This is the 2014 update to that plan, which ensures that Berkeley will remain eligible to apply for mitigation grants before disasters, and to receive federal mitigation funding and additional State recovery funding after disasters.

Risks in Berkeley

A sound disaster resilience program must be founded on reliable information about the types and scale of damage that different hazards could cause. To develop the 2004 Disaster Mitigation plan, the City conducted detailed research on four major natural and two major “manmade” hazards present in Berkeley. These hazards were earthquake, wildland-urban interface fire, landslide, flood, hazardous materials release, and terrorism. Since that time, new maps and data depicting the extent and possible impacts from tsunami and climate change have become available. In 2011, the City added these hazards to the list.

As in 2004, earthquake and wildland-urban interface fire are the two hazards of greatest concern. These hazards have the potential for catastrophic impacts Berkeley.

Hazards of Greatest Concern

Earthquake

We do not know when the next major earthquake will strike Berkeley, the United States Geological Survey calculated that there is a 63 percent chance that a 6.7 magnitude earthquake will strike the Bay Area by 2038, and a 31 percent chance that that earthquake will occur on the Hayward/Rogers Creek Fault system, which runs directly through Berkeley. The 1994 Northridge earthquake was also magnitude 6.7, and caused $28 billion in losses.

A catastrophic earthquake on the Hayward Fault would cause very violent shaking and three types of ground failure in Berkeley. Liquefaction is likely in the westernmost parts of the city.
Liquefaction can destroy pavements and dislodge foundations. Surface fault rupture could occur along the Fault, causing displacements of up to several feet. Landslides are expected in the Berkeley hills during the next earthquake, particularly if the earthquake occurs during the rainy winter months. Landslide movement could range from a few inches to tens of feet; ground surface displacements as small as a few inches are enough to break typical foundations.

In a 6.9 magnitude earthquake on the Hayward Fault, the City estimates that over 600 housing units in Berkeley will be completely destroyed and 20,000 more will be damaged. One thousand to 4,000 families may need temporary shelter. Depending on the disaster scenario, one hundred people could be killed in Berkeley alone, and many more would be injured. Commercial buildings, utilities, and public roads will be disabled or destroyed. The earthquake could also spark numerous fires at a time when water systems may not be functioning. This plan estimates that building damage in Berkeley alone could exceed $1.8 billion, out of a multi-billion dollar regional loss, with losses to business activities and infrastructure adding to this figure. Low-income housing units are expected to be damaged at a higher rate than other residences. Other types of housing, such as condominiums, may replace them when land owners rebuild. This could lead to profound demographic shifts in Berkeley.

Wildland-Urban Interface Fire

Berkeley is vulnerable to a wind-driven fire starting along the city’s eastern border. The fire risk facing the people and properties in the eastern hills is compounded by the area’s mountainous topography, limited water supply, minimal access and egress routes, and location, overlaid upon the Hayward Fault. Berkeley’s flatlands are also exposed to a fire that spreads west from the hills. The flatlands are densely-covered with old wooden buildings housing low-income and vulnerable populations, including isolated seniors, persons with disabilities and students.

The high risk of wildland-urban interface (WUI) fire in Berkeley was clearly demonstrated in the 1991 Tunnel Fire, which destroyed 62 homes in Berkeley and more than 3,000 in Oakland. In 1923, an even more devastating fire burned through Berkeley. It began in the open lands of Wildcat Canyon to the northeast and, swept by a hot September wind, penetrated residential north Berkeley and destroyed nearly 600 structures, including homes, apartments, fraternities and sororities, a church, a fire station and a library. The fire burned downhill all the way to Shattuck Avenue in central Berkeley. If a fire today burned that same area, 3,000 structures would be destroyed, with losses for buildings alone exceeding $3 billion. Destruction of contents in all of the homes and businesses burned could increase the losses by another $600 million. Depending on the speed of the fire spread, lives of Berkeley residents could also be lost. Many established small businesses, homes, and multi-family apartment buildings, particularly student housing, would be completely destroyed, changing the character of Berkeley forever.

Natural Hazards of Concern

This plan identified three additional natural hazards of concern: rainfall-induced landslide, flood, and tsunami. These hazards could cause significant damage and losses in Berkeley. However, unlike earthquake and WUI fire, their impacts are likely to be smaller, and confined to specific areas.

Berkeley has a number of deep-seated landslides that continuously move, with the rate of movement affected by rainfall and groundwater conditions. Significant localized areas of the
Berkeley hills face risk from landslide, and a major slide could endanger lives and impact scores of properties, utilities and infrastructure.

Floods also could damage property and cause significant losses in Berkeley. Flooding can occur when stormwater exceeds the capacity of a creek channel, or the capacity of the storm drain system. Creek flooding in Berkeley has the potential to affect about 675 structures, mainly in the western, industrial area of the city. It is unlikely that floodwaters will reach higher than three feet, but damages to homes, businesses, and their contents could total almost $150 million. With few properties covered by flood insurance, these costs would be borne primarily by Berkeley residents and businesses.

Tsunamis, though rare inside the San Francisco Bay, can occur from large offshore Subduction style earthquakes around the Pacific Rim. Small, local tsunamis can also result from offshore strike-slip Faults such as parts of the San Andreas Fault of the Peninsula and the Hayward Fault through San Pablo Bay. The March 2011 Japan earthquake generated a devastating tsunami, which reached the Bay Area and caused minor damage to docks and floats in the Berkeley Marina. A larger tsunami could impact much more of Berkeley’s western shores. Buildings, infrastructure, and roadways could be damaged, and debris and hazardous materials could cause post-tsunami fires. Deaths are possible if individuals choose not to evacuate hazardous areas, do not understand tsunami warnings, or are unable to evacuate.

**Manmade Hazards of Concern**

This plan addresses climate change, hazardous materials release, and terrorism as Berkeley’s three manmade hazards of concern.

Like regions across the globe, the San Francisco Bay Area is experiencing and will continue to increasingly experience the impacts of the changing climate. By 2100, average temperatures in the San Francisco Bay Area will increase up to 11° F. In 2100, Berkeley will have 6-10 additional heat waves each year, which will disproportionately impact the elderly, children under five, and the low-income community members.

Climate change will also cause additional extreme rainfall events, which will lead to more flooding. San Francisco Bay sea-levels will rise up to 55” by 2100, impacting infrastructure and community members in west Berkeley. Climate change impacts will also exacerbate the natural hazards of concern outlined in this plan. Rising sea levels will increase Berkeley’s exposure to earthquake liquefaction, tsunami inundation, and flooding. Increases in precipitation and severe storms will make flooding more frequent, and will increase the landslide risk in the hills. California’s water security will be reduced, and drought will become a more persistent issue.

Over the last twenty years, Berkeley has seen a more than 90 percent reduction in the number of facilities with extremely hazardous materials. The City carefully tracks hazardous materials within its borders, and works closely with companies using large amounts of potentially dangerous materials. The City has identified fifteen facilities in Berkeley with sufficiently large quantities of toxic chemicals to pose a high risk to the community. Hazardous materials also travel through Berkeley by truck and rail. Natural hazards identified in the plan could trigger the release of hazardous materials.

It is not possible to estimate the probability of a terrorist attack. Experts prioritize terrorism readiness efforts by identifying critical sites and assessing these sites’ vulnerability to terrorist
attack. City officials are currently working with State and regional groups to prevent and prepare for terrorist attacks.

**Disaster Resilience**

Managing risk requires government and its partners to identify and evaluate risks, and implement and maintain policies, practices and projects to reduce those risks. Many innovative Berkeley initiatives are increasing our community’s disaster resilience:

- The City has strengthened its ability to serve the community during and after disasters by seismically upgrading or replacing buildings that house critical City functions. Since 2004, Berkeley has strengthened or replaced its City Hall, all seven fire stations, all five libraries, its public works maintenance building, and its animal shelter.

- The Berkeley Unified School District, supported by voter-approved bonds, has strengthened all public schools.

- Over 90% of Berkeley’s 700 unreinforced masonry buildings have been retrofitted or demolished since a City mandate began in 1991.

- Berkeley was the first city in the nation to inventory the community’s soft-story buildings. The City Council has directed staff to prepare an ordinance mandating retrofit of all of these buildings.

- Berkeley has also developed innovative programs to encourage building owners to strengthen their own structures. The City has distributed over $9 million through the Transfer Tax Rebate Program, which reduces the real estate transfer tax to building owners who perform seismic safety work.

- Four different programs contribute to vegetation management citywide, removing thousands of tons of potential fire fuels each year.

- The City enforces several programs to reduce Berkeley’s fire hazard in the hills. These include strict building and fire code provisions, as well as more restrictive local amendments for new and renovated construction, along with vegetation control inspections in high-risk properties.

- The Disaster Cache Program incentivizes community-building for disaster readiness. To date, the City has awarded 87 caches of disaster response equipment to neighborhoods, congregations, and UC Berkeley Panhellenic groups that have undertaken disaster readiness activities.

- The City recently hired two positions tasked specifically with increasing disaster readiness in Berkeley’s vulnerable and underserved populations.

- Berkeley’s 2009 Climate Action Plan has served as a model for jurisdictions across the nation. The Climate Action Plan also guides the City’s new climate adaptation strategy.

These programs, and many others, place Berkeley as a leader in disaster management. Long-term maintenance and improvements to these programs will help to protect the Berkeley community in our next disaster.
Mitigation Strategy

Berkeley aims to be a resilient community that can survive, recover from, and thrive after a disaster, while maintaining its unique character and way of life. Berkeley envisions a community in which the people, buildings, and infrastructure, in and serving Berkeley, are resilient to disasters; City government provides critical services in the immediate aftermath of a devastating event of any kind; and basic government and commercial functions resume within thirty days of a damaging earthquake or other significant event.

For many years, the City has pursued initiatives to identify and mitigate Berkeley’s hazard vulnerabilities. In 2014, the City is continuing this effort: this plan outlines a five-year strategic plan to bring Berkeley closer to that vision. This plan identifies three disaster mitigation approaches to increase Berkeley’s resilience:

1. The City will evaluate and strengthen all City-owned structures, particularly those needed for critical services, to ensure that the community can be served adequately after a disaster.

2. The City will establish and maintain incentive programs and standards to encourage local residents and businesses to upgrade the hazard-resistance of their own properties.

3. The City will actively engage other local and regional groups to collaboratively work towards mitigation actions that help maintain Berkeley’s way of life and its ability to be fully functional after a disaster event.

This plan has four objectives for reducing disaster risk in Berkeley:

A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquakes, wildfires, landslides, floods, tsunamis, climate change, and their secondary impacts.

B. Increase the ability of the City government to serve the community during and after hazard events by mitigating risk to key city functions such as response, recovery and rebuilding.

C. Protect Berkeley’s unique character and values from being compromised by hazard events.

D. Encourage mitigation activities to increase the disaster resilience of institutions, private companies and lifeline systems that are essential to Berkeley’s functioning.

Actions specified in the 2014 mitigation strategy were inspired by multiple elements of the City’s General Plan, and specified through collaborative planning processes among City staff and key institutional partners. 2014 mitigation actions are presented in high, medium, and low priority categories. Generally, high and medium priority actions address Berkeley’s hazards of greatest concern—earthquake and wildland-urban interface fire. High and medium priority actions can be completed in the five-year time frame covered by this strategy. Implementation of medium and low actions is dependent on outside sources of funding becoming available. Resource availability will strongly influence the pace of achievements.
High Priority Actions:

- Perform appropriate seismic and fire safety analysis based on current and future use for all City-owned facilities and structures.
- Implement Phase Two of the Soft-Story Retrofit Program, mandating retrofit of soft-story residences.
- Complete the ongoing program to retrofit all remaining non-complying Unreinforced Masonry (URM) buildings.
- Reduce hazard vulnerabilities in Berkeley buildings.
- Reduce fire risk in existing development through fire code updates and enforcement.
- Collect, analyze and share information with the Berkeley community about Berkeley hazards and associated risk reduction techniques.
- Ensure that the City provides leadership and coordination of the private sector, public institutions, and other public bodies in disaster mitigation.
- Work with EBMUD to ensure an adequate water supply during emergencies and disaster recovery.
- Manage and promote pedestrian evacuation routes in Fire Zones 2 and 3.
- Mitigate climate change impacts by integrating climate change research and adaptation planning into City operations and services.

Medium Priority Actions:

- Strengthen or replace City buildings in the identified prioritized order as funding is available.
- Develop an Energy Assurance Plan for City operations.
- Improve the disaster-resistance of the natural gas delivery system to increase public safety and to minimize damage and service disruption following a disaster.
- Rehabilitate the City’s stormwater system to reduce local flooding caused by inadequate storm drainage.
- Reduce fire risk in existing development through vegetation management.
- Define and mitigate Berkeley’s tsunami hazard.
- Reduce Berkeley’s vulnerability to extreme heat events and associated hazards.
- Reduce Berkeley’s vulnerability to severe storms and associated hazards.
- Collaborate with local, State, regional and federal partners to increase the security of Berkeley’s water supply from climate change impacts.
- Maintain City participation in the National Flood Insurance Program.
- Streamline the zoning permitting process to rebuild residential and commercial structures following disasters.
**Low Priority Actions:**

- Mitigate the impacts of sea-level rise in Berkeley.
- Explore legislation to require hazardous materials stored in the flood zones to be elevated or otherwise protected from floodwaters.

Berkeley has developed effective processes to implement, track and update the status of its disaster mitigation activities. The City Manager’s Office directs implementation and tracking of mitigation activities; funded actions will be inserted into departmental work plans each year.

Department heads task staff members with projects. Lead staff identified in each action will meet together at the beginning of each calendar year to address their progress on the actions that comprise Berkeley’s mitigation strategy. Staff will also present progress on mitigation strategy implementation to the Disaster and Fire Safety Commission on an annual basis. Staff will conduct a complete review and update of the plan, including the hazard analysis and mitigation strategy, once every five years.

**Summary of Changes to Section 3: Hazard Analysis**

As part of the 2004 plan update, this 2014 plan includes an updated analysis of Berkeley’s hazards and their potential impacts. Hazard vulnerabilities identified in Section 3 guide the mitigation strategy presented in Section 1.

**General Changes and Updates**

The 2014 plan contains numerous updates to facts, figures and descriptions. The City has incorporated the newest-available hazard data, including impact maps for particular scenarios. The City and its partners have provided additional descriptions, details and definitions to explain the science of these hazards and their potential impacts.

Advances in GIS mapping technology have enabled the City to present maps that help to visualize information. The City has overlaid multiple related hazards with Berkeley’s buildings and infrastructure to demonstrate structural hazard exposure and vulnerabilities.

Institutional community partners have updated information regarding their vulnerabilities to the described hazards, as well as significant mitigation activities that they have completed, in progress, or planned for the coming five years.

Within the historical section for each hazard, the City has added information about any instances of the hazard affecting Berkeley since 2004. Throughout the plan, the City has updated 2004 financial loss estimates for inflation.

Appendix A describes Berkeley’s progress on the hazard mitigation actions identified in 2004. It also identifies where and how the City incorporated select 2004 actions and activities into this 2014 plan.

**Hazards Described in the 2014 Plan**

The 2014 plan now specifically highlights Berkeley’s two hazards of greatest concern as earthquake and wildland-urban interface (WUI) fire. These two hazards are underscored because of their history in Berkeley, our community’s extensive exposure and many vulnerabilities to these hazards, and the cascading impacts that could result from one of these hazards.
For the first time, the plan identifies tsunami and climate change as hazards of concern. Significant changes and updates to the analysis of each hazard are described below:

**Earthquakes (Section 3.3)**

- Three new Hayward Fault earthquake scenario maps illustrate the Bay Area’s exposure to seismic shaking, and Berkeley’s exposure to liquefaction and seismically-triggered landslides.
- A new map overlays the areas of Berkeley potentially exposed to liquefaction, fault rupture and earthquake-induced landslides. The City has overlaid Berkeley’s vulnerable structures on this base map, demonstrating where vulnerable buildings have been constructed on ground that could possibly liquefy, rupture or slide in an earthquake.
- The City addresses seismically-triggered landslides, their cause and their potential impacts in additional detail. The 2014 plan also contains a new scenario map for seismically-triggered landslide.
- The 2014 plan addresses fire following earthquake in greater detail: the plan describes significant fires resulting from past earthquakes, causes of fire following earthquake, and how earthquake impacts can impede firefighting efforts and promote fire spread. The estimated number of fires following a scenario earthquake has been updated based on new scientific research, from five ignitions to 6-12 ignitions in the first day.
- The seismic stability of City-owned and leased buildings has been updated to reflect significant retrofit efforts since 2004. (This information is provided in greater detail in Appendix B: List of City Owned and Leased Buildings.)
- The City has updated the plan to describe Berkeley’s progress on mitigating earthquake vulnerabilities in soft-story buildings. Data gathered through the City’s 2005 soft-story ordinance are used to describe the ordinance’s impacts on retrofit activities, as well as the current number and locations of soft-story buildings in Berkeley.
- The City describes locations and seismic vulnerabilities to gas systems in greater detail. Pacific Gas & Electric natural gas transmission lines, and Kinder Morgan’s jet fuel/diesel pipelines are overlaid on the seismic hazard planning zone map to illustrate their potential earthquake liquefaction exposure.
- Earthquake risk and loss estimates have been updated to include data from a 2008 catastrophic earthquake incident scenario. The 2008 report uses a more severe scenario earthquake than the City used to establish risk and loss estimates in 2004. The 2008 scenario also includes additional information about potential impacts to partner systems at a greater level of detail than was available for the 2004 plan.

**Wildland-Urban Interface Fire (Section 3.4)**

- This plan redefines Berkeley’s 2004 “wildfire” hazard as the “wildland-urban interface” fire hazard. The “WUI” term more specifically describes the fire hazard present in the Berkeley hills, in which natural and built environments meet and intermix. This change of perspective and associated terminology aligns Berkeley’s 2014 plan with the State of California Hazard Mitigation Plan.
• The 2014 plan describes the potential for a WUI fire to spread to Berkeley’s flatlands, clarifying that WUI fire is a citywide concern. The 2014 plan provides additional detail on the particular vulnerabilities of Panoramic Hill residents and visitors.

• The City has provided information about Berkeley’s four vegetation management programs reducing Berkeley’s fire risk, and its partnership with the Berkeley Path Wanderers Association to maintain and improve the rustic paths in the hills, which also serve as pedestrian evacuation routes.

Rainfall-Triggered Landslide (Section 3.5)

• Rainfall-triggered landslide is addressed separately of earthquake-induced landslide. Additional information has been provided to describe rainfall-triggered landslide and debris flow, and Berkeley’s exposure and vulnerabilities to historic or recent deep-seated landslides.

Floods (Section 3.6)

• The floods section has been rewritten for clarity. The 2014 plan also provides additional information about floods caused by storm drain overflow. Hydraulic models created in 2011 identify key intersections in Berkeley that are exposed to flooding from storm drain overflow.

Tsunami (Section 3.7)

• Tsunami is a newly-introduced hazard of concern for the 2014 plan. The tsunami section describes recent tsunami events and their impacts on Berkeley. It outlines the latest information about the tsunami hazard within the San Francisco Bay, and provides an inundation map showing Berkeley’s tsunami exposure. The City identifies populations, businesses, roadways, City buildings and other infrastructure within the tsunami inundation zone, and discusses potential evacuation challenges.

Climate Change (Section 3.8)

• Climate change is a newly-introduced hazard of concern for the 2014 plan. The climate change section describes the anticipated impacts to Berkeley from climate change. It also outlines how climate change exacerbates other hazards identified in this plan. The City discusses potential impacts from sea-level rise on Berkeley’s western coast, and maps areas in Berkeley that are vulnerable in 55-inch sea-level rise.

Hazardous Materials Release (Section 3.9)

• This plan provides greater detail regarding Berkeley’s exposure and vulnerability to hazardous materials release. The City’s classification system for Berkeley’s hazardous materials sites is described.

• This section includes a map that visualizes sites with sufficiently large quantities of toxic chemicals to pose a high risk to the community, along with key transportation routes used for hazardous materials in Berkeley. This map also includes areas of Berkeley exposed to earthquake-induced ground failure and flooding. By layering this information, readers can visualize how Berkeley’s natural hazards could cause a hazardous materials release.
Details of Actions

Mitigation actions identified by the Berkeley community are presented in the following pages. Actions are presented per their high, medium- or low-priority designation.

The following information is provided for each action:

- **Action Title**: Short title to identify the action
- **Action**: Proposed action
- **Proposed Activities**: Specific projects or efforts that support the action
- **Related Natural Hazard(s)**: Lists hazards whose impacts would be mitigated by the action
- **Associated LHMP Objective(s)**: Mitigation objectives that the action supports
- **Related Policies from the General Plan or Climate Action Plan**: General Plan or Climate Action Plan policies that the action supports
- **Special Environmental Concerns**: Particular considerations that will be taken into account when the action is implemented
- **Lead Organization(s) and Staff Lead(s)**: City departments and divisions, along with particular City staff positions that will lead implementation of the action
- **Priority**: High, Medium or Low priority assigned to the action using criteria outlined in Appendix E: Prioritization Structure
- **Timeline**: Timeline and milestones to implement the action
- **Additional Resources Required**: Identifies if funding is not yet available to complete the action
- **Potential Funding Sources**: Identifies potential funding sources to complete the action. Includes all sources that could possibly fund any element of the action: staff time, vendor contracts, equipment purchase, etc. **Funding allocations are made through the Citywide budget process. Listing a specific potential funding source does not commit resources to the action.**
  - **Activity Type(s)**: If the action could be eligible for federal mitigation grant funding, identifies federally-defined activity type for grant purposes

Appendix A: 2004 Actions documents progress on 2004 actions.
### High-Priority Actions

<table>
<thead>
<tr>
<th>2014 Building Assessment</th>
<th>Perform appropriate seismic and fire safety analysis based on current and future use for all City-owned facilities and structures.</th>
</tr>
</thead>
</table>
| Proposed Activities      | - First, complete analysis of structures supporting critical emergency response and recovery functions, and make recommendations for structural and nonstructural improvements.  
- Prioritize analysis of remaining structures based on occupancy and structure type, and make recommendations for structural and nonstructural improvements.  
- Integrate unsafe structures into a prioritized program for retrofit or replacement.  
- Develop emergency guidelines for buildings with structural deficiencies. |

| Related Natural Hazard(s) | Earthquake  
Wildland-Urban Interface Fire  
Tsunami  
Landslide  
Floods  
Climate Change |
|---------------------------|----------------------------------------------------------|
| Associated LHMP Objective(s) | A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.  
B. Increase City government’s ability to serve the community during disaster response and recovery by mitigating risks to key buildings and infrastructure. |

| Related Policies from the General Plan or Climate Action Plan | General Plan Policy S-10, Action B  
General Plan Policy S-20, Actions G and H |
|-------------------------------------------------------------|--------------------------------------------------------------------------------|
| Lead Organization and Staff Lead | Public Works Department: Facilities Division  
Staff Lead: Facility Maintenance Superintendent |
| Priority | High |
| Timeline | Analysis of critical structures: December 2013 |
### Additional Resources Required

- Analysis of remaining structures: Funding-dependent
- Emergency guideline development: Ongoing as identified
- Funding for analysis of remaining structures: Dependent upon progress of critical structure analysis
- Funding for emergency guideline development: consultant and staff time, dependent upon the number of identified buildings

### Potential Funding Sources

- Analysis of critical structures: multiple City funds
- Potential sources for other projects: City General Fund, grants, other City funds
### 2014 Soft-Story

**Implement Phase Two of the Soft-Story Retrofit Program, mandating retrofit of soft-story residences.**

<table>
<thead>
<tr>
<th>Proposed Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- <strong>Phase II, Part 1: Complete Public Review and Adopt a Mandatory Retrofit Ordinance</strong></td>
</tr>
<tr>
<td>- Pass ordinance to amend the Berkeley Municipal Code 19.39 to require owners of soft-story buildings to retrofit their buildings</td>
</tr>
<tr>
<td>- Identify and address related zoning issues (e.g., parking elimination requirements, demolitions, etc.)</td>
</tr>
<tr>
<td>- Outreach to impacted property owners and tenants</td>
</tr>
<tr>
<td>- <strong>Phase II, Part 2 – Implementation of Mandatory Soft-story Retrofit Ordinance</strong></td>
</tr>
<tr>
<td>- Develop and publish Framework Guidelines calibrating, delineating and detailing technical requirements to be used for building retrofits.</td>
</tr>
<tr>
<td>- Inform impacted property owners of the requirement to retrofit their building</td>
</tr>
<tr>
<td>- Designated project manager will:</td>
</tr>
<tr>
<td>- Prepare handouts and correspondence</td>
</tr>
<tr>
<td>- Respond to inquiries from owners, tenants, engineers, contractors and realtors about the mandatory program, compliance procedures and requirements</td>
</tr>
<tr>
<td>- Investigate and adopt financial, procedural, and land use incentives to facilitate retrofit.</td>
</tr>
<tr>
<td>- The Rent Board will review requests for pass-through of capital improvement expenses for seismic retrofits. They will determine on a case-by-case basis if rent increases to tenants can be approved.</td>
</tr>
<tr>
<td>- Explore establishment of a loan program to assist landlords who cannot access financing to retrofit their buildings.</td>
</tr>
<tr>
<td>- Review plan submittals for soft-story seismic retrofits</td>
</tr>
<tr>
<td>- Issue permits and perform field inspections</td>
</tr>
<tr>
<td>- Remove retrofitted buildings from the Soft-Story Inventory</td>
</tr>
<tr>
<td>- Review appeals to accommodate unique circumstances preventing owners from meeting program requirements; consider time extensions, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Natural Hazard(s)</th>
<th>Earthquake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated LHMP Objective(s)</td>
<td>A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and</td>
</tr>
</tbody>
</table>
businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.

C. Protect Berkeley’s unique character and values from being compromised by hazard events.

<table>
<thead>
<tr>
<th>Related Policies from the General Plan or Climate Action Plan</th>
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</thead>
<tbody>
<tr>
<td>General Plan Policy S-20, Actions B, C, D, E, and F</td>
</tr>
<tr>
<td>General Plan Policy S-15, Action A</td>
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</tbody>
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<thead>
<tr>
<th>Special Environmental Concerns</th>
<th>All building upgrade activities will include efforts to minimize impacts to existing residential and commercial tenants.</th>
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<table>
<thead>
<tr>
<th>Lead Organization and Staff Lead</th>
<th>Planning Department – Building and Safety Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority</td>
<td>High</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Timeline</th>
<th>January 2017: Deadline for soft-story owners to submit a permit application for retrofit</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>January 2019: Final deadline for soft-story retrofit completion (2 years after permit application)</td>
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<table>
<thead>
<tr>
<th>Additional Resources Required</th>
<th>Additional $20-30k required for structural engineering firm to develop Framework Guidelines</th>
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</thead>
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<table>
<thead>
<tr>
<th>Potential Funding Sources</th>
<th>City General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Permit Service Center Enterprise Fund</td>
</tr>
<tr>
<td></td>
<td>Rental Housing Safety Program Fund</td>
</tr>
<tr>
<td>2014</td>
<td>Complete the ongoing program to retrofit all remaining non-complying Unreinforced Masonry (URM) buildings.</td>
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<tr>
<td>-------</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| URM   | - Begin by working with owners of remaining potentially hazardous URM buildings to obtain structural analyses of their buildings and to undertake corrective mitigation measures to improve seismic resistance or to remove the buildings and replace them with safer buildings.  
   - Apply available legal remedies, including but not limited to citations, to owners who fail to comply with the URM ordinance.  
   - Maintain program notification to building occupants and owners. |

**Related Natural Hazard(s)**

- Earthquake

**Associated LHMP Objective(s)**

- A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.

**Related Policies from the General Plan or Climate Action Plan**

- General Plan Policy S-20, Action A

**Special Environmental Concerns**

- All building upgrade activities will include efforts to minimize impacts to existing residential and commercial tenants.

**Lead Organization and Staff Lead**

- Planning Department - Building and Safety Division
- Staff Lead: Program and Administration Manager

**Priority**

- High

**Timeline**

- Engage all remaining URM building owners by January 2015
- Complete all remaining URM retrofits/demolitions by January 2019

**Additional Resources Required**

- No additional resources required

**Potential Funding Sources**

- Permit Service Center Enterprise Fund
- Rental Housing Safety Program Fund
## 2014 Buildings

<table>
<thead>
<tr>
<th>Proposed Activities</th>
<th>Reduce hazard vulnerabilities for non-City-owned buildings throughout Berkeley.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Periodically update and adopt the California Building Standards Code with local amendments to incorporate the latest knowledge and design standards to protect people and property against known seismic, fire, flood and landslide risks in both structural and non-structural building and site components.</td>
</tr>
<tr>
<td></td>
<td>- Explain requirements and provide guidance to owners of potentially hazardous structures to facilitate retrofit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Natural Hazard(s)</th>
<th>Earthquake</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wildland-Urban Interface Fire</td>
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<tr>
<td></td>
<td>Landslide</td>
</tr>
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<td></td>
<td>Floods</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Associated LHMP Objective(s)</th>
<th>A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.</th>
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<tr>
<td></td>
<td>C. Protect Berkeley’s unique character and values from being compromised by hazard events.</td>
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<th>General Plan Policy S-15, Action A</th>
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<td></td>
<td>General Plan Policy S-20, Actions D and E</td>
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<table>
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<tr>
<th>Special Environmental Concerns</th>
<th>All building upgrade activities will include efforts to minimize impacts to existing residential tenants.</th>
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<table>
<thead>
<tr>
<th>Lead Organization and Staff Lead</th>
<th>Planning Department – Building and Safety Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority</td>
<td>Staff lead: Building Official</td>
</tr>
<tr>
<td>Timeline</td>
<td>High</td>
</tr>
<tr>
<td>Enactment of 2013 Building Code: January 1, 2014</td>
<td></td>
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<tr>
<td>Enactment of 2016 Building Code: January 1, 2017</td>
<td></td>
</tr>
<tr>
<td>Technical assistance: Ongoing</td>
<td></td>
</tr>
<tr>
<td>Additional Resources Required</td>
<td>No additional resources required</td>
</tr>
</tbody>
</table>

| Potential Funding Sources | Permit Service Center Enterprise Fund |
## 2014 Fire Code

### Proposed Activities

- Periodically update and adopt the Berkeley Fire Code with local amendments to incorporate the latest knowledge and design standards to protect people and property against known risks in both structural and non-structural building and site components.
- Maintain Fire Department efforts to reduce fire risk through inspections:
  - Annual inspections in all Fire Zones
  - Hazardous Fire Area inspections
  - Multi-unit-residential building inspections in all Fire Zones
- Create a standard for written vegetation management plans for major construction projects in Fire Zones 2 and 3.

### Related Natural Hazard(s)

<table>
<thead>
<tr>
<th>Wildland-Urban Interface Fire</th>
</tr>
</thead>
</table>

### Associated LHMP Objective(s)

A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.

C. Protect Berkeley’s unique character and values from being compromised by hazard events.

### Related Policies from the General Plan or Climate Action Plan

| General Plan Policy S-21: Fire Preventative Design Standards, Action A |
| General Plan Policy S-23: Property Maintenance, Action B |

### Lead Organization and Staff Lead

Fire Department – Division of Fire Prevention

Staff Lead: Deputy Fire Chief (Fire Marshal)

### Priority

High

### Timeline

Fire Code Adoption: Complete by January 2014 and January 2017

Inspections: Ongoing

Vegetation Management Standard: 1-2 years

### Additional Resources Required

No additional resources required
| Potential Funding Sources | City General Fund |
### 2014 Hazard Information

**Collect, analyze and share information with the Berkeley community about Berkeley hazards and associated risk reduction techniques.**

<table>
<thead>
<tr>
<th>Proposed Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Track changes in hazard risk using the best-available information and tools.</td>
</tr>
<tr>
<td>- Collect and share up-to-date hazard maps identifying areas subject to heightened risk from hazards.</td>
</tr>
<tr>
<td>- Partner with the Association of Bay Area Governments to incorporate Berkeley’s vulnerabilities onto regionally-managed hazard maps.</td>
</tr>
<tr>
<td>- Publicize financial and technical assistance resources for risk reduction.</td>
</tr>
</tbody>
</table>

**Related Natural Hazard(s)**

- Earthquake
- Wildland-Urban Interface Fire
- Landslide
- Floods
- Tsunami
- Climate Change

**Associated LHMP Objective(s)**

- A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.
- B. Increase City government’s ability to serve the community during disaster response and recovery by mitigating risks to key buildings and infrastructure.
- C. Protect Berkeley’s unique character and values from being compromised by hazard events.
- D. Encourage mitigation activities to increase the disaster resilience of institutions, private companies and lifeline systems that are essential to Berkeley’s functioning.

**Related Policies from the General Plan or Climate Action Plan**

- General Plan Policy S-13: Hazards Identification, Action A
- General Plan Policy S-19: Risk Analysis, Action A
- Climate Action Plan: Adaptation Action A

**Lead Organization and Staff Lead**

- Fire Department – Office of Emergency Services
  - Lead Staff: Emergency Services Coordinator
Office of Energy and Sustainable Development (Climate Change Hazards)

Lead Staff: Climate Action Coordinator

<table>
<thead>
<tr>
<th>Priority</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Additional Resources Required</td>
<td>No additional resources required</td>
</tr>
<tr>
<td>Potential Funding Sources</td>
<td>General Fund</td>
</tr>
<tr>
<td></td>
<td>Measure GG Special Revenue Fund</td>
</tr>
<tr>
<td>2014 Partnerships</td>
<td>Ensure that the City provides leadership and coordinate with the private sector, public institutions, and other public bodies in disaster mitigation.</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Proposed Activities | - Support and encourage efforts undertaken by key lifeline providers to plan for and finance seismic retrofit and other disaster-resistance measures, including:  
  - Utility providers  
  - Transportation agencies  
  - Communication providers  
  - Healthcare facilities  
- Coordinate with and encourage mitigation actions of:  
  - Institutions serving the Berkeley community  
  - Berkeley organizations and nonprofits  
  - Other partners whose actions affect the Berkeley community |
| Related Natural Hazard(s) | Earthquake  
  Wildland-Urban Interface Fire  
  Landslide  
  Floods  
  Tsunami  
  Climate Change |
| Associated LHMP Objective(s) | A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.  
B. Increase City government’s ability to serve the community during disaster response and recovery by mitigating risks to key buildings and infrastructure.  
C. Protect Berkeley’s unique character and values from being compromised by hazard events.  
D. Encourage mitigation activities to increase the disaster resilience of institutions, private companies and lifeline systems that are essential to Berkeley’s functioning |
| Related Policies from the General Plan or Climate Action Plan | General Plan Policy S-5 The City’s Role in Leadership and Coordination, Actions A and B  
  General Plan Policy S-12 Utility and Transportation Systems, Action A |
<table>
<thead>
<tr>
<th>Lead Organization and Staff Lead</th>
<th>City Manager’s Office (Advocacy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff Lead: Deputy City Manager</td>
</tr>
<tr>
<td></td>
<td>Fire Department – Office of Emergency Services (Coordination)</td>
</tr>
<tr>
<td></td>
<td>Staff Lead: Office of Emergency Services Captain</td>
</tr>
<tr>
<td>Priority</td>
<td>High</td>
</tr>
<tr>
<td>Timeline</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Additional Resources Required</td>
<td>To be determined</td>
</tr>
<tr>
<td>Potential Funding Sources</td>
<td>City General Fund</td>
</tr>
<tr>
<td></td>
<td>Measure GG Special Revenue Fund</td>
</tr>
</tbody>
</table>
**2014 LHMP Objective(s)**

**Associated Natural Hazard(s): Earthquake, Wildland-Urban Interface Fire**

### Proposed Activities
- Coordinate with EBMUD regarding plans to install a new 48-inch pipeline parallel to the existing north-south water main in 2015-2016.
- Explore project approaches with EBMUD to expedite replacement of problem pipelines in Berkeley neighborhoods exposed to wildland-urban interface fire and seismic ground failure.
- Coordinate with EBMUD to ensure that pipeline replacement projects and upgrades are coordinated with the City’s five-year street paving program.

### Related Policies from the General Plan or Climate Action Plan

**General Plan Policy S-12: Utility and Transportation Systems, Action A**

**Special Environmental Concerns**

All activities occurring in biologically sensitive areas will include measures to protect sensitive habitats and species.

### Lead Organization and Staff Lead

**Department of Public Works – Engineering Division**

**Staff Lead:** City Engineer

### Priority

**High**

### Timeline

**Ongoing**

### Additional Resources Required

**No additional funding required**

### Potential Funding Sources

- City General Fund and Other City Funds
- Pre-Disaster Mitigation Grant Program (PDM)
- Hazard Mitigation Grant Program (HMGP)
| Activity Type(s) | Mitigation: Infrastructure Retrofit |


### Proposed Activities

- Ensure that all public pathways are maintained to provide safe and accessible pedestrian evacuation routes from the hill areas.
- Update City maps of all emergency access and evacuation routes to include pedestrian pathways.
- Coordinate with UC Berkeley and Berkeley Lab to ensure that evacuation route options account for paths on UC and Berkeley Lab property.
- Publicize up-to-date maps of all emergency access and evacuation routes.

### Associated LHMP Objective(s)

A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.

### Related Policies from the General Plan or Climate Action Plan

| General Plan Policy S-1 Response Planning, Action B |
| General Plan Policy S-22 Fire Fighting Infrastructure, Action A |
| General Plan Policy T-28 Emergency Access, Actions B and C |

### Special Environmental Concerns

All activities occurring in biologically sensitive areas will include measures to protect sensitive habitats and species.

### Lead Organization and Staff Lead

Department of Public Works – Engineering Division (Maintenance)

- Public Works Staff Lead: Associate Civil Engineer
- Information Technology GIS Division (Mapping)
  - IT Staff Lead: GIS Coordinator
- Fire Department Office of Emergency Services (Outreach)
  - Fire-OES Staff Lead: Emergency Services Coordinator

### Priority

High

### Timeline

- Maintenance: Ongoing
- Mapping: 1 year to include pathways in public maps, then
<table>
<thead>
<tr>
<th>Additional Resources Required</th>
<th>No additional resources required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential Funding Sources</td>
<td>City General Fund, Measure GG Special Revenue Fund</td>
</tr>
<tr>
<td></td>
<td><strong>ongoing updates</strong></td>
</tr>
<tr>
<td></td>
<td>Publicizing Maps: Ongoing</td>
</tr>
<tr>
<td>2014 Climate Change Integration</td>
<td>Mitigate climate change impacts by integrating climate change research and adaptation planning into City operations and services.</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Proposed Activities            | - Determine staffing needs to monitor research and oversee integration of climate change adaptation into City operations and services  
                                 | - Develop and implement a process to integrate adaptation planning into City operations. Activities include:  
                                 |   ● Integrate climate change adaptation actions into the Citywide Work Plan  
                                 |   ● Integrate climate change adaptation considerations into templates for staff reports to City Council and City Commissions  
                                 |   ● Train City staff on the basic science and impacts of climate change and on climate adaptation strategies  
                                 |   ● Develop a staff recognition and award program to encourage staff to integrate climate change considerations into City projects and programs |

| Related Natural Hazard(s)     | Climate Change |
| Related LHMP Objective(s)     | A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards. |
| Related Policies from the General Plan or Climate Action Plan | ● Climate Action Plan – Adaptation, Goal 1A  
                                 | ● Climate Action Plan – Community Outreach and Empowerment, Goal 1A  
                                 | ● Climate Action Plan – Implementation, Monitoring and Reporting, Goals 2, 3 and 4 |
| Lead Organization and Staff Lead | City Manager’s Office through Sustainability Working Group (Process Management)  
                                 |   Staff Lead: Deputy City Manager  
                                 |   Planning Department – Office of Energy and Sustainable Development (Support)  
<pre><code>                             |   Staff Lead: Climate Action Coordinator |
</code></pre>
<p>| Priority                      | Medium |
| Timeline                      | Staffing: 2-3 years |</p>
<table>
<thead>
<tr>
<th>Additional Resources Required</th>
<th>To be determined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential Funding Sources</td>
<td>City General Fund</td>
</tr>
<tr>
<td></td>
<td>Permit Service Center Enterprise Fund</td>
</tr>
</tbody>
</table>

- Work Plan Integration: 1 year
- Council/Commission Report Integration: 1 year
- Funding Mechanisms: 2-3 years
- Staff Training: 2-3 years
Medium-Priority Actions

<table>
<thead>
<tr>
<th>2014</th>
<th>Strengthen and Replace City Buildings</th>
<th>Strengthen or replace City buildings in the identified prioritized order as funding is available.</th>
</tr>
</thead>
</table>
| Proposed Activities | - Seismically strengthen 2180 Milvia Civic Center  
- Replace the Center Street Garage  
- Seek funding to seismically strengthen or replace additional City buildings in a prioritized order |
| Related Natural Hazard(s) | Earthquake  
Wildland-Urban Interface Fire  
Tsunami  
Landslide  
Floods  
Climate Change |
| Associated LHMP Objective(s) | A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.  
B. Increase City government’s ability to serve the community during disaster response and recovery by mitigating risks to key buildings and infrastructure. |
| Related Policies from the General Plan or Climate Action Plan | General Plan Policy S-20, Action H |
| Special Environmental Concerns | All construction activities recommended in this action will preserve historic character of buildings, take measures to control air quality and limit noise during construction. |
| Lead Organization and Staff Lead | Public Works Department – Engineering Division  
Staff Lead: Supervising Civil Engineer |
| Priority | Medium |
| Timeline | 2180 Milvia Civic Center retrofit by 2019  
Center Street Garage replacement by 2019  
Funding identification: Ongoing |
<p>| Additional | 2180 Milvia Civic Center retrofit: $1 million |</p>
<table>
<thead>
<tr>
<th>Resources Required</th>
<th>Center Street Garage replacement: $30 million (est.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Old City Hall retrofit: $30 million</td>
</tr>
<tr>
<td></td>
<td>Veterans Memorial Building retrofit: $20 million</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential Funding Sources</th>
<th>Legislative Pre-Disaster Mitigation grant funding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Disaster Mitigation Grant Program (PDM)</td>
</tr>
<tr>
<td></td>
<td>Hazard Mitigation Grant Program (HMGP)</td>
</tr>
<tr>
<td></td>
<td>General Fund</td>
</tr>
<tr>
<td></td>
<td>City-Issued Bonds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Type(s)</th>
<th>Mitigation: Structural Retrofitting of existing buildings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mitigation: Nonstructural retrofitting of existing buildings and facilities</td>
</tr>
</tbody>
</table>
**2014**

**Develop an Energy Assurance Plan for City operations.**

<table>
<thead>
<tr>
<th>Energy Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proposed Activities</strong></td>
</tr>
<tr>
<td>- Develop a plan to assist the City of Berkeley to prepare for, respond to, and recover from disasters that include energy emergencies.</td>
</tr>
<tr>
<td>- Identify the key City facilities that support emergency operations</td>
</tr>
<tr>
<td>- Estimate those facilities’ energy supply and demand during emergencies to assess those facilities’ vulnerabilities to power loss.</td>
</tr>
<tr>
<td>- Identify actions to mitigate those vulnerabilities (e.g., photovoltaic-supplemented emergency generation, energy efficiency activities, and/or mobile charging stations).</td>
</tr>
<tr>
<td>- Integrate energy assurance actions into Citywide planning processes.</td>
</tr>
</tbody>
</table>

**Related Natural Hazard(s)**
- Earthquake
- Wildland-Urban Interface Fire
- Landslide
- Floods
- Tsunami
- Climate Change

**Associated LHMP Objective(s)**
- A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.

<table>
<thead>
<tr>
<th>Related Policies from the General Plan or Climate Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Plan - Disaster Preparedness and Safety Element: Objective 1</td>
</tr>
<tr>
<td>General Plan Policy S-8: Continuity of Operations</td>
</tr>
<tr>
<td>Climate Action Plan – Chapter 4, Goal 5: Increase Energy Efficiency and Renewable Energy Use in Public Buildings – Policies 5a and 5b</td>
</tr>
</tbody>
</table>

**Lead Organization and Staff Lead**
- Fire Department – Office of Emergency Services (Plan Development and Gap Analysis)
- Staff Lead: Emergency Services Coordinator
<table>
<thead>
<tr>
<th>Priority</th>
<th>Medium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline</td>
<td>Plan Development: 1 year</td>
</tr>
<tr>
<td></td>
<td>Project implementation: To be determined</td>
</tr>
<tr>
<td>Additional Resources Required</td>
<td>No additional resources required to develop plan.</td>
</tr>
<tr>
<td></td>
<td>Resources required to implement plan proposals is to be determined.</td>
</tr>
<tr>
<td>Potential Funding Sources</td>
<td>City General Fund</td>
</tr>
<tr>
<td></td>
<td>Measure GG Special Revenue Fund</td>
</tr>
<tr>
<td></td>
<td>Various State funds</td>
</tr>
<tr>
<td>2014 Gas Safety</td>
<td>Improve the disaster-resistance of the natural gas delivery system to increase public safety and to minimize damage and service disruption following a disaster.</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Proposed Activities | - Work with the Public Utilities Commission, utilities, and oil companies to strengthen, relocate, or otherwise safeguard natural gas and other pipelines where they extend through areas of high liquefaction potential, cross potentially active faults, or traverse potential landslide areas, or areas that may settle differentially during an earthquake.  
- Establish a program to provide free automatic gas shutoff valves to community members who attend disaster readiness training. Provide subsidized permit fee waivers for low-income homeowners. |
| Related Natural Hazard(s) | Earthquake  
Wildland-Urban Interface Fire  
Landslide  
Tsunami |
| Associated LHMP Objective(s) | A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.  
D. Encourage mitigation activities to increase the disaster resilience of institutions, private companies and lifeline systems that are essential to Berkeley’s functioning. |
| Related Policies from the General Plan or Climate Action Plan | General Plan Policy S-12, Action C |
| Special Environmental Concerns | All activities occurring in biologically sensitive areas will include measures to protect sensitive habitats and species. |
| Lead Organization and Staff Lead | Fire Department – Office of Emergency Services  
Staff Lead: Office of Emergency Services Captain (Coordination)  
Staff Lead: Associate Management Analyst (Shutoff Valve Program) |
<p>| Priority | Medium |</p>
<table>
<thead>
<tr>
<th>Timeline</th>
<th>Coordination: Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gas Valve Shutoff Program: July 2014</td>
</tr>
<tr>
<td>Additional Resources Required</td>
<td>No additional resources required</td>
</tr>
<tr>
<td>Potential Funding Sources</td>
<td>City General Fund</td>
</tr>
<tr>
<td></td>
<td>Measure GG Special Revenue Fund</td>
</tr>
</tbody>
</table>
### Stormwater System

**Rehabilitate the City’s stormwater system to reduce local flooding caused by inadequate storm drainage.**

| Proposed Activities | - Complete the hydraulic analysis of watersheds in the city to predict areas of insufficient capacity.  
| - Seek funding to perform system capacity and disaster resistance improvements. |

**Related Natural Hazard(s)**
- Earthquake
- Floods
- Landslide
- Tsunami
- Climate Change

**Associated LHMP Objective(s)**
- A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.

**Related Policies from the General Plan or Climate Action Plan**
- General Plan Policy S-26, Actions B and C

**Special Environmental Concerns**
- Any non-emergency construction work on the storm drain system will take steps to minimize impacts to riparian habitat.

**Lead Organization and Staff Lead**
- Public Works Department – Engineering Division
  - Staff Lead: Associate Civil Engineer

**Priority**
- Medium

**Timeline**
- Complete the hydraulic analysis: funding-dependent
- System improvements: funding-dependent

**Additional Resources Required**
- Complete the hydraulic analysis: $200,000
- System improvements: $208 million

**Potential Funding Sources**
- City General Fund, bonds
- Urban Greening Project Grants (Prop. 84)
- Stormwater–Flooding Management Projects Grants (Prop. 1E)
- Pre-Disaster Mitigation Grant Program (PDM)
- Hazard Mitigation Grant Program (HMGP)
<table>
<thead>
<tr>
<th>Activity Type(s)</th>
<th>Mitigation: Infrastructure Retrofit</th>
</tr>
</thead>
</table>


**2014 Vegetation Management**

**Proposed Activities**
- Maintain Fire Fuel Chipper Program
- Maintain Fire Fuel Abatement Program on Public Land
- Maintain Fire Fuel Debris Bin Program
- Maintain Weekly Curbside Plant Debris Collection

**Related Natural Hazard(s)**
Wildland-Urban Interface Fire

**Associated LHMP Objective(s)**
A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.

**Related Policies from the General Plan or Climate Action Plan**
General Plan Policy S-23, Action A.

**Special Environmental Concerns**
All activities occurring in biologically sensitive areas will include measures to protect sensitive habitats and species.

**Lead Organization and Staff Lead**
Department of Parks Recreation and Waterfront – Parks Division
- Fire Fuel Chipper Program Staff Lead: Senior Forestry Supervisor
- Fire Fuel Abatement Program on Public Land Staff Lead: Senior Landscape Supervisor
- Department of Public Works – Zero Waste Division (Fire Fuel Debris Bin Program and Weekly Curbside Plant Debris Collection)
  - Staff Lead: Zero Waste Manager

**Priority**
Medium

**Timeline**
Ongoing

**Additional Resources Required**
- Fire Fuel Chipper Program: Additional resources required, amount to be determined
- Fire Fuel Abatement Program on Public Land: Additional resources required, amount to be determined
- Fire Fuel Debris Bin Program and Weekly Curbside Plant Debris Collection: No additional resources required
<table>
<thead>
<tr>
<th>Potential Funding Sources</th>
<th>City General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Refuse Fee</td>
</tr>
<tr>
<td></td>
<td>City Parks Tax Fund 450</td>
</tr>
<tr>
<td></td>
<td>Pre-Disaster Mitigation Grant Program (PDM)</td>
</tr>
<tr>
<td></td>
<td>Hazard Mitigation Grant Program (HMGP)</td>
</tr>
<tr>
<td>Activity Type(s)</td>
<td>Mitigation: Hazardous Fuels Reduction</td>
</tr>
</tbody>
</table>
### 2014

#### Define and mitigate Berkeley’s tsunami hazard.

<table>
<thead>
<tr>
<th>Tsunami</th>
<th><strong>Proposed Activities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Collaborate with the California Office of Emergency Services to define Berkeley’s different areas of inundation for different tsunami scenarios.</td>
</tr>
<tr>
<td></td>
<td>- Collaborate with the California Office of Emergency Services, the California Geological Survey, and the Federal Emergency Management Agency to document and implement potential tsunami hazard mitigation measures for Berkeley’s maritime communities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Natural Hazard(s)</th>
<th>Tsunami</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Associated LHMP Objective(s)</strong></td>
<td>A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Policies from the General Plan or Climate Action Plan</th>
<th>General Plan Policy S-13: Hazards Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Plan Policy S-19: Risk Analysis, Action A</td>
</tr>
</tbody>
</table>

| Special Environmental Concerns | All activities occurring in biologically sensitive areas will include measures to protect sensitive habitats and species. |

<table>
<thead>
<tr>
<th>Lead Organization and Staff Lead</th>
<th>Fire Department – Office of Emergency Services (Scenarios)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff Lead: Emergency Services Coordinator</td>
</tr>
<tr>
<td></td>
<td>Parks, Recreation and Waterfront Department – Marina Division (Mitigation Measures)</td>
</tr>
<tr>
<td></td>
<td>Staff Lead: Waterfront Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority</th>
<th>Medium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline</td>
<td>Scenarios: 2 years</td>
</tr>
<tr>
<td></td>
<td>Mitigation Measures: To be determined</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Resources Required</th>
<th>Scenarios: No additional resources required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mitigation Measures: To be determined</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential Funding Sources</th>
<th>City General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Measure GG Special Revenue Fund</td>
</tr>
</tbody>
</table>
### 2014 Extreme Heat

#### Reduce Berkeley’s vulnerability to extreme heat events and associated hazards.

**Proposed Activities**
- Monitor and support regional and State-level efforts to forecast the impact of climate change on temperatures and incidence of extreme heat events in Berkeley and the region, and integrate extreme heat event readiness into City operations and services.
- Create and maintain shading by sustaining municipal tree planting efforts and continuing to maintain the health of existing trees.
- Continue to implement energy efficiency ordinances for existing residential and commercial buildings to improve building comfort, including in extreme weather conditions, and to reduce energy use.

<table>
<thead>
<tr>
<th>Related Natural Hazard(s)</th>
<th>Climate Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated LHMP Objective(s)</td>
<td>A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.</td>
</tr>
</tbody>
</table>

| Related Policies from the General Plan or Climate Action Plan | Climate Action Plan - Adaptation Goal 1, Policy D  
General Plan Policy EM-29: Street and Park Trees |
|---------------------------------------------------------------|--------------------------------------------------|

| Lead Organization and Staff Lead | Planning Department – Office of Energy and Sustainable Development (Monitor Impacts)  
Staff Lead: Climate Action Coordinator  
Department of Parks, Recreation and Waterfront – Parks Division (Tree Planting)  
Staff Lead: Parks Superintendent |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority</td>
<td>Medium</td>
</tr>
<tr>
<td>Timeline</td>
<td>Other Activities: Ongoing</td>
</tr>
</tbody>
</table>
| Additional Resources Required | Scientific monitoring: No additional resources required  
Tree planting: Dependent on State Grant |
| Potential Funding Sources | City General Fund  
State Grant  
City Parks Tax Fund 450 |
### 2014 Severe Storms

**Reduce Berkeley’s vulnerability to severe storms and associated hazards.**

<table>
<thead>
<tr>
<th>Proposed Activities</th>
<th></th>
</tr>
</thead>
</table>
| - Support and monitor research on climate change impacts on local rainfall patterns and incidences of severe storms.  
- Integrate considerations of severe storms into City operations and services:  
  - Use development review to ensure that new development does not contribute to an increase in flood potential.  
  - Complete the hydraulic analysis of watersheds in the city to predict areas of insufficient capacity.  
  - Design public improvements such as streets, parks and plazas, for retention and infiltration of stormwater by diverting urban runoff to biofiltration systems such as greenscapes.  
  - Continue to encourage use of permeable surfaces and other techniques as appropriate in both greenscape and hardscape areas for retention and infiltration of stormwater.  
  - Continue to encourage the development of green roofs by providing local outreach and guidelines consistent with the Building Code. |

<table>
<thead>
<tr>
<th>Related Natural Hazard(s)</th>
<th>Climate Change</th>
</tr>
</thead>
</table>

| Associated LHMP Objective(s) | A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards. |

| Related Policies from the General Plan or Climate Action Plan | Climate Action Plan - Adaptation Goal 1, Policy C  
General Plan Policy S-27 New Development |
|---------------------------------------------------------------|--------------------------------------------------|

| Special Environmental Concerns | Public infrastructure improvements will utilize appropriate environmental review processes. |

| Lead Organization and Staff Lead | Planning Department – Office of Energy and Sustainable Development  
Staff Lead: Climate Action Coordinator (Monitor Research)  
Staff Lead: Sustainability Outreach Specialist (Green Roof outreach) |

**Lead Organization and Staff Lead**

- Planning Department – Office of Energy and Sustainable Development
  - Staff Lead: Climate Action Coordinator (Monitor Research)
  - Staff Lead: Sustainability Outreach Specialist (Green Roof outreach)
### Planning Department – Land Use Planning Division
(Development Review)

Staff Lead: Division Director

### Department of Public Works – Engineering Division
(Watershed Management Plan, Permeable Surfaces, Public Improvements)

Staff Lead: Supervising Civil Engineer

<table>
<thead>
<tr>
<th>Priority</th>
<th>Medium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Additional Resources Required</td>
<td>To be determined</td>
</tr>
<tr>
<td>Potential Funding Sources</td>
<td>City General Fund</td>
</tr>
<tr>
<td></td>
<td>Permit Service Center Enterprise Fund</td>
</tr>
<tr>
<td></td>
<td>Measure M Bond Funds</td>
</tr>
<tr>
<td></td>
<td>Pre-Disaster Mitigation Grant Program (PDM)</td>
</tr>
<tr>
<td></td>
<td>Hazard Mitigation Grant Program (HMGP)</td>
</tr>
<tr>
<td>Activity Type(s)</td>
<td>Mitigation: Infrastructure Retrofit</td>
</tr>
</tbody>
</table>
### 2014 Water Security

**Collaborate with local, State, regional and federal partners to increase the security of Berkeley’s water supply from climate change impacts.**

<table>
<thead>
<tr>
<th>Proposed Activities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Support efforts by the U.S. Forest Service and its partners to improve water security through restoration of the Headwaters Forest and Mokelumne River.</td>
<td></td>
</tr>
<tr>
<td>- Encourage water recycling and gray water use through the distribution of outreach materials and local guidelines that are consistent with the Building Code.</td>
<td></td>
</tr>
<tr>
<td>- Encourage the use of water conservation technologies and techniques in the design of new buildings and landscapes, such as waterless urinals and cisterns, through the development of local guidelines that are consistent with the Building Code.</td>
<td></td>
</tr>
<tr>
<td>- Partner with East Bay Municipal Utility District (EBMUD) to provide and market incentives for residents, businesses and institutions to conserve water.</td>
<td></td>
</tr>
<tr>
<td>- Partner with agencies such as EBMUD and StopWaste.org to encourage private property owners and public agencies (including the City government) to use sustainable landscaping techniques that require less water and energy to maintain.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Natural Hazard(s)</th>
<th>Climate Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated LHMP Objective(s)</td>
<td></td>
</tr>
<tr>
<td>A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.</td>
<td></td>
</tr>
<tr>
<td>D. Encourage mitigation activities to increase the disaster resilience of institutions, private companies and lifeline systems that are essential to Berkeley’s functioning.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Policies from the General Plan or Climate Action Plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Climate Action Plan - Adaptation Goal 1, Policy B</td>
<td></td>
</tr>
<tr>
<td>General Plan Policy EM-25: Groundwater</td>
<td></td>
</tr>
<tr>
<td>General Plan Policy EM-26: Water Conservation</td>
<td></td>
</tr>
<tr>
<td>General Plan Policy EM-31: Landscaping</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead Organization and Staff Lead</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City Manager’s Office via Sustainability Working Group (Partner Support)</td>
<td>Staff Lead: Deputy City Manager</td>
</tr>
</tbody>
</table>
### Planning Department – Office of Energy and Sustainable Development

- **Staff Lead:** Climate Action Coordinator (Community Awareness)
- **Staff Lead:** Sustainability Outreach Specialist (Water Recycling/Incentives)
- **Staff Lead:** Sustainability Coordinator (Guidelines and Landscaping)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Medium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Additional</td>
<td></td>
</tr>
<tr>
<td>Resources Required</td>
<td>No additional resources required</td>
</tr>
<tr>
<td>Potential Funding</td>
<td></td>
</tr>
<tr>
<td>Sources</td>
<td>City General Fund</td>
</tr>
<tr>
<td></td>
<td>Permit Service Center Enterprise Fund</td>
</tr>
</tbody>
</table>
## 2014 NFIP

### Maintain City participation in the National Flood Insurance Program.

**Proposed Activities**
- Continue to update and revise flood maps for the City.
- Continue to incorporate FEMA guidelines and suggested activities into City plans and procedures for managing flood hazards.

<table>
<thead>
<tr>
<th>Related Natural Hazard(s)</th>
<th>Floods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Associated LHMP Objective(s)</strong></td>
<td></td>
</tr>
<tr>
<td>A.</td>
<td>Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.</td>
</tr>
<tr>
<td>B.</td>
<td>Increase City government’s ability to serve the community during disaster response and recovery by mitigating risks to key buildings and infrastructure.</td>
</tr>
<tr>
<td>D.</td>
<td>Encourage mitigation activities to increase the disaster resilience of institutions, private companies and lifeline systems that are essential to Berkeley’s functioning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Policies from the General Plan or Climate Action Plan</th>
<th>General Plan Policy S-28 Flood Insurance, Actions B and C</th>
</tr>
</thead>
</table>

### Special Environmental Concerns

All activities occurring in biologically sensitive areas will include measures to protect sensitive habitats and species. Any non-emergency construction work on the storm drain system will take steps to minimize impacts to riparian habitat.

<table>
<thead>
<tr>
<th>Lead Organization and Staff Lead</th>
<th>Public Works – Engineering Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority</td>
<td>Medium</td>
</tr>
<tr>
<td>Timeline</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Additional Resources Required</td>
<td>No additional resources required</td>
</tr>
<tr>
<td>Potential Funding Sources</td>
<td></td>
</tr>
<tr>
<td><strong>2014</strong></td>
<td><strong>Streamline Rebuild</strong></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td><strong>Streamline Rebuild</strong></td>
<td><strong>Streamline the zoning permitting process to rebuild residential and commercial structures following disasters.</strong></td>
</tr>
</tbody>
</table>
| **Proposed Activities** | - Adopt a Zoning Amendment to BMC 23C.04.100 that streamlines the Zoning permitting process to allow industrial and commercial buildings, and multiple-family dwellings to rebuild by right following disasters.  
- Develop a process and information required for residential and commercial property owners to document their buildings’ current conditions, to enable them to rebuild by right (in conformity with current applicable codes, specifications and standards) following disasters. |
| **Related Natural Hazard(s)** | Earthquake  
Wildland-Urban Interface Fire  
Landslide  
Floods  
Tsunami |
| **Associated LHMP Objective(s)** | C. Protect Berkeley’s unique character and values from being compromised by hazard events |
| **Related Policies from the General Plan or Climate Action Plan** | General Plan Policy LU-26: Neighborhood Commercial Areas  
General Plan Policy LU-27: Avenue Commercial Areas  
General Plan S-9: Pre-Event Planning, Action B |
| **Lead Organization and Staff Lead** | Planning Department – Land Use Planning Division  
Staff Lead: Division Director |
| **Priority** | Medium |
| **Timeline** | 1 year |
| **Additional Resources Required** | To be determined |
| **Potential Funding Sources** | City General Fund  
Permit Service Center Enterprise Fund |
### Low-Priority Actions

#### 2014 Mitigate the impacts of sea-level rise in Berkeley.

<table>
<thead>
<tr>
<th>Sea-Level Rise</th>
<th>Proposed Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Monitor and participate in regional and State-level research on projected sea-level rise in Berkeley and the region.</td>
</tr>
<tr>
<td></td>
<td>- Develop guidelines, regulations, and development review procedures to protect new and existing public and private developments and infrastructure from floods due to expected sea-level rise.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Natural Hazard(s)</th>
<th>Climate Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated LHMP Objective(s)</td>
<td>A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Policies from the General Plan or Climate Action Plan</th>
<th>Climate Action Plan, Adaptation Policy C</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Plan Goal 6: Make Berkeley a disaster-resistant community that can survive, recover from, and thrive after a disaster – Utilize Disaster-Resistant Land Use Planning</td>
<td></td>
</tr>
<tr>
<td>General Plan Policy S-27: New Development</td>
<td></td>
</tr>
<tr>
<td>General Plan Policy S-14: Land Use Regulation, Action E</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Environmental Concerns</th>
<th>Policy changes to development regulations in areas exposed to sea-level rise will take steps to minimize impacts to coastal habitat.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lead Organization and Staff Lead</th>
<th>Planning Department – Office of Energy and Sustainable Development (Monitor Research/Integrate Considerations)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff Lead: Climate Action Coordinator</td>
</tr>
<tr>
<td></td>
<td>Planning Department – Land Use Planning Division (Development Regulations)</td>
</tr>
<tr>
<td></td>
<td>Staff Lead: Division Director</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline</td>
<td>To be determined</td>
</tr>
<tr>
<td>Additional Resources Required</td>
<td>To be determined</td>
</tr>
<tr>
<td>Potential Funding Sources</td>
<td>City General Fund</td>
</tr>
</tbody>
</table>
Permit Service Center Enterprise Fund
### 2014 HazMat Floods

**Explore local legislation to require hazardous materials stored in the flood zones to be elevated or otherwise protected from floodwaters.**

**Proposed Activities:**
- Conduct cost/benefit evaluation to determine if hazardous materials should be elevated/protected in existing development in flood hazard zones:
  - Assess potential impacts from hazardous materials release due to flooding
  - Consult with federal, State and regional partners to identify legislative best practices and lessons learned
  - Work with Berkeley Building Official to identify engineering solutions and potential permitting requirements for hazardous materials
  - Identify potential costs to hazardous materials owners
- If cost/benefit evaluation is positive, work with City Manager’s Office and City Council to determine and implement path forward.
- If cost/benefit is not positive, consider alternative methods of compliance such relocation or modification of business activities.

<table>
<thead>
<tr>
<th>Related Natural Hazard(s)</th>
<th>Floods</th>
<th>Climate Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated LHMP Objective(s)</td>
<td>A. Reduce the potential for loss of life, injury and economic damage to Berkeley residents and businesses from earthquake, wildland-urban interface fire, landslide, flood, tsunami, climate change, and the cascading impacts of these hazards.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Policies from the General Plan or Climate Action Plan</th>
<th>General Plan Policy S-13 Hazards Identification, Action A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Special Environmental Concerns:</th>
<th>All activities occurring in biologically sensitive areas will include measures to protect sensitive habitats and species.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Organization and Staff Lead:</td>
<td>Planning Department – Toxics Management Division Staff Lead: Hazardous Materials Specialist II</td>
</tr>
<tr>
<td>Priority:</td>
<td>Low</td>
</tr>
<tr>
<td>Timeline:</td>
<td>Complete assessment of existing legislation: January 2014 Complete Cost-benefit evaluation for assessment by City</td>
</tr>
</tbody>
</table>
Manager’s Office: To be determined

<table>
<thead>
<tr>
<th>Additional Resources Required:</th>
<th>To be determined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential Funding Sources:</td>
<td>Existing Certified Unified Program Agency (CUPA) Funding for emergency planning.</td>
</tr>
</tbody>
</table>

Executive Summary

1 Analyses by the US Geologic Survey (USGS) and California Earthquake Prediction Evaluation Council: http://pubs.usgs.gov/fs/2008/3027/fs2008-3027.pdf