



Berkeley Homeless
Services Panel of Experts

REGULAR MEETING AGENDA

October 9, 2024 – 7:00 PM

North Berkeley Senior Center, Juniper Room
1901 Hearst Ave., Berkeley, CA 94709

Mayor Arreguin:
Carole Marasovic – **Chair**

Rashi Kesarwani:
Sadie Mae Palmatier

Terry Taplin:
Denah S. Bookstein

Ben Bartlett:
Paul Kealoha-Blake –
Vice Chair

Igor Tregub:
Mary Ann Meany

Sophie Hahn:
Vacant

Susan Wengraf:
Steven Segal

Cecilia Lunaparra:
Donnell Jones

Mark Humbert:
Vacant

Josh Jacobs, Homeless Services Coordinator, Homeless Services Panel of Experts
Staff Secretary, jjacobs@berkeleyca.gov, 510.225.8035

All items are for discussion and possible action.

1. Roll Call.
2. Land Acknowledgement.
3. Public comment for items not on the agenda.

Updates/Action Items:

1. Approval of the Agenda. Discussion and Possible Action.
2. Approval of the July 22, 2024 Minutes. [Attachment 1]. Discussion and Possible Action.
3. Presentation from the LifeLong Street Medicine Team on medical and support services offered to encampment residents. Discussion and Possible Action.
4. Chair update. Discussion only.
5. Discussion on encampments, policies, and plans to clear. Discussion and Possible Action.
6. Presentation from Commissioner Segal on Involuntary Hospitalization: Addressing Health and Safety Risks of the Homeless Mentally Ill. Discussion and Possible Action.
7. Adjourn.

Attachments:

1. September 4, 2024 minutes.

A Vibrant and Healthy Berkeley for All

2. Sheng Thao Issues Executive Order to Ramp Up Oakland Encampment Sweeps.
3. Measure W: Real Property Transfer Tax Amendments.
4. Homeless Full-Service Partnership.
5. Involuntary Hospitalization as Necessary Hospitalization.
6. Settlement Agreement between Disability Rights California v. County of Alameda.

Correspondence and Notice of Decision Requests:

Deadlines for Receipt:

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

Procedures for Distribution:

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

Procedures for Consideration:

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

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

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

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

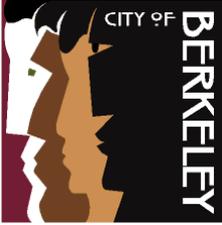
Public Comment Policy:

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

COMMUNITY ACCESS INFORMATION

ADA Disclaimer "This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the ADA Program Coordinator at 510-981-6418 (V) or 510-981-6347 (TDD) at least three business days before the meeting date. Please refrain from wearing scented products to this meeting."

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



Berkeley Homeless
Services Panel of Experts

MEETING MINUTES

September 4, 2024

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

Update/Action Items

4. Approval of the Agenda. Discussion and Possible Action.
Action: M/S/C Segal/Meany move to approve the agenda as written.

Ayes: Marasovic, Kealoha-Blake, Segal, Palmatier, Jones, Meany, and Bookstein.
Noes: None. *Abstain:* None. *Absent:* Jones.
5. Approval of Minutes from July 22, 2024. Discussion and Possible Action.
Action: M/S/C Meany/Jones move to approve the minutes as written.

Vote: *Ayes:* Marasovic, Kealoha-Blake, Palmatier, Jones, Meany, and Bookstein.
Noes: None. *Abstain:* Segal. *Absent:* None.
6. Chair Update. Discussion only.

Discussion; no action taken.
7. Discussion of possible letter or report on Council item at September 10, 2024 Council meeting addressing clearing identified encampments without offer of housing/shelter based on specified conditions. Discussion and Possible Action.

Action: M/S/C Marasovic/Meany move to extend the meeting by 15 minutes.

Vote: *Ayes:* Marasovic, Kealoha-Blake, Palmatier, Jones, Meany, and Bookstein.

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

Action: M/S/C Marasovic/Palmatier move to approve a letter to go to council expressing the stance that HSPE opposes the clearing of the encampments unless an offer of shelter and/or housing is made.

Vote: Ayes: Marasovic, Kealoha-Blake, Palmatier, Jones, Meany, and Bookstein.
Noes: Segal. Abstain: None. Absent: None.

- 8. Discussion of possible letter or report on safety protocols at shelters and other homeless service programs that addresses provider responsibility to act as keen observers of residents/participants and to act expeditiously towards conflict resolution; plan modification; reporting or other actions. Recommendation may include addressing weapons in shelters and other homeless services programs as to whether improved staff training and oversight is sufficient or implementation of metal detectors should be explored as a matter of last resort. Discussion and possible action.

Discussion, no action taken.

- 9. Adjourn.

Meeting adjourned at 9:13 PM.

Minutes Approved on: _____

Josh Jacobs, Commission Secretary: _____

23 SEPTEMBER 2024 / SF POLITICS / JOE KUKURA

Sheng Thao Issues Executive Order to Ramp Up Oakland Encampment Sweeps

Facing a recall election and a slew of scandals, Oakland Mayor Sheng Thao is seizing on a recent Supreme Court decision to proclaim that the city will get a lot more aggressive in clearing homeless encampments.

San Francisco Mayor London Breed faces a tough reelection vote in six weeks, and has latched on to [more homeless encampment sweeps](#) in an attempt to bolster her reelection bid. Over on the other side of the Bay, Oakland Mayor Sheng Thao faces an [even tougher recall effort](#) on that same November 5 Election Day. And she seems to be taking a page from Breed's and other mayors' playbooks, as KRON4 reports that Thao also just declared an executive order to [ramp up encampment sweeps](#), even though Oakland has nowhere near the shelter beds to accommodate those whose tents are confiscated.

Executive Order Supporting Oakland's Encampment Manage...



Thao made her announcement in the [Monday morning Youtube video](#) seen above. “Being unhoused is not a crime in Oakland, but it doesn’t give individuals the right to break other laws. We must protect our critical infrastructure, and do so by leading with compassion,” Thao said. “This is work we have already been doing, like [clearing Wood Street](#), which was the largest encampment in Northern California. This work won’t be completed overnight. But as a result of the Supreme Court’s decision on *Grant’s Pass*, we are now able to do this more expeditiously.”

She refers to the Supreme Court’s June [City of Grant’s Pass v Johnson decision](#), which said cities could clear homeless encampments, and even arrest street campers, regardless of whether a city had adequate shelter beds to accommodate those people.

Oakland city workers and police were already [clearing a large encampment](#) at MLK Jr. Way and West Grand Avenue last week, and critics have been howling. Homeless population advocate Talya Husbands-Hankin of [Love & Justice in the Streets](#) argues this effort

will steal property from the unhoused, and only just move them to different encampments.

“Aligning with the values of a Trump-appointed Supreme Court is appalling and contrary to the values of justice and equity that Oaklanders want to uphold,” Husbands-Hankin [told Oaklandside](#).

Per that website, Oakland has 5,400 unhoused people, but less than 2,000 shelter beds for them.

In related news, the [Chronicle today covered](#) the aggressive encampment-sweeping efforts, complete with threats of jail time, that are happening in the city of Fresno, where the mayor is the former chief of police, and where the approach is even more onerous.

And similar sweeps are occurring up and down the state following the Supreme Court's decision, however it remains to be seen whether these widespread efforts have any lasting impact on the number of unhoused people on the streets.

Related: [Oakland Mayor Perpetuates Idea That Homeless Are Coming From Elsewhere, Wants to Charge Other Cities \[SFist\]](#)

Image: Mayor Sheng Thao [via Youtube](#)

Measure W
Real Property Transfer Tax Amendments

Shall the measure effective January 1, 2027, setting the existing general tax on transfers of real property at 2.5% of a property's value for properties valued \$1.6M or higher, and increasing the rate from 2.5% to 3% for properties valued \$1.9M or higher and from 3% to 3.5% for properties valued \$3.0M or higher, adjusted annually for increases in value; removing January 1, 2029 expiration date; generating an estimated additional \$2M - \$4M annually, until repealed, be adopted?

CITY ATTORNEY'S IMPARTIAL ANALYSIS OF MEASURE W

This measure was placed on the ballot by the City Council. It requires a majority vote for passage.

The City currently imposes a real property transfer tax when property is transferred for consideration. The tax is jointly owed by the transferor and the transferee with certain exceptions, including transfers resulting from a marital dissolution, domestic partnership termination, foreclosure, or bankruptcy, and purchases by a government entity. The tax is measured by the value of consideration at a rate of 1.5% of the consideration for transactions less than or equal to \$1.5 million and a rate of 2.5% of the consideration for transactions more than \$1.5 million. To ensure that the 2.5% rate applies to the top third of transactions, the City annually adjusts the threshold between the two tax rates to match the value of consideration for the transaction at the 67th percentile of transactions, although the threshold may not fall below \$1.5 million. The 2.5% tax rate will expire on January 1, 2029.

Proceeds of the tax go to the City's general fund. When voters adopted the 2.5% tax rate, they established a homeless services panel of experts, which makes recommendations on how the City should fund programs to end homelessness. City Council must consider, but need not follow, the panel's recommendations and may spend the revenues for any legitimate municipal purpose.

This measure would amend the tax in several ways. First, the 1.5% tax rate would apply to transactions for which the value of consideration is less than \$1.6 million. Second, the 2.5% tax rate would apply to transactions for which the value of consideration is equal to \$1.6 million but less than \$1.9 million. Third, a new 3% tax rate would apply to transactions for which the value of consideration is equal to \$1.9 million but less than \$3 million. Fourth, a new 3.5% tax rate would apply to transactions for which the value of consideration is equal to or greater than \$3 million. Fifth, the 2.5% tax rate would no longer expire and all tiers would remain in effect until amended or repealed by the voters.

The \$1.6 million, \$1.9 million, and \$3.0 million thresholds correspond to the 67th, 80th, and 95th percentiles of real estate transactions in 2024. These thresholds would be adjusted annually to ensure they remain reflective of the percentiles, but would not be adjusted below \$1.6 million, \$1.9 million, and \$3.0 million.

The measure would become effective January 1, 2027. Until then, the tax rates would remain as they currently are. Annually, the measure is estimated to generate an additional \$2 to \$4 million for \$5 to \$9 million of total tax revenue.

This measure changes nothing else about the tax. The method of collection, method of implementation, exemptions, homeless panel of experts, and other provisions would remain unchanged. City Council would be required to continue to consider the homeless services panel of experts' recommendations regarding funding programs to end homelessness but may spend the revenues for any legitimate municipal purpose.

s/FARIMAH FAIZ BROWN
Berkeley City Attorney

ARGUMENT IN FAVOR OF MEASURE W

Berkeley's efforts to reduce homelessness are making a real difference.

Vote YES on Measure W to continue and expand our successful programs to rehouse homeless neighbors and provide critical services and support.

According to official counts, more than 1,500 formerly homeless neighbors in Berkeley have been rehoused since 2018, and the number of people living unsheltered on our streets has been reduced by an unprecedented 45%.

These heartening results, achieved while homelessness in other communities has surged, demonstrate the success of Berkeley's state-of-the-art programs, policies, and facilities. They also represent a huge reduction in human suffering, and significant improvements to the use and enjoyment of sidewalks, parks, and commercial areas in every neighborhood.

But with almost 500 people still languishing on our streets, and continued impacts to our downtown and shopping districts, there's still much work to be done. **Your YES vote on Measure W allows Berkeley to continue rehousing homeless neighbors and restoring public spaces, for the benefit of all residents.**

In 2018, voters overwhelmingly approved a time-limited transfer tax on the top approximately 1/3 of Berkeley's commercial and residential property sales. **This tax is only paid when a high-end property is sold; very few Berkeley residents will ever pay it.**

Proceeds from the 2018 measure fund critical programs and facilities, but it sunsets very soon. **Without Measure W, much of our success rehousing the homeless will come to an abrupt end.**

Measure W extends and improves the existing transfer tax. It takes effect after 2026 and still applies only to the top 1/3 of property sales, with rates increasing only on the highest value transactions. Very few Berkeley residents will ever pay it!

The City Council unanimously placed Measure W on the ballot. **Please join us with an enthusiastic YES! vote on Measure W.**

s/Jesse Arreguín
Berkeley Mayor

s/Ben Bartlett
Berkeley City Councilmember

s/Sophie Hahn
Berkeley City Councilmember

s/Julie Sinai
Lifelong Medical Care Chief Strategy Officer

s/Robert (Bob) Whalen
Dorothy Day House, Operations Manager

REBUTTAL TO ARGUMENT IN FAVOR OF MEASURE W

While Berkeley's efforts to reduce homelessness have shown some success, encampment sweeps and relocation to other parts of the region cannot be overlooked as the main reasons behind a temporary decrease in homelessness.

As Berkeley has increased homeless services, the financial handling of these efforts has been far from perfect.

In 2019 the transfer tax fund for homelessness was marred by mismanagement, with funds going to unvetted programs. **City reports warned against rushing into long-term financial commitments without thorough analysis, and the recommendations of the city's own homelessness panel of experts were not followed.** This lack of proper oversight is the direct result of tax revenue not being restricted to a special fund for the homeless. Instead, the measure is deceptively written to give the perception that it is, when in fact it can be spent on anything.

Extending and increasing this tax could have unintended consequences.

High-value property sales often involve investments in the community, including the development of new multi-family housing. By imposing a higher tax burden on these transactions, Measure W will discourage investment, ultimately limiting Berkeley's housing supply and exacerbating affordability issues.

Berkeley needs better financial stewardship, not another tax.

There are already eight tax related measures on the ballot. Instead of extending a flawed measure, the city should focus on ensuring existing funds are used effectively and transparently. Voters must take a stand and encourage a more responsible and well-planned approach to tackling homelessness.

Vote NO on Measure W

s/Marcus Crawley
President Alameda County Taxpayers' Association

ARGUMENT AGAINST MEASURE W

Solving homelessness is very important for our community, but using the homelessness issue merely to increase taxes is dishonest and unethical. Vote NO on Measure W, the dishonest transfer tax increase.

There is no guarantee that the money from this tax will continue to be directed at homelessness.

The city has ensured that tax revenue will continue to go to the general fund where money can be siphoned off for any purpose. The current City Council has no obligation to follow anyone's recommendations on how the money will be spent. In addition, City Council removed the sunset date of this tax meaning that future administrations will go unchecked and be able to use the revenue as they see fit.

Higher taxes didn't solve homelessness.

This tax was last increased only six years ago. In that time, the city instituted aggressive encampment sweeps and the state closed large homeless communities on the land it owns within Berkeley. Patterns of the homeless who often move to a neighboring community when sweeps are administered are never tracked. Berkeley's numbers decreased at the same time they increased in neighboring cities. These are the main reasons Berkeley's homelessness count dropped.

Berkeley is expensive because there are too many taxes.

Higher transfer taxes make homes and apartment buildings more expensive. Homes become harder to buy, and tenants are charged more rent to cover the cost of their buildings. Measure W is the first of eight tax measures on the Berkeley ballot this year alone. Given that there are new property taxes on the ballot every single election year in Berkeley means that things will just get more expensive.

Bottom line - the cost of living in Berkeley has become unsustainable. Nothing will change unless voters take a stand.

Vote NO on Measure W.

s/Marcus Crawley
President Alameda County Taxpayers' Association

REBUTTAL TO ARGUMENT AGAINST MEASURE W

Vote YES on Measure W to continue funding outstanding programs that have lifted more than 1,500 people out of homelessness.

Anyone can file an argument against a ballot measure. Measure W's anti-tax opponent - one person who doesn't even live in Berkeley - simply doesn't know the facts.

- **FACT:** Federal Point-in-Time counts confirm unsheltered homelessness has declined an unprecedented 45% since programs this measure pays for were launched – by rehousing over 1,500 formerly homeless neighbors, not pushing them to other communities.
- **FACT:** Berkeley has been true to its promises. Guided by an independent oversight committee, the Homeless Services Panel of Experts, Berkeley has allocated funds generated by this measure to housing and services.
- **FACT:** Measure W is a tax most people in Berkeley **will never pay**. It applies to only the top 1/3 of real estate transactions, including sales of large commercial and apartment buildings, and ultra-expensive homes. It's not a daily sales tax or yearly assessment.
- **FACT:** Funds from this measure have allowed Berkeley to triple shelter beds and support highly effective outreach teams. We've closed numerous large encampments, reducing impacts to the whole community.
- **FACT:** With these funds, we've leveraged more than \$40M in State of California dollars to buy and lease underutilized motels, transforming them into housing for hundreds of homeless neighbors.

If we don't extend this measure, our success will come to a halt.

Measure W was placed on the ballot by a unanimous City Council. Join community leaders and service providers with a YES vote on Measure W, to continue proven, compassionate, and effective homeless services.

s/Terry Taplin
Berkeley City Councilmember, District 2

s/Igor Tregub
Berkeley City Councilmember

s/Rosa Bay
Co-Deputy Director, East Bay Community Law Center

s/Scott Barshay
Board Member, Insight Housing

s/James Jay Kelekian
Eviction Defense Center, Rental Assistance Specialist

ORDINANCE NO. #,###-N.S.

AUTHORIZING AND ADOPTING AMENDMENTS TO THE REAL PROPERTY
TRANSFER TAX

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

Section 1. Code Amendment. Chapter 7.52 of the Berkeley Municipal Code is hereby amended as follows (additions denoted by underlined text and deletions denoted by *strike through*):

**Chapter 7.52
REAL PROPERTY TRANSFER TAX**

Sections:

- 7.52.010 Title.**
- 7.52.020 Purpose.**
- 7.52.030 Definitions.**
- 7.52.040 Imposed.**
- 7.52.045 Unrecorded contracts for sale not taxable transfers.**
- 7.52.050 Applicability.**
- 7.52.060 Exceptions.**
- 7.52.070 Due date and penalty for delinquency.**
- 7.52.080 Declaration may be required.**
- 7.52.090 Determination of deficiency.**
- 7.52.100 Notice of determination.**
- 7.52.110 Notice serving.**
- 7.52.120 Petition for redetermination.**
- 7.52.130 Consideration of petition.**
- 7.52.140 Determination of petition.**
- 7.52.150 Finality of determination.**
- 7.52.170 Tax a debt to City.**
- 7.52.180 Administration.**
- 7.52.190 Homeless services panel of experts.**
- 7.52.200 Increase appropriations limit.**

7.52.010 Title.

The ordinance codified in this chapter may be cited as the "real property transfer tax ordinance of the City of Berkeley."

7.52.020 Purpose.

The tax imposed under this chapter is solely for the purpose of raising income and revenue which is necessary to pay the usual and current expenses of conducting the municipal government of the City.

7.52.030 Definitions.

As used in this chapter:

A. "Real property" and "realty" mean real property as defined by and under the laws of the state.

B. "Value of consideration" means the total consideration, valued in money of the United States, paid or delivered, or contracted to be paid or delivered in return for the transfer of real property, including the amount of any indebtedness existing immediately prior to the transfer which is secured by a lien, deed of trust, or other encumbrance on the property conveyed and which continues to be secured by such lien, deed of trust or encumbrance after said transfer, and also including the amount of any indebtedness which is secured by a lien, deed of trust or encumbrance given or placed upon the property in connection with the transfer to secure the payment of the purchase price or any part thereof which remains unpaid at the time of transfer. Value of the consideration also includes the amount of any special assessment levied or imposed upon the property by a public body, district or agency, where said special assessment is a lien or encumbrance on the property and the purchaser or transferee agrees to pay such special assessment or takes the property subject to the lien of such special assessment. The value of any lien or encumbrance of a type other than those which are hereinabove specifically included, existing immediately prior to the transfer and remaining after said transfer, shall not be included in determining the value of the consideration. If the value of the consideration cannot be definitely determined, or is left open to be fixed by future contingencies, value of consideration shall be deemed to

mean the fair market value of the property at the time of transfer, after deducting the amount of any lien or encumbrance, if any, of a type which would be excluded in determining the value of the consideration pursuant to the above provisions of this section.

7.52.040 Imposed.

A. There is hereby imposed on all transfers of lands, tenements, or other interests in real property located in the City of Berkeley a real property transfer tax at the rates set forth below of one and one-half percent of the value of consideration, for transfers with a value at or below the threshold established in paragraph (C). Except as set forth in Section 7.52.060, this tax applies regardless of the method by which the transfer is accomplished or the relationship of the parties to the transfer. For purposes of this paragraph, the tax reduction available under Section 7.52.060.K shall be limited to the rebate that would be available based on the tax rate imposed pursuant to Paragraph A(1) of this section.

1. For properties where the value of consideration is below the first threshold, as established in Paragraph B of this section, the rate shall be one and one-half percent of the value of consideration;

2. For properties where the value of consideration is equal to or higher than the first threshold, as established in Paragraph B of this section, but below the second threshold, as established in Paragraph C of this section, the rate shall be two-and-one-half percent of the value of consideration;

3. For properties where the value of consideration is equal to or higher than the second threshold, as established in Paragraph C of this section, but below than the third threshold, as established in Paragraph D of this section, the rate shall be three percent of the value of consideration;

4. For properties where the value of consideration is equal to or greater than the third threshold, as established in Paragraph D of this section, the rate shall be three-and-one-half percent the value of consideration.

~~B. There is hereby imposed on all transfers of lands, tenements, or other interests in real property located in the City of Berkeley a real property transfer tax at the rate of two and one-half percent of the value of consideration, for transfers with a value above~~

~~the threshold established in paragraph (C). Except as set forth in Section 7.52.060, this tax applies regardless of the method by which the transfer is accomplished or the relationship of the parties to the transfer. For purposes of this paragraph, the tax reduction available under Section 7.52.060.K shall be limited to the rebate that would be available based on the tax rate imposed pursuant to Paragraph A.~~

~~B. C.~~ For purposes of the real property transfer tax imposed by this Section, the threshold is \$1,5600,000, adjusted annually by the City of Berkeley on January 1 of every subsequent year to a number equal to the value of consideration for the transaction at the 60⁷th percentile of transactions during the 12 months preceding September 1 of the preceding year, as recorded by the Alameda County Assessor, rounded to the nearest \$100,000 increment; provided, that in no case shall any adjustment lower the threshold below \$1,5600,000.

~~C. For purposes of the real property transfer tax imposed by this Section, the second threshold is \$1,900,000 adjusted annually by the City of Berkeley on January 1 of every subsequent year to a number equal to the value of consideration for the transaction at the 80th percentile of transactions during the 12 months preceding September 1 of the preceding year, as recorded by the Alameda County Assessor, rounded to the nearest \$100,000 increment; provided, that in no case shall any adjustment lower the threshold below \$1,900,000.~~

~~D. For purposes of the real property transfer tax imposed by this Section, the third threshold is \$3,000,000 adjusted annually by the City of Berkeley on January 1 of every subsequent year to a number equal to the value of consideration for the transaction at 95th percentile of transactions during the 12 months preceding September 1 of the preceding year, as recorded by the Alameda County Assessor, rounded to the nearest \$100,000 increment; provided, that in no case shall any adjustment lower the threshold below \$3,000,000.~~

~~D. The two and one half percent rate imposed in Paragraph B of this Section shall expire on January 1, 2029, unless reauthorized by the voters prior to such date.~~

7.52.045 Unrecorded contracts for sale not taxable transfers.

Contracts for the sale of real property which do not require immediate conveyance of legal title to the buyer, and installment sales contracts do not constitute taxable transfers under this chapter unless and until they are recorded.

7.52.050 Applicability.

Any person who makes a transfer which is subject to the tax imposed under Section 17.52.040 of this chapter, and any persons to whom such transfer is made, shall be jointly and severally liable for payment of the tax imposed under said Section 17.52.040.

7.52.060 Exceptions.

- A. Any tax imposed pursuant to this chapter shall not apply to any instrument in writing given to secure a debt.
- B. Any deed, instrument or writing to which the United States, or any agency or instrumentality thereof, any state or territory, or political subdivision thereof, is a party shall be exempt from any tax imposed pursuant to this chapter when the exempt agency is acquiring title.
- C. Any tax imposed pursuant to this chapter shall not apply to the making, delivery, or filing of conveyances to make effective any plan of reorganization or adjustment:
 - 1. Confirmed under the Federal Bankruptcy Act, as amended;
 - 2. Approved in an equity receivership proceeding in a court involving a railroad corporation, as defined in subdivision (m) of Section 205 of Title 11 of the United States Code, as amended;
 - 3. Approved in an equity receivership proceeding in a court involving a corporation, as defined in subdivision (3) of Section 506 of Title 11 of the United States Code, as amended; or
 - 4. Whereby a mere change in identity, form or place of organization is effected.

Subdivisions 1 to 4, inclusive, of this section shall only apply if the making, delivering or filing of instruments of transfer of conveyance occurs within five years from the date of such confirmation, approval or change.

D. Any tax imposed pursuant to this chapter shall not apply to the making or delivering of conveyances to make effective any order of the Securities and Exchange Commission, as defined in subdivision (a) of Section 1083 of the Internal Revenue Code of 1954; but only if:

1. The order of the Securities and Exchange Commission in obedience to which such conveyance is made recites that such conveyance is necessary or appropriate to effectuate the provisions of Section 79k of Title 15 of the United States Code, relating to the Public Utility Holding Company Act of 1935;
2. Such order specifies the property which is ordered to be conveyed;
3. Such conveyance is made in obedience to such order.

E.

1. In the case of any realty held by a partnership, no levy shall be imposed pursuant to this chapter by reason of any transfer of an interest in a partnership or otherwise, if:
 - (a) Such partnership (or another partnership) is considered a continuing partnership within the meaning of Section 708 of the Internal Revenue Code of 1954; and
 - (b) Such continuing partnership continues to hold the realty concerned.
2. If there is a termination of any partnership within the meaning of Section 708 of the Internal Revenue Code of 1954, for purposes of this chapter, such partnership shall be treated as having executed an instrument whereby there was conveyed, for fair market value (exclusive of the value of any lien or encumbrance remaining thereon), all realty held by such partnership at the time of such termination.
3. Not more than one tax shall be imposed pursuant to this chapter by reason of a termination described in subdivision 2, and any transfer pursuant thereto, with respect to the realty held by such partnership at the time of such termination.

F.

1. Any tax imposed pursuant to this chapter shall not apply to any transfer of property from one spouse or domestic partner to the other in order to create a joint tenancy or tenancy in common of their common residence.

2. Any tax imposed pursuant to this chapter shall not apply to any transfer of property from one spouse to the other in accordance with the terms of a decree of dissolution or in fulfillment of a property settlement incident thereto; provided, however, that such property was acquired by the husband and wife or husband or wife prior to the final decree of dissolution. Any tax imposed pursuant to this chapter also shall not apply to any transfer from one domestic partner, as that term is used in the City of Berkeley's policy establishing domestic partnership registration, to another, where (1) prior to such transfer an affidavit of domestic partnership has been filed with the City Clerk pursuant to Section IV of the City of Berkeley's policy establishing domestic partnership registration; (2) subsequent to the filing of such affidavit of domestic partnership, either or both domestic partner(s) files a statement of termination with the City Clerk pursuant to Section V of the domestic partnership policy; (3) such transfer of real property is made pursuant to a written agreement between the domestic partners upon the termination of their domestic partnership; and (4) the real property was acquired by either or both domestic partner(s) prior to the filing of the statement of termination.

G. Any tax imposed pursuant to this chapter shall not apply to transfers, conveyance, lease or sub-lease without consideration which confirm or correct a deed previously recorded or filed.

H. Any tax imposed pursuant to this chapter shall not apply to transfers recorded prior to the effective date of the ordinance codified in this chapter.

I. The tax imposed pursuant to this chapter shall not apply with respect to any deed, instrument, or writing to a beneficiary or mortgagee, which is taken from the mortgagor or trustor as a result of or in lieu of foreclosure; provided, that such tax shall apply to the extent that the consideration exceeds the unpaid debt, including accrued interest and cost foreclosure. Consideration, unpaid debt amount and identification of grantee as beneficiary or mortgagee shall be noted on said deed, instrument or writing or stated in an affidavit or declaration under penalty of perjury for tax purposes.

J. Reserved.

K.

1. Up to one-third of the tax imposed by this chapter shall be reduced, on a dollar for dollar basis, for all expenses incurred on or after October 17, 1989 to "seismically retrofit" either any structure which is used exclusively for residential purposes, or any mixed use structure which contains two or more dwelling units.

2. The term "seismically retrofit" within the meaning of this chapter means any of the following:

(a) That work which is needed and directly related to make the structure capable of withstanding lateral loads equivalent to the force levels defined by Chapter 23 of the 1976 Uniform Building Code;

(b) Replacement or repair of foundations; replacement or repair of rotted mud sills; bracing of basement or pony walls; bolting of mud sills to standard foundations; installation of shear walls; anchoring of water heaters; and/or securing of chimneys, stacks or water heaters;

(c) Corrective work on buildings which fit the criteria in subsection K.1, which are listed on the City of Berkeley inventory of potentially hazardous, unreinforced masonry buildings when such work is necessary to meet City standards or requirements applicable to such buildings;

(d) Any other work found by the building official to substantially increase the capability of those structures, specified in subsection K.1, to withstand destruction or damage in the event of an earthquake.

3. The work to seismically retrofit structures as provided herein shall be completed either prior to the transfer of property or as provided in subsection K.4.

4. If the work to seismically retrofit the structures provided for herein is to be performed after the transfer of property which is subject to the tax imposed by this chapter, upon completion of such work and certification by the building official as to the amount of the expenses of such work the City Manager or their designee may refund such expenses not to exceed one-third of the tax imposed to the parties to the sale in accordance with the terms of such sale. Any remaining tax shall be retained by the City.

5. From the date of the recordation of the transfer document, the applicant shall have one year to complete all seismic retrofit work and submit a seismic retrofit verification application to the codes and inspection division of the City of Berkeley. If the work is not completed at the end of one year, that portion which has been completed may be credited to the applicant upon submission of a seismic retrofit verification application and substantiating documentation, as required by the codes and inspections division of the City of Berkeley, showing the dollar amount of work completed up to that date. All other monies remaining in escrow will be returned to the City of Berkeley upon written request by the Finance Department.

6. Within the one-year period established by paragraph 5, an applicant may request, and the City Manager may approve, an extension of up to one year. The City Manager or their designee may grant such an extension only for good cause. The decision of the City Manager or their designee shall be entirely within their discretion and shall be final.

(a) "Good cause" includes (i) the inability of the applicant, after a prompt and diligent search to find and retain the services of an architect, engineer, contractor or other service provider whose services are necessary for the seismic retrofit work; (ii) unforeseen and unforeseeable circumstances such as a significant change in the scope of the seismic retrofit work due to circumstances in the field which could not reasonably have been known earlier; and (iii) serious illness or other extraordinary and unforeseeable circumstances that prevented the timely commencement or completion of the seismic retrofit work.

(b) "Good cause" does not include (i) ignorance of the applicable City ordinances or regulations concerning the seismic retrofit rebate provided in this chapter or state or local laws relating to the standards with which seismic retrofit work must comply; or (ii) any delays which were within the control or responsibility of the applicant.

7.52.070 Due date and penalty for delinquency.

The tax imposed under this chapter is due and payable at the time the deed, instrument, or writing effecting a transfer subject to the tax is delivered, and is delinquent if unpaid at the time of recordation thereof. In the event that the tax is not paid prior to becoming

delinquent, a delinquency penalty of ten percent of the amount of tax due shall accrue. In the event a portion of the tax is unpaid prior to becoming delinquent, the penalty shall only accrue as to the portion remaining unpaid. An additional penalty of ten percent shall accrue if the tax remains unpaid on the ninetieth day following the date of the original delinquency. Interest shall accrue at the rate of one-half of one percent a month, or fraction thereof, on the amount of tax, exclusive of penalties, from the date the tax becomes delinquent to the date of payment. Interest and penalty accrued shall become part of the tax.

7.52.080 Declaration may be required.

The tax imposed by this chapter shall be paid to the director by the persons referred to in Section 17.52.050. The director shall have the authority as part of any rules and regulations promulgated by them as provided for herein to require that the payment shall be accompanied by a declaration of the amount of tax due signed by the person paying the tax or by their agent. The declaration shall include a statement that the value of the consideration on which the tax due was computed includes all indebtedness secured by liens, deeds of trust, or other encumbrances remaining or placed on the property transferred at the time of transfer, and also includes all special assessments on the property which the purchaser or the transferee agrees to pay or which remains a lien on the property at the time of transfer. The declaration shall identify the deed, instrument or writing effecting the transfer for which the tax is being paid. The director may require delivery to them of a copy of such deed, instrument or writing whenever they deem such to be reasonably necessary to adequately identify such writing or to administer the provisions of this chapter. The director may rely on the declaration as to the amount of the tax due provided they have no reason to believe that the full amount of the tax due is not shown on the declaration.

Whenever the director has reason to believe that the full amount of tax due is not shown on the declaration or has not been paid, they may, by notice served upon any person liable for the tax, require the person to furnish a true copy of their records relevant to the value of the consideration or fair market value of the property transferred. Such notice may be served at any time within three years after recordation of the deed, instrument or writing which transfers such property.

7.52.090 Determination of deficiency.

If on the basis of such information as the director receives pursuant to the last paragraph of Section 17.52.080, and/or on the basis of such other relevant information that comes into their possession, they determine that the amount of tax due as set forth in the declaration, or as paid, is insufficient, they may recompute the tax due on the basis of such information.

If the declaration required by Section 17.52.080, is not submitted, the director may make an estimate of the value of the consideration for the property conveyed and determine the amount of tax to be paid on the basis of any information in their possession or that may come into their possession.

One or more deficiency determinations may be made of the amount due with respect to any transfer.

7.52.100 Notice of determination.

The director shall give written notice to a person liable for payment of the tax imposed under this chapter of their determination made under Section 17.52.090. Such notice shall be given within three years after the recordation of the deed, instrument, or writing effecting the transfer on which the tax deficiency determination was made.

7.52.110 Notice serving.

Any notice required to be given by the director under this chapter may be served personally or by mail; if by mail, service shall be made by depositing the notice in the United States mail, in a sealed envelope with postage paid, addressed to the person on whom it is to be served at their address as it appears in the records of the City or as ascertained by the director. The service is complete at the time of the deposit of the notice in the United States mail, without extension of time for any reason.

7.52.120 Petition for redetermination.

Any person against whom a determination is made under this chapter or any person directly interested may petition the director for a redetermination within sixty days after

service upon the person of notice thereof. If a petition for redetermination is not filed in writing with the Director, City Hall, Berkeley, California 94704, within the sixty-day period, the determination becomes final at the expiration of the period.

7.52.130 Consideration of petition.

If a petition for redetermination is filed within the sixty-day period, the director shall reconsider the determination and, if the person has so requested in their petition, shall grant the person an oral hearing, and shall give the person ten days' notice of the time and place of hearing. The director may designate one or more deputies for the purpose of conducting hearings and may continue a hearing from time to time as may be necessary.

7.52.140 Determination of petition.

The director may decrease or increase the amount of the determination before it becomes final, but the amount may be increased only if a claim for the increase is asserted by the director at or before the hearing.

7.52.150 Finality of determination.

The order or decision of the director upon a petition for redetermination becomes final thirty days after service upon the petitioner of notice thereof.

7.52.170 Tax a debt to City.

The amount of any tax, penalty, and interest imposed under the provisions of this chapter shall be deemed a debt to the City. Any person owing money to the City under the provisions of this chapter shall be liable to an action brought in the name of the City for the recovery of such amount.

7.52.180 Administration.

The Director of Finance of the City (in this chapter referred to as the director) shall collect the tax imposed under this chapter and shall otherwise administer this chapter. They may make such rules and regulations, not inconsistent with this chapter, as they may deem reasonably necessary or desirable to administer this chapter, as well as necessary forms and receipts.

7.52.190 Homeless services panel of experts.

A. There shall be established the Homeless Services Panel of Experts to make recommendations on how and to what extent the City should establish and/or fund programs to end or prevent homelessness in Berkeley and provide humane services and support.

B. An officer or employee of the City designated by the City Manager shall serve as secretary of the Panel.

C. In accordance with Chapter 2.04, the Panel shall be composed of nine members appointed by the City Council.

D. Terms shall expire and vacancies shall be filled in accordance with the provisions of Section 2.04.030 through 2.04.145 of this Code.

E. Each member of the Panel must:

1. Have experience in the development, administration, provision and/or evaluation of homeless programs in a government or non-profit capacity; or
2. Have current or past lived experience with homelessness; or
3. Have experience in researching the causes, impacts and solutions to homelessness; or
4. Have experience with state and/or local homeless policy, funding or programs;
or
5. Have experience with federal homeless policy and funding administration such as the Continuum of Care Program; or

6. Have experience in the development and financing of affordable housing for formerly homeless persons; or

7. Have experience in the provision of mental health and/or substance use programs for homeless persons.

F. In accordance with Section 3.02.040, members of the Panel may be reappointed but shall not serve more than eight consecutive years.

1. For purposes of determining term limits under Section 3.02.040, a commissioner's service on the Homeless Commission shall be counted toward their service upon their appointment to the Homeless Services Panel of Experts.

G. The Panel shall, by majority vote, do each of the following:

1. Annually appoint one of its members as chair and one of its members as vice-chair;

2. Approve bylaws to facilitate the proper functioning of the Panel;

3. Establish a regular time and place of meeting. All meetings shall be noticed as required by law and shall be scheduled in a way to allow for maximum input from the public. Minutes for each meeting shall be recorded, kept, and maintained; and

4. Publish an annual report that includes the following:

(a) Recommendations on how to allocate the City's general funds to fund homeless services programs in Berkeley;

(b) Information, if available, concerning the impact of funded programs on the residents of the City; and

(c) Any additional information that the Panel deems appropriate.

H. Within 15 days of receipt of the publication of the Panel's annual report, the City Manager shall cause the report to be published on the City's Internet website and to be transmitted to the City Council.

I. The revenue raised by the tax imposed by Section 7.52.040 is available to pay the usual and current expenses of conducting the municipal government of the City, as determined by the City Council. The City Council shall consider, but need not follow, the

Panel's recommendations on how and to what extent to use this revenue to establish and/or fund programs to pay for homeless services and shall annually inform the Panel as to the extent to which it has implemented the Panel's recommendations.

J. The Homeless Services Panel of Experts shall also perform the following functions:

1. Continue the ongoing function previously performed by the Homeless Commission of monitoring and assisting in the City's progress in implementing needed homeless services and facilities;
2. Invite service providers and other interested members of the community to attend its meetings;
3. Report its recommendations concerning homeless services and facilities to the City Council;
4. Perform the federally mandated role of advising Council in the development and implementation of the Continuum of Care Plan;
5. Continue making annual funding recommendations to Council regarding the disbursement of Measure O and other related funds; and
6. Operate for an indefinite period of time.

7.52.200 Increase appropriations limit.

Pursuant to California Constitution Article XIII B, the appropriation limit for the City is increased by the aggregate sum authorized to be levied by this general tax for each of the four fiscal years from 2026 (July 1, 2025 – June 30, 2026) through 2029 (July 1, 2028 – June 30, 2029).

Section 2. Amendment, repeal, and reenactment. The City Council may repeal this ordinance, or amend it in any manner that does not result in an increase in the tax imposed herein, or add or modify exemptions, without further voter approval. If the City Council repeals this ordinance, it may subsequently reenact it without voter approval, as long as the reenacted ordinance does not result in an increase in the tax imposed herein.

Section 3. California Environmental Quality Act Requirements. This Ordinance is

exempt from the California Environmental Quality Act, Public Resources Code section 21000 et seq., under, including without limitation, Public Resources Code section 21065 and CEQA Guidelines sections 15378(b)(4) and 15061(b)(3), as it can be seen with certainty that there is no possibility that the activity authorized herein may have a significant effect on the environment and pursuant to Public Resources Code section 21080, subdivision (b)(8), and CEQA Guidelines section 15273 as the approval of government revenues to fund existing services.

Section 4. General Tax; Simple Majority Vote Requirement. This Ordinance imposes a general tax and shall be effective if approved by a simple majority of the voters voting thereon.

Section 5. Effective Date. This ordinance shall become effective on January 1, 2027.

Homeless Full Service Partnership

Through the previously approved MHSA FY20 Annual Update, and as a result of the need to ensure ongoing services and supports for individuals experiencing homelessness following the ending of the Homeless Outreach and Treatment Team (HOTT) Pilot Program, a Homeless Full Service Partnership (HFSP) was developed. The HFSP provides services to individuals primarily in the community, and in any temporary housing placement (e.g. shelter, unhoused encampment) who meet the following criteria:

- Adults (18 years and older);
- Unhoused and those at risk of being unhoused;
- Severe Mental Illness; and
- Significant impairments in functioning (e.g., frequent psychiatric hospital utilization, involvement in the criminal justice system, domestic violence survivors, trauma, severe co-occurring disorders).

The HFSP utilizes a team model for providing intensive treatment, meeting people up to several times per week. The projected number of individuals to be served through this program in FY24 by age category is as follows: 3 Transition Age Youth; 40 Adults; and 12 Older Adults.

In FY24, 36 individuals were served. Demographics on individuals served are as follows:

DEMOGRAPHICS N=36		
Gender Identity		
<i>Gender Identity</i>	<i>Number Served</i>	<i>% of total</i>
Male	25	69%
Female	10	28%
Declined to Answer (or Unknown)	1	3%
Race/Ethnicity		
<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>% of total</i>
Black or African American	18	50%
Asian Pacific Islander	2	5%
Latino/a/x	1	3%
White	14	39%
Other	1	3%
Age Category		
<i>Age Category</i>	<i>Number Served</i>	<i>% of total</i>
Transition Age Youth	1	3%
Adult	28	78%
Older Adult	7	19%
Sexual Orientation		
<i>Sexual Orientation</i>	<i>Number Served</i>	<i>% of total</i>
Heterosexual	28	78%
Bisexual	2	5%
Gay	1	3%
Multiple Sexual Orientations	1	3%
Declined to Answer (or Unknown)	4	11%

Flex funds are used to provide supports for FSP program participants. During the timeframe of December 2021-June 2022, 7 partners received rental and housing assistance; 8 received food

and groceries; 1 partner received bus passes; and 1 partner was provided with assistance with their pharmacy needs.

Program Successes:

The HFSP team has systematically worked to engage individuals who historically have had challenges connecting or maintaining connections in team services. This has been accomplished by providing outreach to potential clients; assisting with initial engagement and providing intake assessments in the field; gradually building rapport and trust; overlapping treatment for individuals who have been transferred from another BMH program; providing services and engagement when clients are in in-patient facilities; and maintaining treatment contact, despite challenges to engagement. The team has demonstrated their ability to be flexible to redirect its efforts to support the needs of the unhoused community during the pandemic through the following:

- Met clients where they were at, both physically (e.g. encampments, parks, public spaces, in-patient facilities, shelters) and with respect to their mental health needs (e.g. supporting individuals with challenging behaviors, various stages of change, etc).
- Provided wide range of intensive services, using a client-centered team approach (e.g. clinical case management, providing skill building, direct assistance and tasks, therapy, access to psychiatry, provision of basic needs, symptom management and de-escalation, transportation, foster independence).
- Assisted clients in gaining & maintaining shelter at various placements (e.g. Horizon, Safer Ground COVID respite sites, etc), transitioning to “being housed,” and getting “document ready” (e.g., obtaining documents needed for various housing placements).
- Worked to build collaborative partnerships with staff at community agencies, including but not limited to Lifelong Medical Street Medicine, Homeless Action Center, Bay Area Community Services, Aging Services Division, Housing and Community Services Division, Dorothy Day, East Bay Community Law Center, UC Berkeley, Alameda County Healthcare for the Homeless, Berkeley Food and Housing Project (now Insight Housing), Bonita House, and Villa Fairmont Mental Health Rehabilitation Center.

Program Challenges:

Though the program officially started in March 2021, hiring mental health workers for this new intensive treatment team was slow and the team was not able to be fully staffed until 2023, possibly due in part to the COVID-19 pandemic, overall staffing shortages within the City of Berkeley and the Health Housing & Community Services Department, and staffing turnover. This includes the resignation of the Mental Health Clinical Supervisor, who had been managing some of the data, thus total numbers in FY22 may not fully illustrate the services of the team. Due to the challenges with obtaining and maintaining staffing levels, enrolling individuals into service was also delayed.

In FY22, the RBA Measures that were established for this FSP were as follows:

Process Measures How much did we do?	Quality Measures How well did we do it?	Impact Measures Is Anyone Better off?
<ul style="list-style-type: none"> • # of clients served • # of new clients opened for ongoing services • Average # of days in FSP for client • Average # of services hours per client per month • Average # of services per client per month 	<ul style="list-style-type: none"> • % of clients who have at least one completed CANS/ANSA for each six-month period that they are in the program • % of clients and/or their caregivers who receive an average of four or more face-to-face outpatient visits per month • % of discharges from hospitalization who had a follow up visit with HFSP staff within 7 and within 30 calendar days • % of clients with no service gap of over 30 days • #/% of clients closed, by reason closed • % of clients who were satisfied with services** 	<ul style="list-style-type: none"> • # of clients housed** • # of clients who gained or maintained housing since enrollment** • % of clients who had a reduction in jail days in the last 12 months compared to the 12 months before enrollment • % of clients with a primary care visit in the last 12 months • % of clients who had a reduction in psychiatric care emergency services/inpatient/crisis stabilization units in the last 12 months compared to the 12 months before enrollment • % of clients with a decrease in hospitalizations/hospitalization days • % of clients with an increase in the number of days in community living compared to 12 month period before enrollment**

*Demographic data was reported at the program level, where available

**Data not available for baseline reporting period, will be included in future rounds of reporting

Measure	Definition	Data Source
# clients served	Total clients served	Yellowfin
# of new clients	Clients who were not served by the program in the previous fiscal year	Yellowfin
Average # of days in FSP per client	Average length of stay for primary program episodes which have closed since the beginning of the reporting period	Yellowfin
Average # of service hours per client per month	Average of hours of service in a month divided by clients served in a month. Includes all services recorded for clients. Does not include MAA	Yellowfin
Average # of services per client per month	Average services in a month divided by clients served in a month. Includes all services recorded for clients. Note: more than one service can be provided during a single contact. Does not include MAA	Yellowfin

Measure	Definition	Data Source
% of clients who have at least one completed CANS/ANSA for each six-month period that they are in the program	Of clients with a completed CANS/ANSA, what percentage of them had an assessment at least every six months?	Objective Arts
% of clients and/or their caregivers who receive an average of four or more face-to-face outpatient visits per month	Clients must be been open to a provider for at least 30 days in order to be included in this metric. Phone contacts are included during the pandemic. Days in subacute or jail not counted, but services are counted.	Yellowfin
% of clients with no service gap of over 30 days	Maximum days each Level 1 client went without service during their episode(s) in the reporting period. Only considered clients open to a provider for at least a total of three months during the reporting fiscal year.	Yellowfin
% of discharges from hospitalization or subacute who had a follow up visit with FSP staff within 7 and within 30 calendar days	Follow-up rates for individuals open to Level 1 providers at the time of MH hospital discharge.	Yellowfin
#/% of clients closed, by reason closed	Discharge reason for clients discharged during the reporting period	Yellowfin
% of clients who had a reduction in days in psychiatric emergency services/inpatient/crisis stabilization units	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in psychiatric emergency services, inpatient or crisis stabilization unit other than Amber House, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in jail and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin
% of clients with a decrease in hospitalization	Decrease in hospital admits and hospitalization days in the years that a client was active in the program compared to the year prior to program admission. Includes clients who had at least one hospital admit in the 12 months prior to admission and remained in the program for at least 1 year	Yellowfin
% of clients who had a reduction in jail days	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in jail days, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in	Yellowfin

Measure	Definition	Data Source
	hospital and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	
% of clients with a primary care visit in the last 12 months	Of clients who completed 6 consecutive months during the fiscal year, percentage who had an appointment with a Anthem/Alliance/CHCN primary care provider during the fiscal year. Metric excludes individuals with six or more months out of the community (in Subacute, MH hospital, and/or jail).	Yellowfin

Data Development Agenda: measures the team is interested in reporting on but for which reliable data was not available:

- Client satisfaction with services;
- Client engagement in interpersonal activities;
- Client income (incl. entitlements);
- Change in violence (e.g. # of violent interactions reported) experienced by the client;
- Change in educational or workforce training status of client;
- Client-to-staff ratio;
- % staff retention year-to-year;
- % of clients and/or their caregivers who have consented to participate in services and have received one or more face-to-face visits within 7 calendar days of their HFSP referral;
- #/% of clients who maintained housing at 6 months from housing placement date.

To provide context for the FY22 RBA outcomes, the program officially started in March 2021, hiring mental health workers for this new intensive treatment team was slow and the team was not able to be fully staffed until 2023, possibly due in part to the COVID-19 pandemic, overall staffing shortages within the City of Berkeley and the Health Housing & Community Services Department, and staffing turnover. This includes the resignation of the Mental Health Clinical Supervisor and transfer of one of the team’s case managers to another division program. Also, due to the challenges with obtaining and maintaining staffing levels, enrolling individuals into service was delayed. In the future, we hope to have more robust data sets to better provide a picture of the work the team is providing to the community.

In FY22, the RBA Outcomes for this FSP were as follows:

Homeless Full Service Partnership (FSP)

Reporting Period: July 2021-June 2022 (Baseline)

Process Outcomes ("How much did we do?")



Clients Served

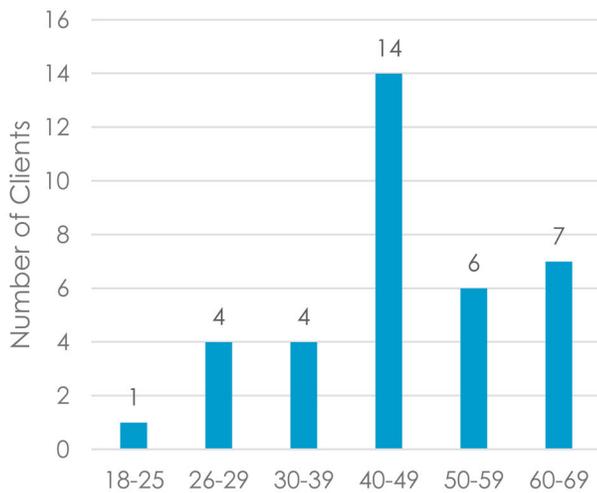


New Clients

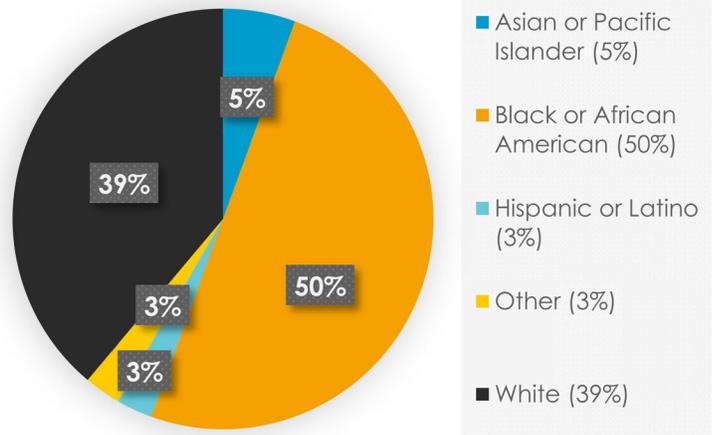
Program Description: HFSP serves unhoused residents of Berkeley in an Assertive Community Treatment (ACT) model at high staff to client ratios, providing intensive case management and mental health services in a multi-disciplinary team approach. This team serves those with the highest level of need, supporting a population that is primarily unhoused and has multiple severe functional impairments.

represents 10 clients

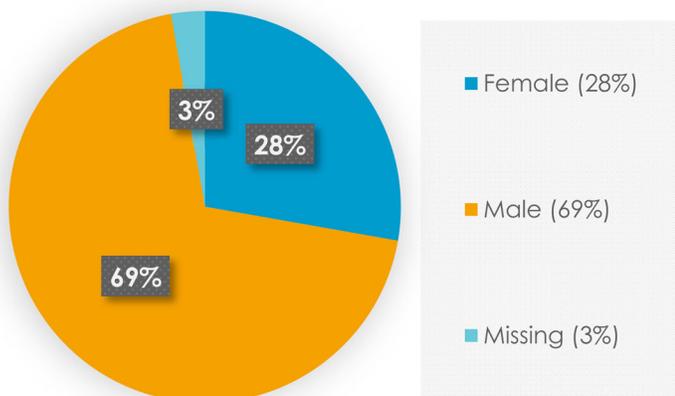
Client Demographics (Age)



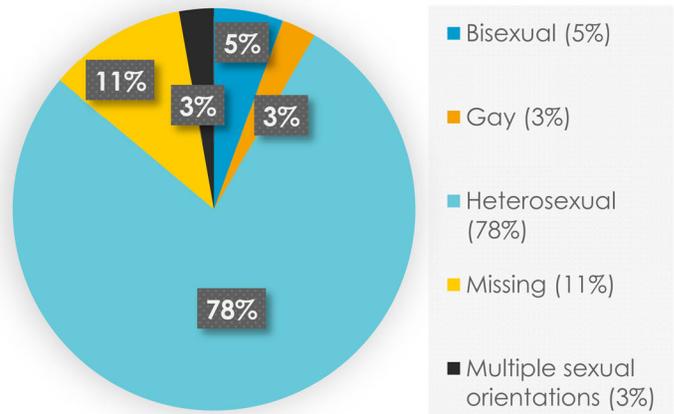
Client Demographics (Race)



Client Demographics (Gender Identity)



Client Demographics (Sexual Orientation)

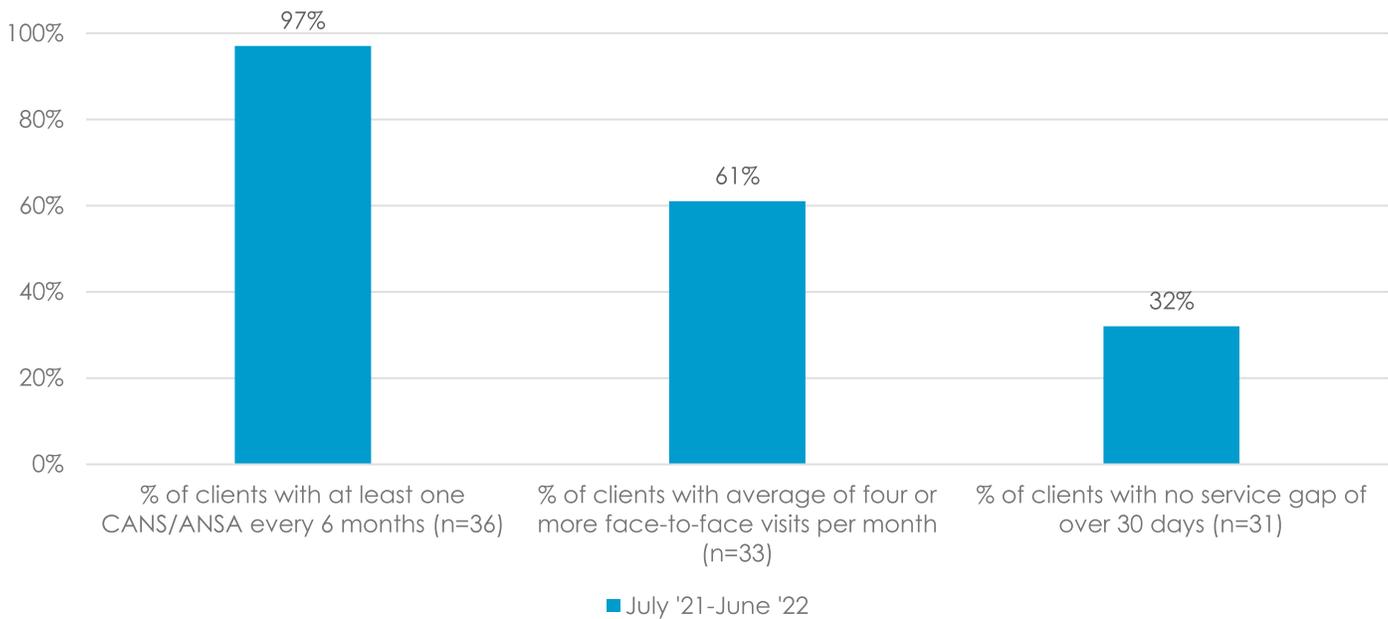


Quality Outcomes ("How well did we do it?")

The average client served in 2021-2022:

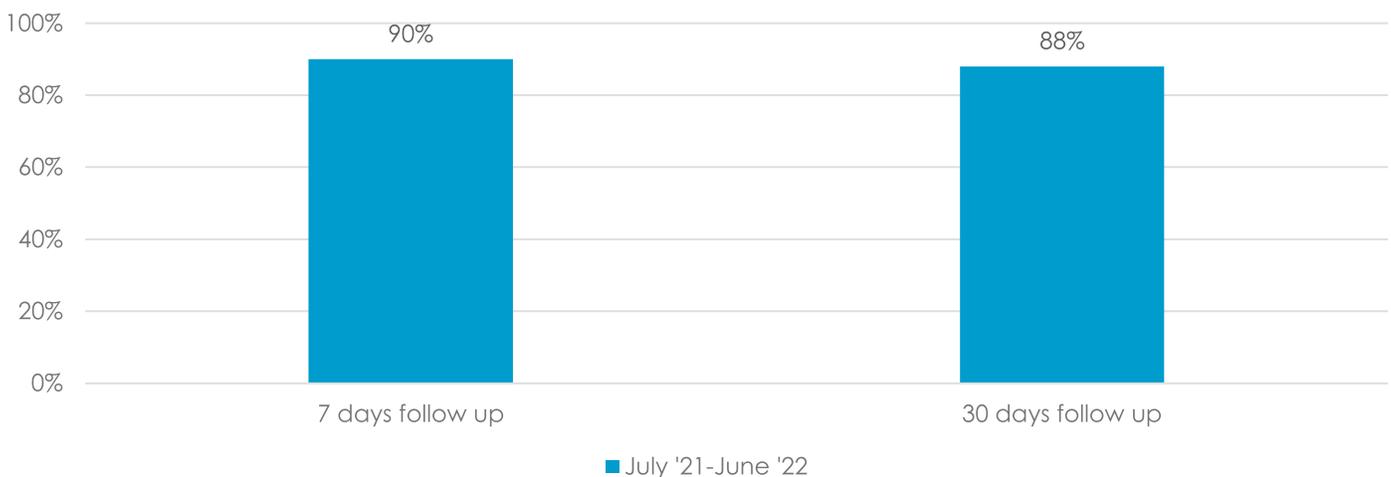
- remained in the FSP program for **263 days**
- received **8.82 hrs** of services per month
- received **6 services** per month

Service Consistency

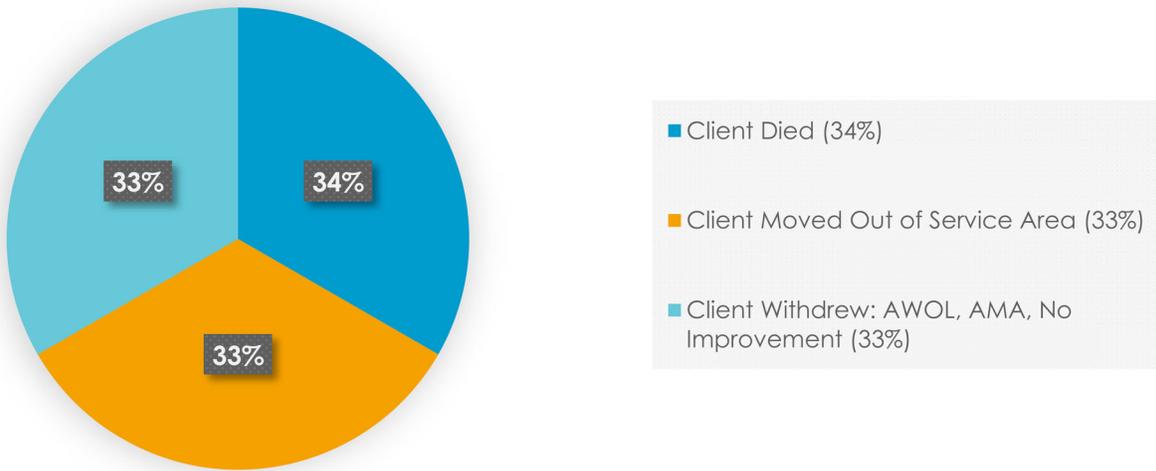


Hospital Follow Up Consistency

% of discharges from hospitalization or subacute who received FSP follow up within 7 and 30 days (n=10)

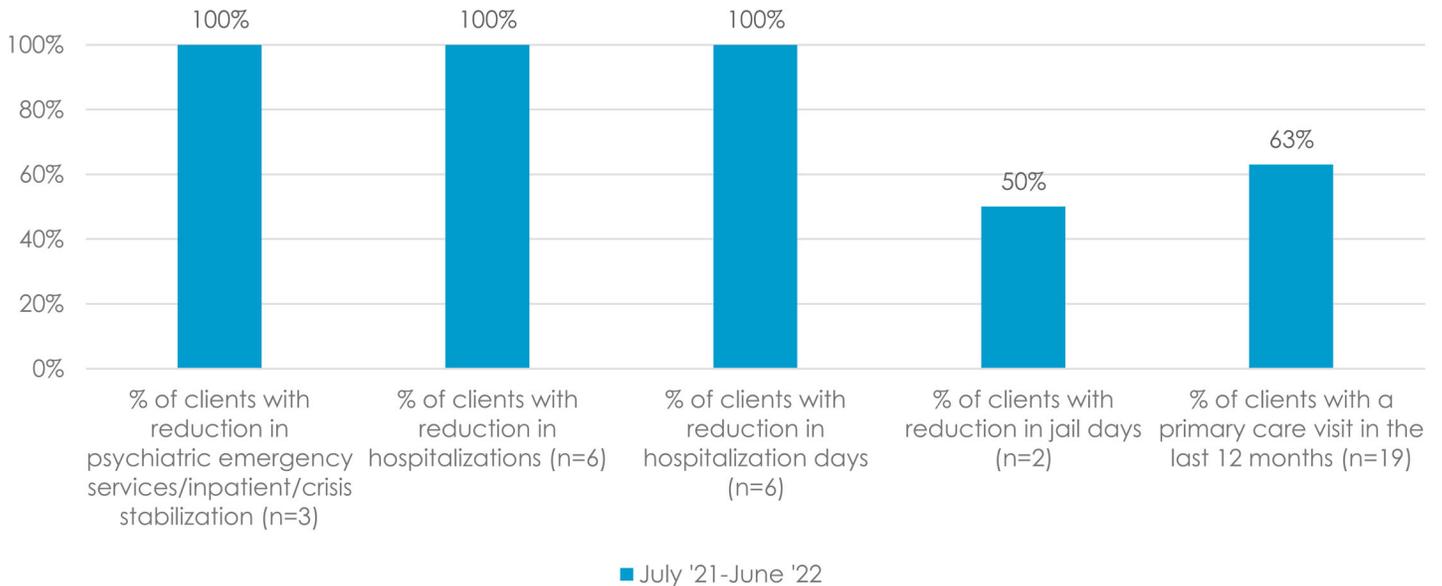


Clients Closed by Reason Closed (n=3)



Impact Outcomes ("Is anyone better off?")

Client Outcome Improvements



MULTI-CULTURAL OUTREACH AND ENGAGEMENT

Diversity & Multicultural Services

The Diversity & Multicultural Coordinator (DMC) provides leadership in identifying, developing, implementing, monitoring, and evaluating services and strategies that lead to continuous cultural, ethnic, and linguistic improvements within the organization's system of care, with a special emphasis on unserved, underserved, inappropriately served, and emerging populations. The DMC also collaborates with the state, regional counties, other city divisions, local agencies, and community groups in order to address mental health inequities and disparities for targeted populations and communities, and the community-at-large in Berkeley.

The Diversity & Multicultural Coordinator accomplishes these goals by:

- Providing cultural humility training to all behavioral health, community partners, and all stakeholders in Berkeley and other geographic locations in the region as a collaborative partner;
- Performing outreach and engagement to unserved, underserved, inappropriately served and emerging communities and populations;
- Developing long and short-term goals and objectives to promote cultural/ethnic and linguistic competency within the system of care;
- Developing an annual training plan and budget;
- Chairing the agency's Diversity and Multicultural Committee;
- Attending continuous trainings in the areas of cultural competency;
- Monitoring Interpreter and Translation Services for the agency;
- Collaborating with State, Regional, County, and local groups and organizations, and
- Developing and updating BMH's Cultural Humility Plan as needed.

Data and information on Diversity & Multicultural Trainings and Events in FY22, is not available.

Transition Age Youth (TAY) Support Services

The Transition Age Youth (TAY) Support Services program provides outreach, services, supports, and/or referrals to TAY with serious mental health issues who are homeless or marginally housed and not currently receiving services. Priority is given to youth coming out of foster care and/or the juvenile justice system and particular outreach strategies are utilized to engage youth from various ethnic communities, including African Americans, Asian and Latino/a/x populations, among others. Program services include: Culturally appropriate outreach and engagement; peer counseling and support; assessment; individual and group therapy; family education; case management, coaching, ancillary program referrals and linkages. Also provided are services in housing attainment and retention, financial management, employment, schooling, and community involvement. Services are designed to be culturally relevant, tailored to each individual's needs, and delivered in multiple, flexible environments. The main goals of the program are to increase outreach, treatment services, and supports for mentally ill TAY in need, and to promote self-sufficiency, resiliency and wellness. This program serves 15-20 youth at a time. In FY22 this program was not implemented.

SYSTEM DEVELOPMENT

System Development includes Wellness Recovery Support Services that are intended to expand collaboration with stakeholders, promote the values of wellness, recovery and resilience, and move the Division towards a more consumer and family member driven system. Services are comprised of the following main components: Wellness/Recovery System Integration and Family Advocacy Services. Together, both ensures that mental health peers and family members are informed of, and able to be involved in, opportunities to provide input and direction in the service delivery system and/or to participate in recovery-oriented or other supportive services of their choosing. Strategies designed to reach program goals include: developing policies that facilitate the Division in becoming more Wellness & Recovery oriented and consumer/family member driven; outreach to, and inclusion of, mental health peers and family members on Division committees; provision of family support & education; supported employment and vocational services; wellness activities; peer supportive services; and client advocacy. Some of the additional services and supports that CSS System Development provides funding for are as follows: Housing Services and Supports; Benefits Advocacy; Employment/Educational Services; Wellness Recovery Center; Counseling Services for Senior Citizens; Youth Case Management Services; Hearing Voices Groups; Transitional Outreach Team; Flex Funds and Sub-Representative Payee Services for clients, etc.

Wellness Recovery Services

The BMH Wellness Recovery Team works with staff, stakeholders, community members and clients to advance the goals of Wellness and Recovery on a system wide level. In order to accomplish these goals, some of the various tasks include: Recruiting peers for Division committees; convening committees around Wellness Recovery system initiatives; oversight/administration of peer stipends; convening and conducting meetings for the Berkeley "Peers Organizing for Community Change (POCC)"; working with staff to develop various Wellness and Recovery related policy and procedures; and oversight of the Division's "Wellness Recovery Activities". The Consumer Liaison is also a resource person around "Mental Health Advance Directives" for individuals desiring to express their treatment preferences in advance of a crisis, and is a participant on a number of local MHSA initiatives. The combination of individual services and system-level initiatives impact all clients and their family members across the system in a given year. In FY22, there were a total of 381 clients in the BMH system.

During the reporting timeframe, some of the various activities of the Wellness Recovery Team that were conducted under the direction of the Consumer Liaison included:

Walking Groups

In FY22 the Wellness Recovery Team continued with the offering of walking groups to help with isolation, promote physical activities and socialization. This group was started in 2020 and continues to be a great addition to the Wellness Recovery Activities/groups. The walks in FY22 took place at local parks and neighborhoods in Berkeley and they varied in physical intensity. Participants were required to wear masks and socially distance themselves during the activity. The walks were advertised in the Wellness Recovery monthly newsletter and calendars. There were 36 walks scheduled throughout the year. The parks visited were Ohlone, Grove,

Strawberry Creek, Codornices, Aquatic, and San Pablo Park and the University of California at Berkeley campus and Rose Garden. A total of 11 unduplicated individuals participated in the Walking Groups.

Field Trips

In FY22 there weren't any field trips held due to staff shortage and the COVID-19 pandemic.

Card Party Groups

In FY22 a total of 35 Card Party groups were offered to inspire individuals to create inspirational cards for individuals in psychiatric hospitals. This program is modeled after the Do-Send-A-Card program created by the San Francisco Mental Health Association. BMH Wellness Recovery staff partnered with the Alameda Network of Mental Health Clients' Reach-Out Program to distribute the cards that were created from the Card Party groups, when they visit the hospitals throughout the County. Patients can choose the card they want to receive. This group was conducted online and the participation was low due to doing the online format. Through this program 175 cards were created and given to the Reach-Out Program. This program has been operating on the Zoom platform and the participants used their personal craft materials to make cards for others. A total of 3 unduplicated individuals participated in the Card Party Groups.

Mood Groups

The Mood group is designed for people to share their thoughts and feelings in a safe place where support is offered. In FY22 the weekly support group focused on reviewing moods scales to help participants identify where they were and then share whatever they wanted among non-judgmental peers. This group was impacted in the attendance by the COVID-19 pandemic and conflict among participants. The group was held 23 times in the reporting year and a total of 3 unduplicated individuals participated.

Mental Health Advance Directives

One-on-One Consultations on Mental Health Advance Directives are available through Wellness Recovery Staff. Although consultations were advertised in the Wellness Recovery Newsletter and calendar, in FY22 there weren't any requests for this service.

The Wellness Recovery Team also conducted and participated in the following activities during the reporting timeframe: Maintained a monthly newsletter from July 2021-December 2021 that was written, edited and prepared by the Wellness Recovery Staff. The newsletter highlighted wellness tools, community resources, food recipes, fun activities, information about diagnoses, and interviews with community members. The newsletters were published and sent to approximately 150 individuals via mail and another 130 individuals by email. The team transitioned back to calendars in January 2022.

The team of two, became one in January 2022 and it had some impact on the number of groups and services that were provided to the community and peers. The team hosted a Peers Organizing Community Change (POCC) open house to promote peer organization, advocacy and leadership. The Wellness Recovery Team also participated in: The planning and implementation of the May is Mental Health Month event in Berkeley; the Health and Human Resource and Education Center-10x10 8 Dimensions of Wellness, "We move for Health 10x10"

campaign; POCC listening sessions; and the Alameda County Peer Support Specialist certification forums. The Wellness Recovery Team also conducted the Consumer Perception Survey in May 2022 by mail and in person during the State survey period and submitted completed surveys to the state.

In FY22, a total of 35 unduplicated individuals participated in Wellness Recovery services. Demographics on individuals served are as follows:

DEMOGRAPHICS N=35		
Gender Identity		
<i>Gender Identity</i>	<i>Number Served</i>	<i>Percent of Total Number Served</i>
Male	5	14%
Female	24	69%
Gender Non-Conforming	1	3%
Declined to Answer (or Unknown)	5	14%
Race/Ethnicity		
<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>Percent of Total Number Served</i>
Black or African American	8	23%
Asian Pacific Islander	4	11%
Multi-racial	2	6%
White	14	40%
Declined to Answer (or Unknown)	7	20%
Age Category		
<i>Age in Years</i>	<i>Number Served</i>	<i>Percent of Total Number Served</i>
25-44 years of Age	4	11%
45-64 years of Age	23	66%
65 and older	3	9%
Declined to Answer (or Unknown)	5	14%
Sexual Orientation		
Heterosexual or Straight	7	20%
Bisexual	3	9%
Questioning	1	3%
Declined to Answer (or Unknown)	24	69%

Program Successes:

Groups continued to meet during the reporting timeframe and there was a consistent number of individuals who benefitted from the activities, especially Walking Group participants who enjoyed the socialization and physical activity it provided. Even though the Card Group met online, a staff member was able to arrange for the cards to be picked up and provided to an agency to be distributed to individuals at Board and Care’s and locked facilities.

Program Challenges:

The number of groups that were provided to the community was scaled down due to only having one staff running the programs and groups. The Card Party Group which originally met four times a month had to be scaled back to meeting twice a month. The number of cards made were also reduced due to individuals not having the materials to make the cards, or drop them off, despite the efforts staff made available to them.

In FY22, the RBA measures for this program (which were combined with the Social Inclusion, Telling Your Story Project measures, as both are conducted by the same staff) were as follows:

Process Measures How much did we do?	Quality Measures How well did we do it?	Impact Measures Is Anyone Better off?
<ul style="list-style-type: none"> • # of participants served • # of different groups convened per year • # of group events held per year • # of group participants who meet the requirements for "Telling Your Story" (MHSA PEI Requirement) 	<ul style="list-style-type: none"> • #/% of participants who return for group events 	<ul style="list-style-type: none"> • #/% of participants who reported feeling less shame about their experiences and challenges • #/% of participants who reported progress in their recovery

Measure	Definition	Data Source
# participants served	Total # of participants served	Wellness Recovery Group Attendance Tracker
# of different group convened	Number of different types of groups (i.e. walking group, mood group, Telling Your Story group) convened	Wellness Recovery Group Attendance Tracker
Group events	Total number of meetings held	Wellness Recovery Group Attendance Tracker
# of participants who meet the requirements for "Telling Your Story"	Total number of participants in all "Telling Your Story" meetings	Wellness Recovery Group Attendance Tracker
# of participants who return for group events	Of total number of participants, % who returned for more than one event or meeting	Wellness Recovery Group Attendance Tracker
% of participants who reported feeling less shame about their experiences and challenges	Of participants who took the survey, percent who responded "agree" or "strongly agree" to the question.	Telling Your Story Survey
% of participants who reported recognizing progress in their recovery	Of participants who took the survey, percent who responded "agree" or "strongly agree" to the question.	Telling Your Story Survey

Data Development Agenda: measures the team is interested in reporting on but for which reliable data was not available:

- Advance Directives Data:
 - #/% of participants with an Advance Directive completed;
 - #/% of participants able to advocate for themselves with service providers;
- Equity of services (e.g. client demographics compared to Medi-Cal population);

- % of clients who were satisfied with services.

In FY22, the RBA Outcomes for this program were as follows:

Wellness & Recovery Services RBA Outcomes

Reporting Period: July 2021-June 2022 (Baseline)

Process Outcomes ("How much did we do?")

Program Description The Wellness and Recovery Program is designed to provide outreach, support, education, activities, and advocacy to consumer members living with mental illness and living in Berkeley. Wellness group activities include: Berkeley Pool of Consumer Champions (POCC), Card Groups, Mood Groups, Walking Groups, and field trips.

> **35** 

Participants served

> **8** 

Different groups convened

> **139** 

Group events

> **20** 

Participants who meet the requirements for "Telling Your Story"

 represents 10 clients/events/groups

Quality Outcomes ("How well did we do it?")

71%

of participants returned for group events

Impact Outcomes ("Is anyone better off?")

4 out of 5

participants reported feeling less shame about their experiences and challenges (n=5).

3 out of 5

participants reported recognizing progress in their recovery (n=5).

Family Support Services

A Family Service Specialist works with family members, staff, community-based organizations etc. to improve services and supports for BMH clients and their family members on a system-wide level. Services provide both individual family services and supports, and system-wide change initiatives.

This family/caregiver-centered program provides information, education, advocacy and support for family/caregivers of children, adolescents, TAY, adults and older adults with serious emotional disturbance or severe mental illness. Services are provided in a culturally responsive manner providing outreach to people of various ethnicities and language groups.

The Family Services Specialist serves as a point of contact for family members who are currently accessing or attempting to access services and/or who have questions and concerns about the mental health system, providing them with supports, and as needed, referrals to additional community resources. Outreach is provided to families through existing BMH family support groups, NAMI of the East Bay, community clinics and the Alameda County Family Education Resource Center (FERC). Additionally, the Family Services Specialist coordinates forums for family members to share their experiences with the system; recruit's family members to serve on BMH committees; supports family members through a "Warm line"; conducts a Family Support Group; and creates training opportunities to educate mental health staff on how to effectively work with families. The combination of individual services and system-level initiatives impact all clients and their family members across the system in a given year. In FY22, there were a total of 381 clients in the BMH system.

During the reporting timeframe, the following individual or group services and supports were conducted through this program:

Warm Line Phone Support: A phone Warm Line provided a sympathetic resource for family members needing information, referrals, supports, and assistance in navigating the complex mental health system. Through the Warm Line, the Family Services Specialist helped families find services and resources as needed.

Family Support Group: Provided supports for parents, children, siblings, spouses, significant others or caregivers. The group met once a month for two hours.

During FY22 a total of 14 family members were served. Demographics of individuals served are outlined below:

DEMOGRAPHICS N=14		
Gender Identity		
<i>Gender Identity</i>	<i>Number Served</i>	<i>Percent of Total Number Served</i>
Male	2	14%
Female	12	86%
Race/Ethnicity		
<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>Percent of Total Number Served</i>
Black or African American	1	7%

Asian Pacific Islander	1	7%
White	11	79%
Multi-racial	1	7%
Age Category		
<i>Age in Years</i>	<i>Number Served</i>	<i>Percent of Total Number Served</i>
25-44 years	1	7%
45-64 years	6	43%
65+ years	7	50%
Sexual Orientation		
Declined to answer (or unknown)	14	100%

As the Family Services Specialist position was vacant from April 2019 to May 2023, the previous position holder continued the Family Support Group and occasional Warm Line Phone support. In addition, the global COVID-19 pandemic resulted in a pause of the Family Support Group which is reflected in the low number of individuals served during the reporting timeframe.

Employment Services

Previously, a BMH Employment Specialist provided services to support individuals in job readiness and accessing employment opportunities. It was envisioned that these services would at a minimum, create and nurture supported vocational, educational and volunteer “try-out” opportunities in the community; build employment and educational readiness; and increase the numbers of individuals who are gainfully employed and/or engaging in other meaningful activities such as school or volunteer work. Different strategies were implemented along the way including utilizing the Dartmouth model of supported employment. The Dartmouth model helps to promote wellness and recovery by enabling clients to work alongside other non-mentally ill workers in a competitive environment in their community. In this model, employment supports were provided to clients from multiple sources including the following: Employment Specialist; Case Manager; Psychiatrist; and any involved Family Members. The Employment Specialist also: provided supports to clients who were interested in starting their own business by guiding them through the necessary steps of getting a license, advertising, etc.; assisted clients who weren’t quite ready to obtain employment, in becoming involved in volunteer opportunities; connected clients with the Department of Rehabilitation for computer skills training; worked with staff to ensure clients were adhering to their medication regimen; and supported clients in filling out job applications and or practicing their interview skills.

Although various strategies were implemented over the years, client participation and employment outcomes remained low through FY12, followed in FY13, with an unexpected vacancy in the Employment Specialist position. Low client outcomes coupled with a vacancy in the position prompted BMH to evaluate current best practices for mental health client employment. Additionally, input received during various MHSA Community Program Planning processes, provided recommendations on strategies to better support clients in reaching their employment goals, such as: assisting clients on interviews and on what to share with an employer regarding reasonable accommodations; providing mentoring and job shadowing; implementing technology training for clients; having services be integrated and supported, and implementing evidence-based practices.

A new Employment Specialist position was proposed through a previously approved Three Year Plan. It was envisioned that once hired, the Employment Specialist would be focused on utilizing an evidenced based model for supporting individuals with serious mental illness in obtaining and retaining competitive employment. The hiring process for this position has not occurred yet, as the City of Berkeley has been evaluating whether the best use of funds would be to hire the full-time position, or to contract the services out to a local organization that focuses on employment services and supports for mental health consumers. As a decision on the best approach had not been finalized yet, in the previously approved MHSA FY19 Annual Update, the Division requested to have flexibility on how to best utilize funds allocated for the Employment Services Specialist position.

Housing Services and Supports

The Housing Specialist provides housing resource services for clients; working with landlords to increase housing opportunities; collaborating with case management staff, landlords, and Board & Care Managers to provide additional supports for clients who are already housed; and works in tandem with the City of Berkeley HHCS Department Hub (which serves as a single entry point into emergency shelter and transitional housing, where clients are triaged based on their housing and service needs). Some of the various places where clients with subsidies are housed are the Berkeley Food and Housing Project Russell Street Residence Board and Care, McKinley House, and Lakehurst Hall.

Benefits Advocacy Services

Through this project a community-based organization, the Homeless Action Center (HAC), assists clients in obtaining public benefits. Services are provided for approximately 10 BMH clients a year. In FY22, 7 clients were served through this program. Demographics on those served were as follows:

DEMOGRAPHICS N=7		
Gender Identity		
<i>Gender Identity</i>	<i>Number Served</i>	<i>Percent of Total Number Served</i>
Male	4	57%
Female	2	29%
Gender Non-Conforming	1	14%
Race/Ethnicity		
<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>Percent of Total Number Served</i>
Black or African American	3	43%
White	3	43%
Latino/a/x	1	14%
Age Category		
<i>Age</i>	<i>Number Served</i>	<i>Percent of Total Number Served</i>
18-24 years	1	14%
25-44 years	5	71%
45-64 years	1	14%

Sexual Orientation		
Declined to Answer (or Unknown)	7	100%

Program Successes:

In FY22, all cases were closed because they were won. In each case, the win was at the Initial or Reconsideration level of the SSI application process, the client did not have to wait for the next level of appeal, the Administrative Law Judge (ALJ) hearing, which often means an additional wait of over a year. Success at the Initial and Reconsideration stages of the process are fairly rare without advocacy and without treating providers who care enough to help document the case. Because of the MHSA-funded referral partnership between HAC and Berkeley Mental Health, these clients had both of these advantages.

Program Challenges:

The caseload for the year was lower than anticipated. Four of the referrals received during the fiscal year were closed without the case being taken due to either not being able to locate the client or the client being ineligible for SSI benefits. The process will continue to be reviewed to see if there are ways to improve the ability to connect with the clients that are referred, and to get referrals that are appropriate for the service.

Flexible Funds for Level One Clients

A contract with the community-based organization, Berkeley Food & Housing Project (now known as Insight Housing), enables flexible funds to be used with clients across the system for supports such as housing, clothing assistance, food, transportation, etc. This use of flexible funds aids individuals in achieving better stability in areas where they are less capable of addressing their daily living needs. This program is set up to aid any clients in need across the system in a given year. In FY22, there were a total of 381 clients in the BMH system.

Mobile Crisis Team (MCT) Expansion

Through the previously approved MHSA FY14/15 - 16/17 Three Year Plan, and as a result of staff and community input on increasing and improving services for those experiencing a mental health crisis, the following additions to BMH have been or are in the process of being implemented through CSS System Development funds:

- Increase in staff to expand the Mobile Crisis Team (MCT) capacity and hours of operation;
- Mental Health First Aid Trainings to teach community members how to assist individuals who are in crisis or are showing signs and symptoms of a mental illness;
- A Consumer/Family Member Satisfaction Survey for Crisis services.

In FY22, the RBA Measures that were established for this program were as follows:

Process Measures How much did we do?	Quality Measures How well did we do it?	Impact Measures Is Anyone Better off?
<ul style="list-style-type: none"> • # of clients served • # of documented 	<ul style="list-style-type: none"> • % of clients who receive a visit (phone contact with client or hospital provider) 	<ul style="list-style-type: none"> • None available at this time

contacts	in the 24 hours after hospitalization <ul style="list-style-type: none"> • % of Mobile Crisis Team who had a Crisis, Assessment Team staff attempt to contact • % of clients who were satisfied with services** 	
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*Demographic data was reported at the program level, where available

**Data not available for baseline reporting period, will be included in future rounds of reporting

Measure	Definition	Data Source
# clients served	Total unique clients served	MCT Contact Log
Client contact types	# of client contacts made, by <ul style="list-style-type: none"> a. Field contacts b. Phone contacts c. Other 	MCT Contact Log
Total referrals, by referring party	# of crisis services referrals made to the MCT, by referring party (i.e. BPD, BFD, BMH, community, etc.)	MCT Contact Log
# of 5150 evaluations conducted	Total number of incidents with 5150 Evaluations of any sort	MCT Contact Log
Results of 5150 Evaluations	% of 5150 evaluations that did or did not result in transportation to a receiving facility for further evaluation	MCT Contact Log
Number of interventions per client	% of clients who had one, two, or more than two interventions	MCT Contact Log

Data Development Agenda: measures the team is interested in reporting on but for which reliable data was not available:

- #/% of calls to CAT line that receive crisis intervention support that does not involve the police: crisis referral to non-MCT, crisis support, de-escalation support;
- % of clients who receive a follow-up call for a no-show screening, intake or appointment;
- #/% of no-show clients for whom there is inter-system coordination to engage;
- #/% of clients and families who receive connection to grief counseling and other services;
- % of clients connected to a service team within 7 calendar days;
- % of clients assessed or referred on the same day as inquiry.

In FY22, the RBA Outcomes for this program were as follows:

Mobile Crisis Team (MCT) RBA Outcomes

Reporting Period: July 2021-June 2022 (Baseline)

Process Outcomes ("How much did we do?")



932 

Clients Served

 = 100 clients



1486 

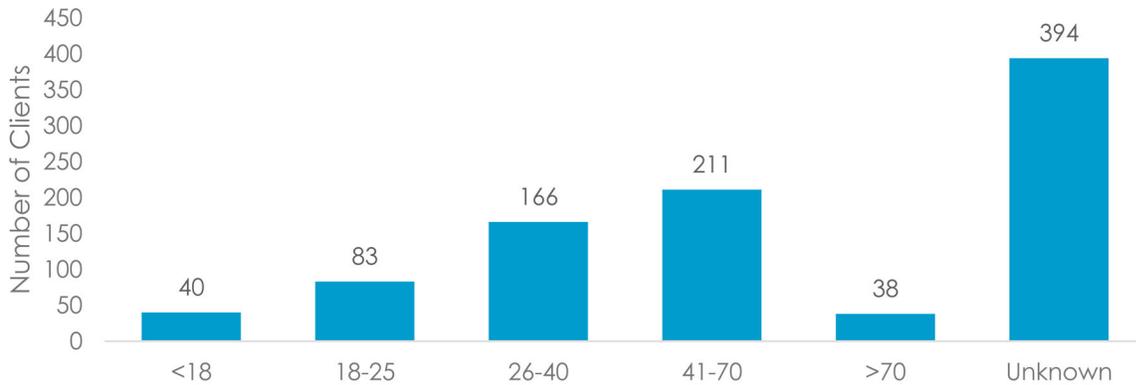
Incidents Responded To

 = 100 incidents

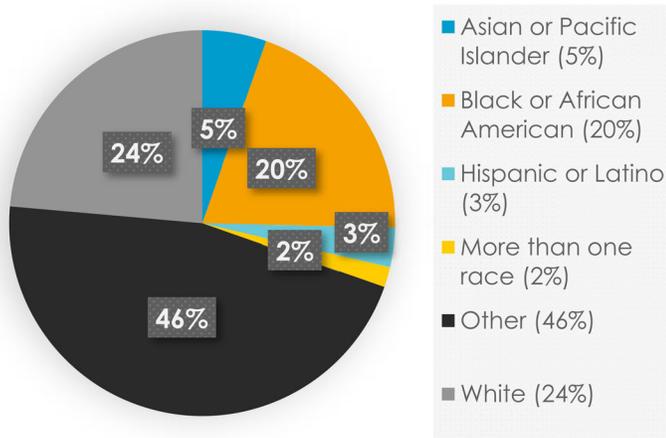
Program Description

The Mobile Crisis Team (MCT) provides mobile crisis services to residents of Berkeley, from 11:30a-10p each day of the week, when fully staffed. It provides crisis interventions, including but not limited to 5150 evaluations, consultations, and referrals/linkages.

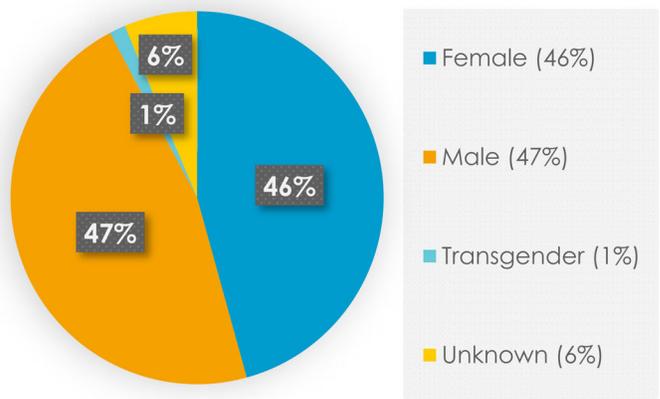
Demographics (Age)



Demographics (Race)



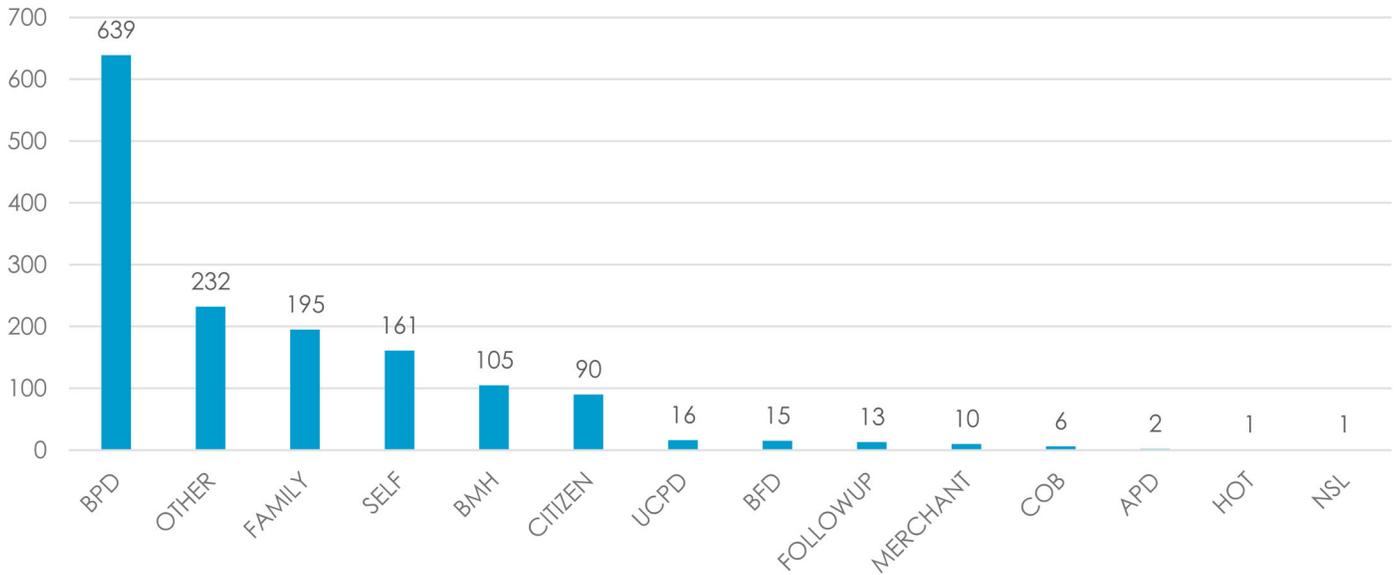
Demographics (Gender Identity)



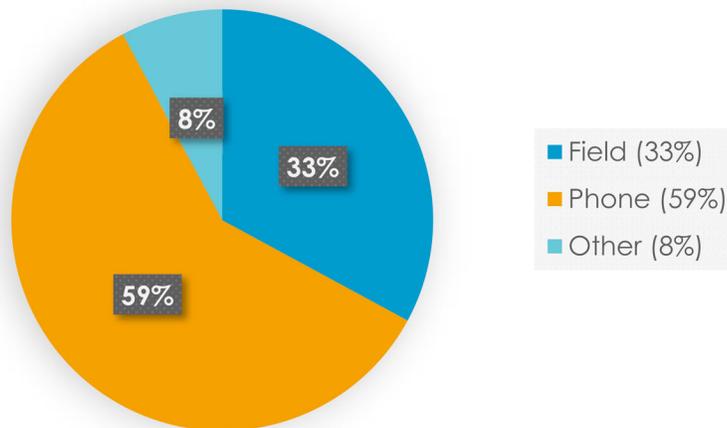
*Sexual Orientation data not available

In 2021-2022, the MCT program performed **395** 5150 Evaluations

Total Referrals, by Referring Party (n=1486)

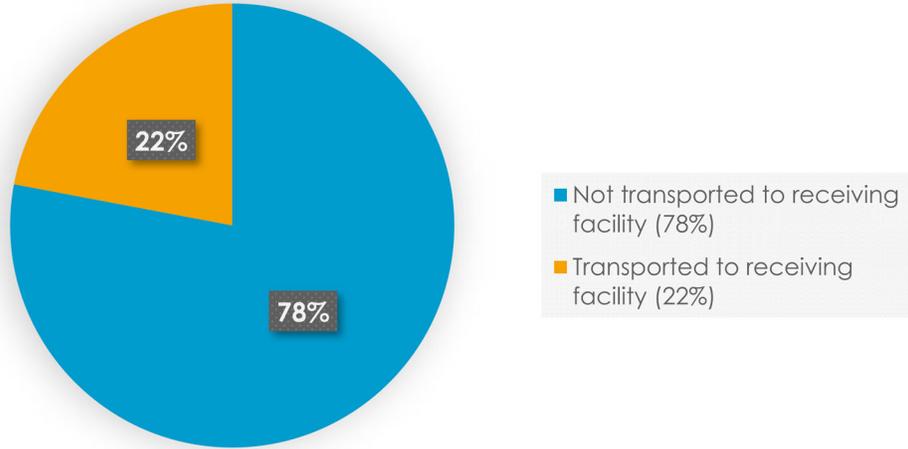


Client Contact Types (n=1486)



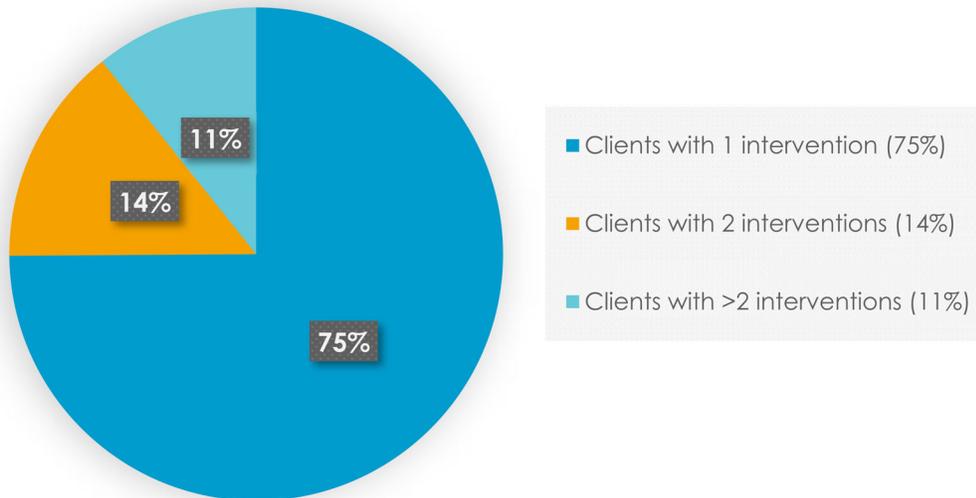
Quality Outcomes ("How well did we do?")

Results of 5150 Evaluations (n=395)



Impact Outcomes ("Is anyone better off?")

Number of Interventions per Client (n=932)





INVOLUNTARY HOSPITALIZATION AS NECESSARY HOSPITALIZATION: THE DYNAMICS OF PATIENT NEED, INPATIENT AND COMMUNITY CARE RESOURCES

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THE GREAT CONFLATIONS

- Mental Illness as Mental Health
- Extensive Utilization of Psychiatric Inpatient Services as Over Use of Such Services
- Extensive Use of Psychiatric Inpatient Service as Poor Quality Mental Health Service
- Necessary as Unnecessary Hospitalization:
- Inpatient Need as Community Care Deficit

THE SOCIAL BREAKDOWN SYNDROME (SBS): AN INDEX OF PATIENT NEED FOR INVOLUNTARY HOSPITALIZATION

(APHA PROGRAM AREA COMMITTEE ON MENTAL HEALTH, 1972)

- SBS is a mental malfunction in many chronic mental disorders, particularly schizophrenia, mental retardation, & various organic psychoses (diagnoses prevalent in 25%-30% of homeless; half homeless suicide risk attributable to mental disorder).
- SBS is responsible for extreme social disability seen in these illnesses.
- SBS is defined by 22 objective facts regarding a person's functioning during a particular week.
- SBS episode duration is characterized by a Type 3 Lx Survivorship Curve where only 17.4% of episodes last more than four weeks.
- Annual incidence of Chronic SBS (over 1 year in duration) is 24 per 100,000 in ages 16-64.
- Only half of SBS episodes that last a year terminate in the next five years.
- Chronic SBS handicap is severe, disability almost total.

DRIVERS OF PATIENT NEED FOR INPATIENT CARE

- Presence of a Dangerousness Threat Episode at Admission
 - Assessed by TRIAD: Three Ratings of Involuntary Admissibility a measure indicative of the Social Breakdown Syndrome (SBS) associated with severe mental illness
- Continuance of SBS Threat Episode
 - Assessed by SBS presence each week
- Presence of threat of potential deterioration
 - Assessed by repeat threat episode recurrence

DETERMINANTS OF TIME IN HOSPITAL

I. Inpatient Bed Availability

II. Patient need at entry (SBS episode duration) is not related to time in hospital without use of Assisted Outpatient Treatment (AOT).

- Given Episode-focused AOT, a traditional form of outpatient commitment, patients are released during an ongoing SBS episode

III. Patient need for continued hospitalization is associated with predictable episode recurrence.

- Given AOT, with a “prevent deterioration clause” in a jurisdiction, patients are released at end of an SBS admission episode.
- Without AOT, No other patient characteristics (considered in study) related to inpatient duration with exception of history recurrent episodes—i.e. patient risk of deterioration post-hospitalization (Segal, 1972).

IV. Organization of outpatient support--more time in hospital results from less outpatient support (DOJ argument/ Victoria AU fact)

I. INPATIENT BED AVAILABILITY DEFICIT

Less time in hospital dependent on over-demand.

- “PES is intended to provide crisis stabilization services. Utilization of these crisis services routinely exceeds capacity(DOJ Alameda Evaluation).”
- Deficits in meeting inpatient need
 - 1955= 550,000 psychiatric hospital beds in U.S.
 - 2023= 36,150, or 10.8 per 100,000
 - Psychiatric bed need in the U.S. is **40 to 60 beds per 100 000 population**. 50 public psychiatric beds per 100,000 individuals (or 1:2000) is the absolute minimum number.
 - California had 17.05 beds per 100000 in 2016.

IA. TRIAD ASSESSMENT OF INPATIENT NEED

- The TRIAD (Three Ratings of Involuntary Admissibility) simulates clinical judgment by scoring patterns of behavior and circumstance as more or less dangerous.
- TRIAD was developed through an iterative process resulting in the identification and ranking of patterns of behavior and circumstance more or less likely to lead to the determination that a patient is involuntarily admissible by the standards of California LPS Act 5150.
- TRIAD consists of three checklists with a total of 88 numbered items that can be combined to yield 166 patterns of behavior and circumstance relevant to the clinical prediction of violence and suicide and the assessment of grave disability.
- TRIAD documents the presence of SBS.

IB. EMPIRICAL VALIDATION OF TRIAD AS A MEASURE OF PATIENT NEED FOR HOSPITALIZATION

- Assessments of 251 PES patients in five PES rooms.
- The combination of TRIAD dangerousness score and mental disorder symptom severity predicted disposition of 93% of new patients and 88% of recidivist patients. (Arch Gen Psychiatry 1988;45:759-763)

IC. ACUTE INPATIENT BED DEFICITS PRECIPITATE REVOLVING DOOR CARE

- 12 Month Return Rates to 10 PESs of 710 patients released in:
 - <24 hours 1:4 (26.5 %)
 - 1-8 days 1:3 (37.8%)
 - 9-16 days (49 %)
 - In this timeframe 56% of patients would still be in their admission associated SBS episode.
 - ≥ 17 days < 1 in 3 (32%)
- The data suggest that stays of the midrange group were too brief to resolve their situations, i.e. if clinicians were not faced with the difficult process of justifying continued hospitalization, the situations of these individuals might have been more adequately resolved.

Factors predicting patients' involuntary return to the psychiatric emergency service within 12 months of an initial evaluation (N=417)¹

Factor	b	p	Odds ratio
Demographic characteristics and clinical history			
Number of previous psychiatric hospitalizations	.02	ns	
Age	.00	ns	
Gender (female)	.14	ns	
Ethnicity	-.32	ns	
Psychiatric evaluation criteria			
Dangerousness	.11	.037	1.12
Psychosis	.87	.004	2.38
Benefit from hospitalization	.00	ns	
Treatability	-.68	ns	
Patient's status after evaluation in the psychiatric emergency service			
Days of inpatient care	.02	ns	
Has insurance	.56	.025	1.76
Compliant with medication	-.38	ns	
Followed referral recommendation	.39	ns	

¹ Model $\chi^2=37.14$, $p<.001$

ID. ALAMEDA COUNTY EXPERIENCE

- In fiscal year 2019, nearly 11% of individuals discharged from John George's inpatient unit were readmitted within just 14 days. This rate, which already far exceeds both national averages for state hospitals and statewide averages, appears to be increasing.
- The County similarly reported in 2016 that roughly 17.5% of all emergency room admissions to John George came from "high utilizers": people with more than four emergency admissions in the previous 12 months. P 8
- Between 2012 and 2017, there were more than 4200 instances when persons released from Santa Rita Jail were seen at John George PES within just 30 days.
- Of the people who spent time in John George's inpatient unit between 2012 and 2017, 41% had previously been incarcerated in Santa Rita Jail. Of those with four or more inpatient stays at John George, 53% had spent time in the Jail. P 9

II. PATIENT NEED AT ENTRY (SBS EPISODE DURATION)

- Not related to time in hospital without use of Assisted Outpatient Treatment (AOT).
- Given Episode-focused AOT, i.e. traditional outpatient commitment, patients are released during an ongoing SBS episode, they experience fewer inpatient days.
- AOT not available in Berkeley, though Alameda County has adopted Laura's Law and does not seem to be using it.

III. PATIENT NEED TO PREVENT DETERIORATION ASSOCIATED WITH PREDICTABLE EPISODE RECURRENCE.

- At one of the first 10 CMHC programs showed no patient characteristics related to inpatient duration with exception of a history recurrent hospitalizations—patient risk of deterioration post-hospitalization (Segal, 1972).
- Given AOT, with a prevent deterioration clause in a jurisdiction, patients are released at end of SBS admission episodes.
- The Prevent-Deterioration Clause in Compulsory Community Treatment (CCT) Law:
 - Appeared in two-thirds of U.S. jurisdictions with CCT in 2020
 - Up from a third in 2001 (Policy Surveillance Program, 2016; Treatment Advocacy Center State, 2020).

FULL SERVICE PARTNERSHIP: ACT VS ACT/AOT

- Alameda County administrator estimated the need to serve 4000 to 6000 people with the Full Service Partnership (FSP) program.
- Alameda County has a funded FSP capacity to serve only 850 adults
- In practice the County serves fewer than 725 adults in a given month. (p14)
- County needs to increase capacity by 6.89 times.
- With or without AOT bed capacity will need to increase to prevent: death, crime, all forms of victimization.

IV. ORGANIZATION OF OUTPATIENT SUPPORT

- No matter what the prescriptive system, more time in hospital results from less outpatient support (DOJ argument/ Victoria AU fact)

- References

- Denial of access to individuals seeking inpatient care: disposition determinants and 12-month outcomes. Segal, SP and Franskoviak, P (2017). *Journal of Forensic Sciences & Criminal Investigation*. 2017; 2(4): 555592. [DOI: 10.19080/JFSCI.2017.02.555592](https://doi.org/10.19080/JFSCI.2017.02.555592)(link is external).
- The quality of psychiatric emergency evaluations and patient outcomes in county hospitals. Segal SP, Egley L, Watson M, Goldfinger S (1995). *American Journal of Public Health*, 85(10), 1429-1431.
- Civil commitment in the psychiatric emergency room: Assessment of dangerousness by emergency room clinicians. Segal SP, Watson M, Goldfinger S, Averbuck D (1988) *Archives of General Psychiatry*, 45,748-52.
- Civil commitment in the psychiatric emergency room: Mental disorder indicators & three dangerousness criteria. Segal SP, Watson M, Goldfinger S, Averbuck D (1988). *Archives of General Psychiatry*, 45, 753-758.
- Civil commitment in the psychiatric emergency room: Disposition as a function of mental disorder and dangerousness indicators. Segal SP, Watson M., Goldfinger S., & Averbuck D (1988). *Archives of General Psychiatry*, 45, 759-763.

Disability Rights California Lawsuit against Alameda County

Sep 9, 2021

Disability Rights California (DRC), along with Disability Rights Education and Defense Fund, the Bazelon Center for Mental Health Law, Goldstein, Borgen, Dardarian & Ho, and the Law Office of Aaron J. Fischer have filed a federal lawsuit under the Americans with Disabilities Act against Alameda County and Alameda County Behavioral Health Care Services. The lawsuit challenges the unnecessary and illegal segregation of people with mental health disabilities—especially Black people with disabilities in psychiatric institutions and the failure to ensure people with disabilities are provided the services they need.

DRC is demanding that the County expand and enhance intensive community-based mental health services, including supported housing, so that people are not forced into institutions like John George Psychiatric Hospital, or the Santa Rita Jail, when they can be served in a more integrated setting.

Case Name:

Disability Rights California v. County of Alameda

Court and Case Number:

5:20-cv-05256 (N.D. Cal.)

Co-Counsel:

Bazelon Center for Mental Health Law
Disability Rights Education and Defense Fund
Law Office of Aaron J. Fischer
Goldstein, Borgen, Dardarian & Ho

Independent Reviewer Reports on the County's Implementation of the Settlement Agreement

Under the [Settlement Agreement](#), the Independent Reviewer will draft comprehensive public reports on the County's progress and implementation of the Agreement. The Independent Reviewer will also provide recommendations, if any, for achieving sustained substantial compliance with the terms of the Agreement. The Agreement requires that the Reviewer submit five reports no later than six (6), fourteen (14), twenty (20), twenty-five (25), and thirty-one (31) months after the Effective Date of the Agreement.

- [Dr. Karen Baylor, Six-Month Report, Submitted August 7, 2024 \(pdf\)](#)

Significant Case Documents

- [Settlement Agreement Between DRC, Alameda County, and the United States \(pdf\)](#)
- [DOJ Report - Notice Regarding Investigation of Alameda County](#)
- [Amended Complaint \(pdf\)](#)
- [Complaint \(pdf\)](#)
- [Notice Regarding Investigation of Alameda County, John George Psychiatric Hospital, and Santa Rita Jail \(pdf\)](#)

Press Release

- [Settlement Reached Between Disability Rights California, the County of Alameda, and the United States Department of Justice to Strengthen the County's Behavioral Health System](#)
- [Disability Rights California Files Lawsuit against Alameda County for Its Failed Mental Health System](#)

News Coverage

- [Alameda County faces court decree to improve jail's treatment of inmates with mental health issues](#) - The Mercury News 09/08/2021
- [Alameda County jail's mental health care would be overhauled under proposed lawsuit settlement](#) - The Oakland Side - 08/30/2021
- [Alameda County violates rights of mental health patients, inmates, feds say](#) - San Francisco Chronicle 04/25/2021
- [Justice Department: Alameda County violates rights of mental health patients, inmates](#) - Voice of America 04/23/2021
- [When Going to the Hospital Is Just as Bad as Jail](#) - The Marshall Project 11/8/20