Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: September 16, 2025

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Health, Housing & Community Service Department
Mental Health Commission

Berkeley/ Albany Mental Health Commission

AGENDA

Regular Meeting
Thursday, September 25, 2025

All Agenda Items are for Discussion and Possible Action

Public Comment Policy: *Members of the public may speak on any items on the Agenda and items not on the Agenda during the initial Public Comment period. Members of the public may also comment on any item listed on the agenda as the item is taken up. Members of the public may not speak more than once on any given item. The Chair may limit public comment to 3 minutes or less. The meeting maybe recorded by staff to review the minutes to get accurate motions on record.*

Time: 7:00 p.m. - 9:00 p.m.

Location: North Berkeley Senior Center
1901 Hearst Ave. Berkeley, Poppy Room

1. **Roll Call (1 min)**

2. **Preliminary Matters**
   - **a.** Action Item: Approval of the September 25, 2025 meeting agenda
   - **b.** Public Comment (non-agenda items)
   - **c.** Action Item: Approval of the June 26, 2025 meeting minutes

3. **Discussion of non-police care responses – Andrea Prichett**
   - **a.** Berkeley-SCU-Eval_CAD-Report_FINAL (3).pdf

4. **Discuss UC Berkeley Potential Collaborations – Ajay Krishnan**

5. **Behavioral Health Infrastructure Continuum Program Bond Round 2: Unmet Needs Application to Rebuild 2636 Martin Luther King Jr Way – Jeff Buell**
   - **a.** BHCIP Summary.pdf
   - **b.** 2636 Existing Building and floor plan

6. **Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell**
   - **a.** MHC Manager Report September 2025
   - **b.** MHC Manager Report July 2025
   - **c.** Caseload Statistic July 2025

7. **Recording and Posting MHC meetings – Andrea Prichett**

8. **Review Updated Commissioners' and Board Members' Manual – Jamie Works-Wright**

9. **Temporary Ad-Hoc Committee Reports –**
   a. **Financial Subcommittee**
   b. **Care Court Subcommittee**
   c. **Evaluation Subcommittee**

10. **Adjournment**

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Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or Jworks-wright@berkeleyca.gov

Communication Access Information: This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. ***Please refrain from wearing scented products to this meeting. Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs.*** *Thank you.*

SB 343 Disclaimer

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Adult Clinic at 2640 MLK Jr. Way, Berkeley, CA 9470

Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission
Draft June Minutes

7:00 pm
North Berkeley SC 1901 Hearst

Regular Meeting
June 26, 2025

Members of the Public Present: Jonah Markowitz, Lasara Allen

Staff Present: Jamie Works-Wright, Jeff Buell, Karen Klatt

1) **Call to Order at 7:06 pm**
   Commissioners Present: Ajay Krishnan, Ashley Gu, Edward Opton, Glenn Turner, Maria Sol, Lisa Teague **Absent:** Monica Jones, Igor Tregub, Andrea Prichett

2) **Preliminary Matters**
   a) **Approval of the June 26, 2025 agenda**
   M/S/C (Opton, Krishnan) Motion to approve the agenda
   PASSED
   Ayes: Gu, Krishnan, Opton, Sol, Teague, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Tregub, Prichett, Jones

   b) **Public Comment-** 2 public comments

   c) **Approval of the May 22, 2025 Minutes**
   M/S/C (Opton, Krishnan) Move that we approve the minutes
   PASSED
   Ayes: Gu, Krishnan, Opton, Sol, Teague, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Tregub, Prichett, Jones

3) **MHSA Public Hearing – Karen Klatt**
   M/S/C (Krishnan, Sol) Motion to approve the annual update with the stipulations of the figures being re-calculated on page 129.
   PASSED
   Ayes: Gu, Krishnan, Opton, Sol, Teague, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Tregub, Prichett, Jones

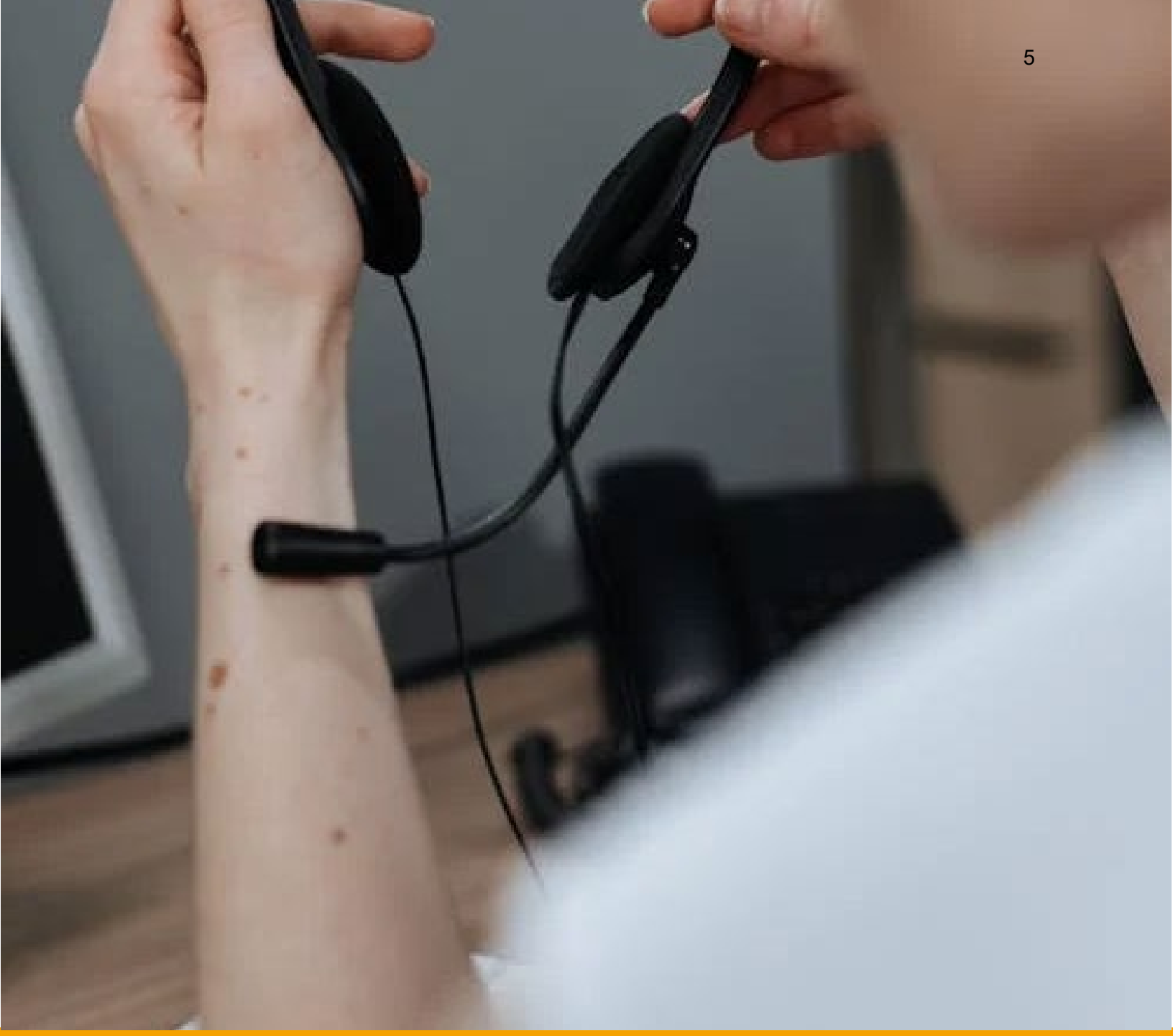
- Motion to extend the meeting to 9:05
  M/S/C (Krishnan, Gu)
  Ayes: Gu, Krishnan, Opton, Sol, Teague, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Tregub, Prichett, Jones

4) **Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell – No Motion Made**
   a) MHC Manager Report
   b) Caseload Statistic June 2025

5) **Subcommittee Reports – No actions made**
   a) Financial Subcommittee
   b) Care Court Subcommittee
   c) Evaluation Subcommittee

6) **Adjournment – 9:05 PM**

Minutes submitted by: _____
Jamie Works-Wright, Commission Secretary



CAD Assessment

Mental Health and Homelessness Emergency Response in Berkeley

RDA CONSULTING | 40 YEARS of Systems Change

CITY OF BERKELEY

CAD Assessment

Mental Health and Homelessness Response in Berkeley

This report was developed by RDA Consulting
under contract with the City of Berkeley

RDA Consulting, 2023 - 2025

RDA CONSULTING | 40 YEARS of Systems Change

CITY OF BERKELEY

Executive Summary

In 2023, the City of Berkeley contracted with RDA to conduct an analysis of the City's 911 Computer Aided Dispatch (CAD) data to build upon the City Auditor's 2021 data analysis.[1] The City provided direction for RDA to assess CAD data for standardized narrative language and behavioral health protocols during call taking, as well as assessing responses and outcomes of police engagement in mental health, substance use, and/or homelessness-related calls. Based on the data available in CAD, RDA identified four guiding questions:

1. How often do Berkeley police officers engage with incidents related to mental health and/or homelessness?
2. What are the characteristics and results of mental health and/or homelessness incidents and police interactions?
3. To what extent do current Berkeley Police Department (BPD) responses to mental health and/or homelessness incidents meet the needs of the Berkeley community?
4. What characteristics of mental health and/or homelessness incidents in CAD can inform SCU operations?

Based on events entered in CAD, RDA's methodology uses call types and narrative key terms to define categories of Homelessness Incidents and Mental Health Incidents. Our methodology also uses two categories of dispositions to compare the results of events that may have mental health characteristics and/or conclude with formal legal documentation. There are several limitations of CAD that limit the analysis of the data for mental health, substance use, and/or homelessness-related calls; these limitations are in large part due to the purpose for which CAD is designed (to assess and document potential penal code violations, crimes, and/or risks to public safety) and the inherent challenges of documentation in a crisis response environment.

Despite these limitations, RDA highlights a variety of data that may illuminate the characteristics of BPD's response to mental health and/or homelessness-related emergencies. RDA also presents conclusions and recommendations to inform the City's planning of behavioral health and homelessness services that meet the needs of community members without relying on law enforcement to address social and health needs.

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[1]Berkeley City Auditor. (2021, April 22). *Data analysis of the City of Berkeley's police response*. https://berkeleyca.gov/sites/default/files/documents/2021-05-11%20Item%2029%20Audit%20Report%20%20Data%20Analysis.pdf

Conclusions related to the nature of CAD & data shared with RDA

- CAD is insufficient to fully assess the outcomes of BPD's response to behavioral health and homelessness-related crises and the resulting impacts on community members.
- CAD is not designed to assess or document needs and outcomes related to mental health, substance use, and/or homelessness. CAD, primarily, is set up to assess for and dispatch in response to criminal activity.
- CAD does not document the use of behavioral health procedures, protocols, or de-escalation techniques used during call taking or dispatched response.
- CAD data is insufficient to assess for structural police, fire, and/or EMS issues that disproportionately impact vulnerable, diverse, and structurally oppressed peoples.[2]
- CAD data cannot be used to assess the reduction in risks of injury and death by police.

Conclusions related to the guiding evaluation questions

- On average, community members called 911 for approximately 2,000 Mental Health or Homelessness-related crisis events annually throughout 2015-2023, demonstrating a consistent and predictable volume of requests for service.
- The BPD Communications Center categorizes more mental health-related calls under penal code violation call types and as Welfare Checks than as Mental Illness or Suicide and assigns high rates of Paper Dispositions for Mental Health Incidents, suggesting that people experiencing mental health crises may be responded to as a criminal concern rather than mental health concern.
- People living in or near encampments may be differentially affected by 911 calls for service and BPD responses.
- There is insufficient data available in CAD to identify impacts on specific identity groups or on substance users, which prevents assessment for equity of service provision.
- The vast majority of Mental Health Incidents are responded to *without* a mental health specialist.
- BPD response times for Mental Health Incidents have been increasing in recent years.

[2] The scope of RDA's analysis was limited to Police response and did not include Fire or EMS issues.

- Mental Health Incidents seem to be distinct from Homelessness Incidents. The frequency and consistency of unique as well as co-occurring Mental Health and Homelessness Incidents allows for informed predictions for the allocation of resources to meet these needs.
- An analysis of Mental Health Incidents and Mental Health Dispositions by day of week and hour of day may be useful to inform mental health crisis response programs and planning.

Recommendations

1. Use mental health services and crisis response data – not CAD - when assessing the volume and characteristics of mental health, substance use, and/or homelessness needs.
2. Use the presented data on frequency and consistency of Mental Health Incidents in CAD as a baseline when planning for resource provision and capacity of mental health specialists, planning for increased volume of these services over time.
3. Address homelessness-related crisis needs through homeless service specialists rather than law enforcement.
4. Identify opportunities to improve coordination between emergency responders, community-based behavioral health providers, and emergency behavioral health specialists.

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Introduction & Project Objectives

Origins of the Reimagining Public Safety Initiative

The Berkeley City Council launched the Reimagining Public Safety Initiative in May 2020, a wide-reaching process to reimagine safety in the City of Berkeley. This initiative was brought about, in part, by elected officials in response to the murder of George Floyd and growing local and national public attention to police violence, racial disparities in policing, and other public health concerns in the criminal justice system at large. The Reimagining Public Safety Final Report and Implementation Plan[3] additionally outlines history of police violence and mistreatment of communities of color, individuals experiencing mental illness, and other marginalized communities within the City of Berkeley specifically. Both the Reimagining Public Safety Final Report and Implementation Plan and the George Floyd Community Safety Act, [4] approved by City Council in July 2020, directed the City Manager to pursue reforms to limit the Berkeley Police Department's (BPD) scope of work to "primarily violent and criminal matters," in part by investing in alternative programs to respond to other community needs.

The George Floyd Community Safety Act also called for the City Auditor to perform an analysis of the City's 911 Computer Aided Dispatch (CAD) system to understand calls for service and police responses to emergency events. The Auditor's Report indicated there is not sufficient data to quantify the number of events that involved homelessness and/or mental health and thereby could not fully describe how, when, and to what extent BPD interacts with the community in these instances.[5]

CAD Analysis: Scope & Guiding Questions

In 2023, the City of Berkeley contracted with RDA to build upon the Auditor's work and conduct an analysis of the City's 911 CAD data to assess calls for service, dispatch, and on-scene response for incidents involving mental health, substance use, and/or homelessness. The City

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[3]City of Berkeley. 2022, March 3. *Reimagining Public Safety: Final Report and Implementation Plan.* https://berkeleyca.gov/sites/default/files/documents/BerkeleyReport_030722.pdf

[4]Bartlett, Ben, Councilmember District 3, City of Berkeley. 2020, June 16. *Safety for all: The George Floyd Community Safety Act – Budget request to hire a consultant to perform police call and response data analysis.* https://berkeleyca.gov/sites/default/files/documents/2020-07-14%20Item%2018a%20Safety%20for%20All%20The%20George%20Floyd.pdf

[5] Berkeley City Auditor. (2021, April 22). *Data analysis of the City of Berkeley's police response.* https://berkeleyca.gov/sites/default/files/documents/2021-05-11%20Item%2029%20Audit%20Report%20%20Data%20Analysis.pdf

Council's budget referral[6] identified several key areas of inquiry for the CAD analysis that could support the City in identifying opportunities to reduce BPD's scope to primarily violent and criminal matters:

- Standardization of language in narrative descriptions[7]
- Use of behavioral health procedures, protocols, and mental health crisis de-escalation techniques during call taking[8]
- Ability of the dispatched first responders to provide appropriate levels of care
- Structural police, fire, and/or EMS issues that disproportionately impact diverse and structurally oppressed people
- Reduction in risks of injury and death by police by diverting calls away from police and towards alternative, specialized behavioral health and homelessness crisis responders

Following an initial review of CAD data, we determined which data were available to best contribute to Council's key areas of inquiry and which were not feasible. After conversations with the Communications Center, a review of the Auditor's Report, and a review of the literature regarding policing and mental health, we identified guiding questions that can shed further light on opportunities for reimagining public safety:

1. How often do Berkeley police officers engage with incidents related to mental health and/or homelessness?
2. What are the characteristics and results of mental health and/or homelessness incidents and police interactions?
3. To what extent do current BPD responses to mental health and/or homelessness incidents meet the needs of the Berkeley community?
4. What characteristics of mental health and/or homelessness incidents in CAD can inform SCU operations?

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[6]*Kate Harrison, Vice Mayor, City of Berkeley. 2024, May 24. Budget Referral: Fund Behavioral Health, Crisis Response, and Crisis-related Services Needs and Capacity Assessments.* https://records.cityofberkeley.info/PublicAccess/api/Document/AUkeXomzlQAVf7Uc9lUq4QA7qlJhipNqGVRbjOoBLPpLke42Q8%C3%81Jzb5pZX8F5wbWY2hD5o857R83ET%C3%81z5eWDaks%3D/

[7] RDA did not have access to raw narrative data and therefore could not assess the general use, and specifically the standardization of, narrative language.

[8] The scope of RDA's analysis did not include a review of procedures and protocols used during call taking. This would reasonably require extensive observations and documentation review by trained clinicians.

While we identified additional guiding questions during preliminary phases of the project, CAD did not have sufficient data to respond to every area of possible inquiry. The questions included above are only those which could be explored using available data.

Of note, the City Council's budget referral requests a CAD analysis on for *"incidents involving mental health, substance use, and/or homelessness,"* however, due to data limitations, RDA was not able to reliably identify data in CAD that could indicate substance use. Therefore, we refer to mental health and/or homelessness and not to substance use or 'behavioral health' when discussing the analyses and data in this report.

Data Sources & Methodology

Data Collection

BPD uses multiple data systems and makes some of this data publicly available on the Police Transparency Hub.[9] RDA consulted with the Berkeley Health, Housing, and Community Services Department as well as BPD to identify the sources most appropriate for our CAD analysis. We provide here the qualitative and quantitative data sources and elements considered and the process for obtaining the final data included in our analysis:

City of Berkeley Open Data: RDA submitted data requests to BPD on July 31, 2023 and was directed to use the CAD Open Data Portal. From July 2023 – November 2023, RDA reviewed and conducted preliminary analyses on several sets of available data in the City of Berkeley Open Data Portal[10] and Police Transparency Hub,[11] including Calls for Service, RIPA[12] Stop Data, Use of Force, and Monthly Arrests. During this time, RDA had regular communication with BPD about the codebook, interpretations, and data limitations.

Meetings and Observations with Key Informants: In November 2023 through January 2024 RDA sought additional context and information about the CAD system and BPD's data collection processes. RDA met with the City's Auditor about the previous methodology and to

[9] Berkeley Police Department. (n.d.). *Berkeley Police Transparency Hub.* https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/
[10] City of Berkeley. (2024). *City of Berkeley Open Data.* https://data.cityofberkeley.info/
[11] Berkeley Police Department. (n.d.). *Berkeley Police Transparency Hub.* https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/
[12] Racial and Identity Profiling Act (RIPA)

address CAD-specific questions. RDA also conducted on-site observations in the Communications Center, interviewed call takers and dispatchers, and participated in a ride-along with BPD.

Aggregated CAD Data Reports: RDA and the Berkeley Health, Housing, and Community Services Department determined that the data provided through the CAD Open Data Portal was insufficient to build upon the Auditor's Report and complete the objectives of the City Council's budget referral. From February 2024 through May 2024, RDA and BPD went through an iterative process of sharing and refining CAD data analyses. This process included the following:

- RDA requested raw CAD data. BPD determined that risks for Personally Identifiable Information (PII) were too high to share data without redactions and that it would not be feasible to systematically redact all PII before sharing raw data. Therefore, RDA and BPD agreed that BPD would produce data reports rather than provide raw data.
- RDA collaborated with BPD to obtain aggregate statistics for unduplicated events from the emergency and non-emergency lines routed to BPD (but not Fire or EMS). RDA's data request included instructions on the fields and inclusion/exclusion criteria for preparing the raw data to share. RDA based these inclusion/exclusion criteria on the Auditor's Methodology, such as relevant call types and narrative key terms. BPD analysts aggregated the data and provided RDA with the tables from the data request.
- The CAD data variables presented in this report include: *year and quarter for summed events; a selection of events with predetermined mental health and homelessness criteria; events with Mental Health Dispositions, Paper Dispositions, and a predetermined 'other' category; events with dispatched officers and dispatched MCT; 25th, 50th, and 75th percentile dispatch times for calls; census block groups for events with predetermined mental health and homelessness criteria; days of the week and hours of the day for responses to events with predetermined mental health and homelessness criteria.*

CAD Processes & Components

Based on our meetings and observations during data collection, the Berkeley Communications Center and CAD processes have not had substantive changes from 2021 to 2023, so we rely generally on the 2021 Auditor's Report for procedural descriptions of CAD.

The Auditor's Report provides a detailed organizational description and chart for the Berkeley Police Department and Communications Center, process for responding to calls, and descriptions of CAD components, such as call type classifications. The Report identifies several

different sources from which calls are initiated: the Non-Emergency Line, Officer-Initiated Calls, Emergency Line, and an "Other" category inclusive of alarms, Voice Over Internet Protocol, and other less common sources. From 2015-2019, approximately 67% of Mental Health or Medical Related Calls were from the Non-Emergency Line. Another 30% of the Medical or Mental Health calls came through the Emergency Line and 3% percent were Officer-Initiated.[13]

CAD Process Description

After a call is made, the Call Taker creates an event, collects information from the source, assigns a call type, and sends the call to the dispatcher. The dispatcher assigns a call priority and dispatches personnel to the scene. Notably, dispatch and officers can contact the Mobile Crisis Team (MCT) at the point of dispatch or once officers have arrived on scene if dispatchers or officers identify a need for mental health support.[14] While officers are engaged with the incident, the dispatcher continues updating the record based on communication with the primary officer assigned, which takes the form of a narrative or transcript-like entry. Alternatively, officers may update the narrative record themselves in the event that there are multiple incidents occurring simultaneously and the dispatcher is recording notes for another call. After the incident has concluded, officers and dispatch must assign event dispositions to close the call record; more than one disposition can be assigned for a single event. Event dispositions refer to the way an event concluded. Though there are up to 21 potential dispositions, the dispositions most commonly used are: Paper Disposition, MDT[15] Narrative Only, Mental Health Disposition, and Homelessness Disposition. Of note, neither Mental Health nor Homelessness Dispositions describe or refer to specific actions taken by police on the scene. Instead, they reflect the officer's assessment of the nature of events that led to the call and, subsequently, the interaction with BPD. This process is summarized in Figure 1, below.

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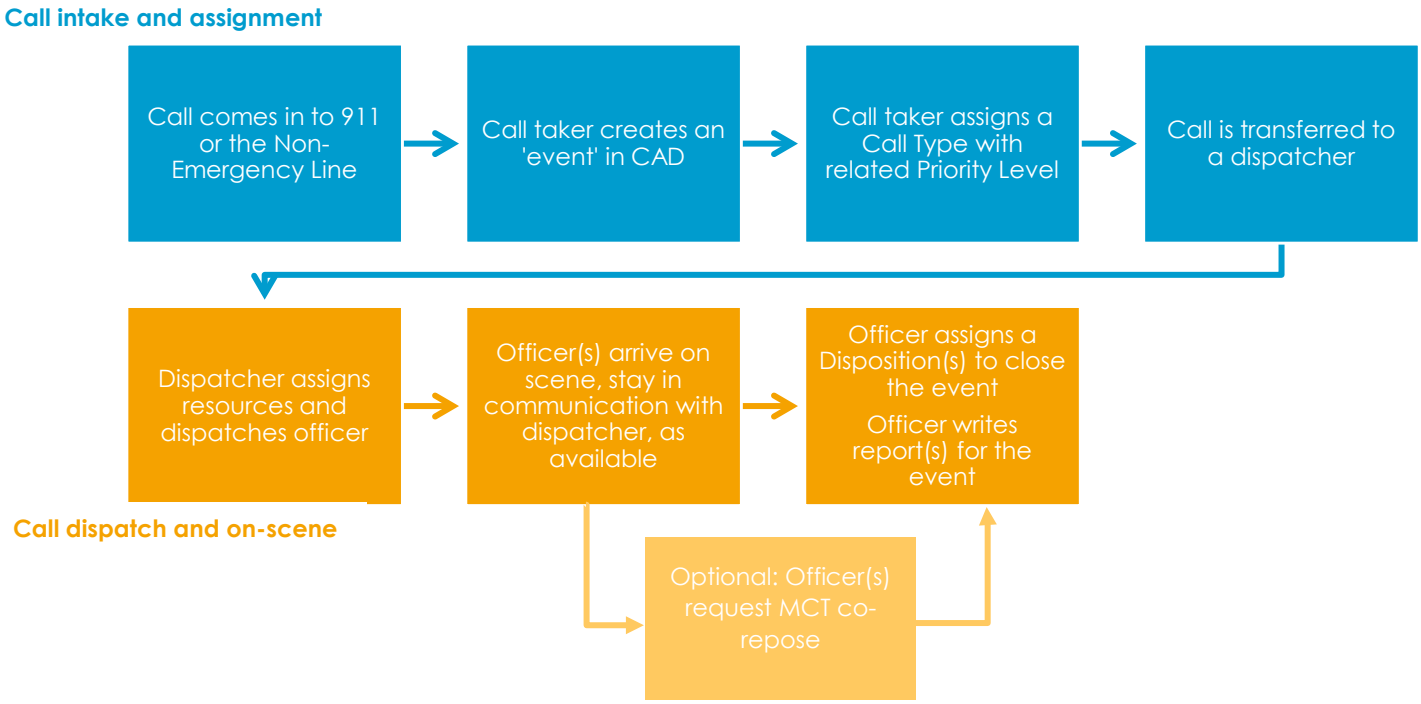
[13] Berkeley City Auditor. (2021, April 22). *Data analysis of the City of Berkeley's police response*. https://berkeleyca.gov/sites/default/files/documents/2021-05-11%20Item%2029%20Audit%20Report%20%20Data%20Analysis.pdf

[14] MCT is Mental Health Division program within the City's Department of Health, Housing, and Community Services. It is designed to provide mental health support for calls including (but not limited to) evaluation for psychiatric hospitalization and mental health support after a death. MCT is only deployed after other emergency services (i.e. fire or police) have ensured safety at the scene.

[15] MDT stands for Mobile Data Terminal

Figure 1: CAD Process Overview of Incoming Calls with Dispatched Officers



One of the primary purposes of CAD is to direct police response; as such, most call types are based on penal codes, used to signify a potential crime related to the call. This orientation toward criminal activity becomes a limitation for analyses of CAD data intended for purposes for which CAD was not designed, such as assessing for mental health needs, assessing the quality of service provision, or making recommendations for the delivery of social services. Similarly, CAD was not designed as a tool for public transparency. This is essential context when reviewing CAD data to answer questions about mental health needs or to make recommendations about data collection protocols, as CAD must fulfill its penal purpose.

CAD Data: Inclusion Criteria

To assess mental health-related 911 calls, RDA created inclusion criteria to identify events that are potentially related to mental health and/or homelessness crises. The inclusion criteria are aligned with much of the methodology in the Auditor's Report.

Call Type

RDA used the Auditor's recommended procedure of aggregating 3 call types into a category called "Mental Health Call Types". These call types are assigned by the Call Taker during the 'pre-scene' period. Only one call type can be assigned to a call. Throughout this report, when we refer to "Mental Health Call Types" we are referring to:

- Suicide
- Mental Illness
- Welfare Check

Narrative Key Terms

Additionally, throughout the pre-scene and on-scene periods of the response process, the dispatcher may make notes about the unfolding incident and conversation with police officers. It is important to note that dispatchers can only record notes if they are in contact with an on-scene officer and/or are not assigned to another call, and that dispatchers do not hear or record what officers communicate to each other on their radios. As a result, narrative notes are inconsistently recorded and with a highly variable degree of detail. For this analysis, the notes or transcripts were analyzed using a Key Terms search. RDA used the Auditor's key terms to create two categories:

- "Mental Health", including key terms such as "crazy," "mania," and "psych*"[16]
- "Homelessness", including key terms such as "encampment," "unhoused," and "vagrant"[17]

Disposition

One or more dispositions are assigned to close an event. For this analysis, we used the following dispositions and categories:

- Mental Health: *An existing category in CAD that BPD uses to capture a subjective determination of mental health need, a psychiatric evaluation, or an involuntary*

[16] Please see Appendix A for complete list of mental health narrative key terms
[17] Please see Appendix A for complete list of homelessness narrative key terms

psychiatric hold (i.e. "5150); we use this as an indicator of a relevant mental health event.

- Homelessness: *A recently adopted category in CAD, with usage beginning in the second quarter of 2021; due to the low rates of utilization of this disposition code, it is generally not used in this analysis.*
- Paper:[18] *An existing category in CAD that indicates the incident ends with a formally documented Case Report, which could include an infraction, a citation, or an arrest, among others; RDA understands this disposition to represent a formal legal documentation that may pose the risk of criminalizing the involved individual(s).*[19]
- Other: *We consolidated the remaining dispositions into this category.*[20]

Key Terminology for CAD Analysis

Throughout this report, we will use the following phrases to clarify how a CAD event is categorized based on our methodology:

- **Event**: An entry in CAD, which includes all data input from call taker, dispatcher, on-scene officer, and automatically generated data (e.g., dispatch time)
- **Homelessness Incident:** An event that includes a Homelessness Key Term, regardless of whether the event also includes mental health data elements
- **Mental Health Call Type:** An event that has one of the call types in our Mental Health Call Type category
- **Mental Health Incident:**[21] An event that has a Mental Health Call Type and/or Mental Health Key Terms
- **Mental Health Disposition:** An event that has been assigned a Mental Health Disposition, regardless of other disposition(s) assigned

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[18] RDA was not provided access to these documents, and therefore the additional details about paper dispositions cannot be determined.
[19] The Auditor's Report provided an example, on page 23, that speaks to how even a case report without a formal infraction, citation, or arrest can still have a legal system impact on the individual: "An event like a robbery, for example, could result in no arrest during the event, but lead to an arrest several days later. That arrest would be recorded in the Law Enforcement Records Management System," not CAD.
[20] Of the remaining 18 dispositions, "MDT Narrative Only" was the most commonly used, and it is a disposition that indicates no formal documentation or paperwork took place, such as if an officer was not able to find the person or determined that no crime was committed. The other 17 dispositions were rarely used and are not relevant to the primary goals of this study.
[21] Note that RDA's definition for the purposes of this report is slightly different from the Auditor's Report definition, which also included any event to which MCT was dispatched. RDA did not have access to MCT dispatch data and therefore excluded that criterion.

Limitations

Although our study had a variety of areas of inquiry, the full scope of what RDA could assess was limited based on 1) the type of data that CAD captures and how the data fields are structured, 2) differences in the type of data collected between CAD, RIPA/Stop data, and Law Enforcement Records Management System (LERMS), and 3) data that was or was not made available to RDA. Overall, these data limitations hampered our ability to draw conclusions about the details of CAD events.

Limitations due to the structure of CAD

After conversations with BPD and other subject matter experts, RDA concluded that the structure of CAD, understandably, limits BPD's ability to consistently or reliably capture all the characteristics of an event, which poses limitations to RDA's ability to fully and accurately interpret that event. The following limitations of CAD are relevant to the purpose of this study:

- Call types are assigned largely based on the **subjective interpretation** of events of both the caller (in terms of their description of the purpose of their call) and the call taker before officers arrive on scene.
- Call types are assigned at the beginning of an incident. However, **incidents frequently evolve but call types do not capture shifts** in the nature or understanding of the incident over time (nor is there another mechanism to capture these updates).
- **Narrative details are not always captured**, and when captured, are inconsistent. There are not currently standards for the use of specific terms in order to appropriately group or categorize call records that contain similar narrative content.
- **Dispositions are very broad** and provide limited information regarding the outcomes of an incident.

Limitations across BPD datasets

Additionally, there are many characteristics and descriptions that stakeholders want but CAD does not have fields for collecting. For example, the Racial and Identity Profiling Act (RIPA) requires data to be collected on a suspected person's race or gender, presence of a weapon, actions taken (e.g., handcuffed, curbside detention, search of person), or result of a stop (e.g., citation, involuntary psychiatric hold, custodial arrest without a warrant). BPD collects these data for officer-initiated stop data in a dataset known as "RIPA/Stop." Moreover, although a primary intent of the Council's budget referral for this analysis including assessing the outcomes of interactions between police and community members after mental health, substance use, and/or homelessness-related crises, CAD outcomes/disposition data is minimal. Notably, once a case report documented as a Paper Disposition in CAD is verified, it is

documented in the LERMS database. Neither RIPA/Stop data nor LERMS data are linked to events in CAD and therefore could not be included in our analysis.

Limitations of available data

Finally, the study faces limitations based on the CAD data provided to RDA, which did not include raw narrative data,[22] whether the incident was initiated by an officer, whether a caller was calling for themselves or for a third party, or details on outcomes for events.

Analytical Framework

RDA builds on the Auditor Report's methodology to measure the volume of potential mental health or homeless crisis events that could be diverted to behavioral health and homelessness specialists. Our analytical framework, as described in this section, was intended to develop a nuanced picture of the interaction between BPD and community members during mental health and homelessness crises to explore our guiding questions. Our analytical framework also helps us to understand the methodological limitations of this analysis, highlighting where current emergency response procedures do not—and cannot—collect the necessary data to understand the demand for urgent mental health services in Berkeley.

The methodology used by RDA and the Auditor categorized events in CAD as "Mental Health Incidents" based on the call type assignment, the key terms in the narrative, and the disposition. These three criteria are highly influenced by the language used by multiple different parties interacting with a crisis event at different points in time. Specifically:

- **Call type assignment** is determined, in part, by the language used by the call source as well as the interpretation and assessment of the call taker. The call type assignment also requires that the call taker determines whether there is a crime taking place; if so, a penal code violation would supersede a mental health categorization.
- The **key terms** used within the narrative notes are indicative of the language used by the caller, the interpretations made by the call taker or dispatcher, and/or the dispatched officers' description of events taking place. The use of notetaking is also highly dependent on a dispatcher's capacity at the time of the incident as they may be managing multiple incidents at one time and not able to record notes for each event.
- The use of **"Mental Health Disposition"** or **"Homelessness Disposition"** also indicates whether an officer on scene assesses the characteristics of the event to be related to

[22] Due to the sensitive nature of CAD events, including events that may have open investigations, the City of Berkeley determined these data should not be provided to RDA.

mental health or homelessness. Because multiple dispositions can be assigned to one event, an officer can assign a Mental Health or Homelessness Disposition to events that also have a Paper Disposition (i.e., a case report) or an "MDT Narrative Only" Disposition (i.e., no formalized documentation or outcome). In our analytical framework, we understand a Paper Disposition indicates formal legal documentation upon conclusion of an incident and may potentially have a criminalizing effect resulting from the encounter.

Each of these opportunities for categorizing a call in CAD acts as filters for whether it is included in our analysis based on how each event is categorized in real time and based on which feature is an inclusion criterion (call type, key terms, and/or disposition).

Interpretation and Considerations

Our framework is influenced by the available literature that depicts the public health problems known to arise in the context of interactions between police and individuals experiencing mental illness or homelessness. In particular, we acknowledge that research has shown that, at a national level, individuals with mental illness experience violence and are killed by police at higher rates than those without mental illness.[23] Additionally, public health literature documents dramatic racial disparities at the national level, including that Black Americans are five times as likely to be severely injured or killed by a police officer than White Americans.[24] While data regarding outcomes of police interactions with mental illness is limited, the literature outlines patterns of institutionalization and escalation of crises that are counter to models of appropriate care.[25] Additionally, the common practice of calling 911 for "wellness checks" for individuals with mental illness has been questioned for its appropriateness and ethics.[26] As we examine CAD data with these systemic trends in mind, we distinguish between outcomes without formal legal documentation ("MDT Narrative" and/or "Mental Health" Dispositions without other dispositions) and those with formal legal documentation ("Paper" Disposition) that may have legal consequences for the individual(s) engaged by police.

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[23] Saleh, A.Z., Appelbaum, P.S., Liu, X., Stroup, T.S., Wall, M. (2018, April 21). *Deaths of People with mental illness during interactions with law enforcement*. https://www.sciencedirect.com/science/article/abs/pii/S0160252717301954

[24] Spolum, M.M., Lopez, W.D., Watkins, D.C., Fleming, P.J. (2023, January 25). *Police Violence: Reducing the harms of policing through public health-informed alternative response programs.* https://ajph.aphapublications.org/doi/10.2105/AJPH.2022.307107

[25] ibid.

[26] Vitiello, E., Moseley, D.D. (2021, April 23). *Navigating Care from afar: Ethical considerations for police welfare checks.* https://psychiatryonline.org/doi/full/10.1176/appi.ps.202000732

It is possible that some events are categorized in ways that seem contradictory, such as an event that has a Mental Health Call Type categorization and the use of Mental Health Key Terms but no Mental Health Disposition, or vice versa. This type of data inconsistency is expected, to an extent, in crisis service delivery.

Ultimately, the interpretation of events in CAD can vary significantly, especially given the infinite number of different scenarios that could underly any CAD event. For example, bystanders, especially those who are not mental health professionals, may use a variety of inaccurate terms when describing a distressing situation. Alternatively, someone may call 911 in an effort to assert control over public space about what is deemed 'socially acceptable' behavior. Or, a caller may use mental health language while effectively downplaying the gravity of an event taking place. Each of these scenarios would be filtered into our analysis based on an assigned Mental Health Call Type or use of Mental Health or Homelessness Key Terms. However, if officers arrive on scene and assess someone's behavior as threatening or violent, they may not record the disposition as Mental Health Disposition; if they document a case report, they would assign a Paper Disposition. Other times, the officer may determine there were mental health characteristics at play and assign a Mental Health Disposition, even if it was not assigned a Call Type at the outset. Each of these scenarios would also affect whether the event would be filtered into our analysis based on assigned disposition.

Researchers and readers may individually hold different beliefs on who has the most appropriate gauge of the potential for an incident to be related to mental health (the caller, the call taker, the dispatcher, the dispatched police officers, or external researchers). Ultimately, the data used throughout this report reflect subjective impressions from community members, call takers, dispatchers, and police officers and these impressions may reflect a wide variety of views about mental health, homelessness, and emergency response systems. Although the events may be filtered into the analysis based on shared categories, a definitive conclusion cannot be made about the true nature of the events.

Given these considerations, we present a selection of CAD data that we deemed most informative for understanding the landscape of police response to mental health and homelessness crises. We understand these data may be helpful in describing trends of how community members and BPD interact with mental health and homelessness as well as some characteristics of BPD's response to mental health crises. While we believe that mental health, substance use, and/or homelessness-related crises deserve care from a specialized provider, we cannot definitively conclude which service provider is best equipped to respond to each event in the presented data. Finally, we do not conclude that these estimates represent the totality of mental health, substance use, or homelessness crisis events in Berkeley.

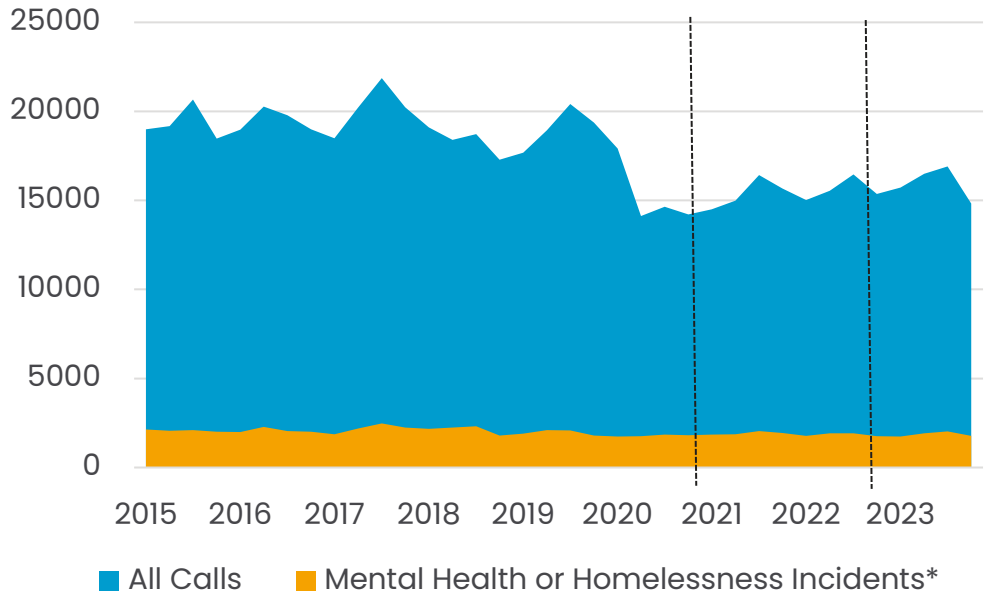
Findings

I. Volume of Mental Health and Homelessness Incidents in Berkeley 911 CAD
II. Characteristics of Mental Health and Homelessness Incidents
III. Co-Response Rates & Response Times
IV. Outcomes of Police Interactions with Mental Health and Homelessness Incidents

I. Volume of Mental Health and Homelessness Incidents in Berkeley 911 CAD

While this report focuses on CAD events that indicate a mental health or homelessness component, it is important to consider these events in the broader context of CAD. ***Mental Health or Homelessness Incidents are a small fraction of the total calls made to the non-emergency and 911 lines to which police respond***. Figure 2 provides a high-level overview of volume in CAD for emergency and non-emergency events routed to BPD from 2015 – 2023 as well as the proportion of these calls that are specifically Mental Health or Homelessness Incidents.

Figure 2: Mental Health or Homelessness Incidents* as a Proportion of Total Call Volume (CAD, 2015-2023)



**Mental Health or Homelessness Incidents include an event that has any feature from our categories of interest: Mental Health Call Type, Mental Health Key Terms, and/or Homelessness Key Terms*

Data Highlights

All Calls

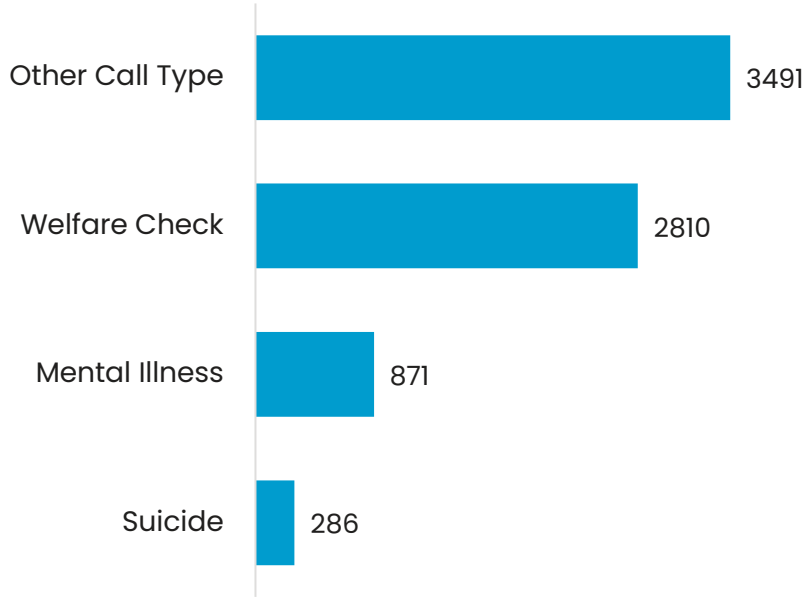
- Average: 17,636 calls
- Lowest call volume: 14,129 *(Jan-Mar 2020)*
- Highest call volume: 21,868 *(July-Se pt 2017)*
- Substantial drop in call volume since the onset of shelter-in-place in 2020 (average 19% decrease)

Mental Health or Homelessness Incidents

- Average: 1,986 calls
- Lowest call volume: 1,741 *(Jan-Mar 2020)*
- Highest call volume: 2,476 *(July-Sept 2017)*
- Slight drop in call volume since the onset of shelter-in-place in 2020 (average 11% decrease)

As demonstrated in Figure 2, ***despite total call volume fluctuating over time, the volume of Mental Health and Homelessness Incidents (combined) remain relatively consistent.*** Specifically, at the onset of the COVID-19 pandemic in 2020, while overall call volume decreased substantially, Mental Health or Homelessness Incidents decreased only slightly. From 2015-2019 Mental Health or Homelessness Incidents ranged from 9% to 12% of total call volume whereas from 2020-2023 Mental Health or Homelessness Incidents ranged from 10% to 13% of total call volume.

Figure 3: Mental Health Incidents* by Call Type (CAD, 2023)



**Mental Health Incidents include any event that has a Mental Health Call Type and/or Mental Health Key Terms*

Data Highlights

As shown in Figure 3, there were more "Other Call Types" (those with a penal code call type and Mental Health key terms) than Mental Health Call Types.

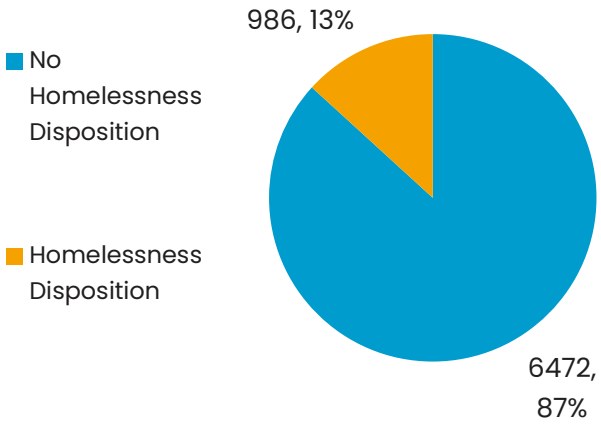
Key Takeaways

While ***a quarterly average of almost 2,000 calls demonstrates substantial community need for crisis services for Mental Health and Homelessness Incidents***, these calls represent a relatively small proportion of the total calls for service received by BPD. Figure 3 suggests that many Mental Health Incidents may not be identified by call takers as mental health related, but rather, are identified by officers once they arrive on the scene (indicated by the use of key terms). This makes sense given the structure of CAD and the focus on identifying penal code violations or suspicion of crimes, which emphasizes why CAD is not an effective system for capturing communitywide mental health need or appropriateness of the 911 response. Ultimately, our methodology has identified thousands of Mental Health Incidents that are not identifiable based on CAD call types alone, suggesting that ***the overall community need is likely higher than the numbers presented***. Notably, the ***volume of Mental Health or Homelessness Incidents is consistent and predictable and should inform the City's decisions for allocating necessary resources*** for behavioral health and homelessness emergency response without the involvement of law enforcement.

II. Characteristics of Mental Health and Homelessness Incidents

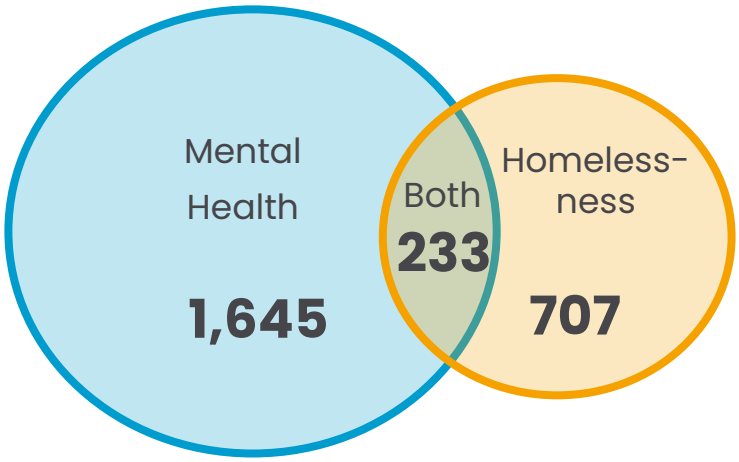
Now, we consider the characteristics of the events that make up the Mental Health or Homelessness Incidents previously displayed in Figure 2. To do so, we must consider the degree to which mental health calls and homelessness calls are interrelated or distinct. As demonstrated in Figure 2, the volume of combined Mental Health or Homelessness Incidents has remained consistent over time. We examined whether this trend was true for Mental Health Incidents alone (i.e. that did not include Homelessness Key Terms) and Homelessness Incidents alone (i.e. that did not include a Mental Health Call Type or Mental Health Key Terms) and found that ***the volume of Mental Health Incidents and Homelessness Incidents each are also consistent*** throughout 2015-2023. As such, we will use a simple average as a reliable example to explore the relationships between these two types of calls.

Figure 4. Dispositions of Mental Health Incidents* (CAD, 2023)



**Mental Health Incidents include any event that has a Mental Health Call Type and/or Mental Health Key Terms*

Figure 5: Quarterly Averages of Mental Health Incidents and Homelessness Incidents* (CAD, 2023)



**Mental Health Incidents (in blue circle) include any event that has a Mental Health Call Type and/or Mental Health Key Terms. Homelessness Incidents (in orange circle) include any event with a Homelessness Key Term, regardless of whether it includes mental health data elements.*

Data Highlights

Figure 4

Only 13% of Mental Health Incidents result in a Homelessness Disposition.

Figure 5

From 2021-2023, there were more incidents primarily concerned with mental health (1,645, 64%) than incidents primarily concerned with homelessness (707, 27%). ***The overlap of incidents concerning both homelessness and mental health is small*** (233, 9%). Note that 88% of Mental Health Incidents have only mental health indicators, while 12% of Mental Health Incidents have both mental health and homelessness indicators. Meanwhile, 75% percent of Homelessness Incidents have only homelessness indicators while a substantial proportion of Homelessness Incidents include both mental health and homelessness indicators (25%).

Key Takeaways

The overlap between Homelessness Incidents and Mental Health Incidents is relatively small (Figure 4) and few Mental Health Incidents result in Homelessness Dispositions (Figure 5). Therefore, we conclude that ***often, mental health crises do not include homelessness characteristics.*** Rather, there may be distinct mental health crisis events, homelessness-related crisis events, and events that have both mental health and homelessness components.

Considering the consistency of these unique events, it is important that the emergency response framework can provide services tailored to each type of crisis. ***The predictability of mental health, homelessness, and overlapping crisis calls should allow the City of Berkeley to plan how to allocate resources to provide resources for each of these unique needs within Berkeley.***

III. Co-Response Rates & Response Times

Berkeley's Mobile Crisis Team (MCT) is a co-response model that pairs a licensed mental health clinician with a BPD officer to provide services in the event of a mental health crisis. As such, we anticipate that in the event of an identified mental health crisis, dispatchers would call for a co-response from MCT whenever possible. However, primarily due to staffing shortages, ***in the past six quarters MCT has been dispatched to fewer than 5% of Mental Health Incidents***, a substantial decrease since its peak of being dispatched to 16% of Mental Health Incidents.

To further understand the characteristics of BPD response to Mental Health Incidents, we examined both MCT response rates as well as the response time[27] between when an event is created and BPD arrives on scene. We examined response times for all Mental Health Incidents, both with and without MCT co-response. We also discuss how call-typing may affect response times for Mental Health Incidents.

It is important to note that we did not have access to all CAD data and therefore could not assess BPD response time for all calls. Instead, our analysis only presents responses times for Mental Health Incidents. The Berkeley Police Department Annual Report provides data from not only CAD but also stop data, use of force data, and data on response times across priority levels.[28]

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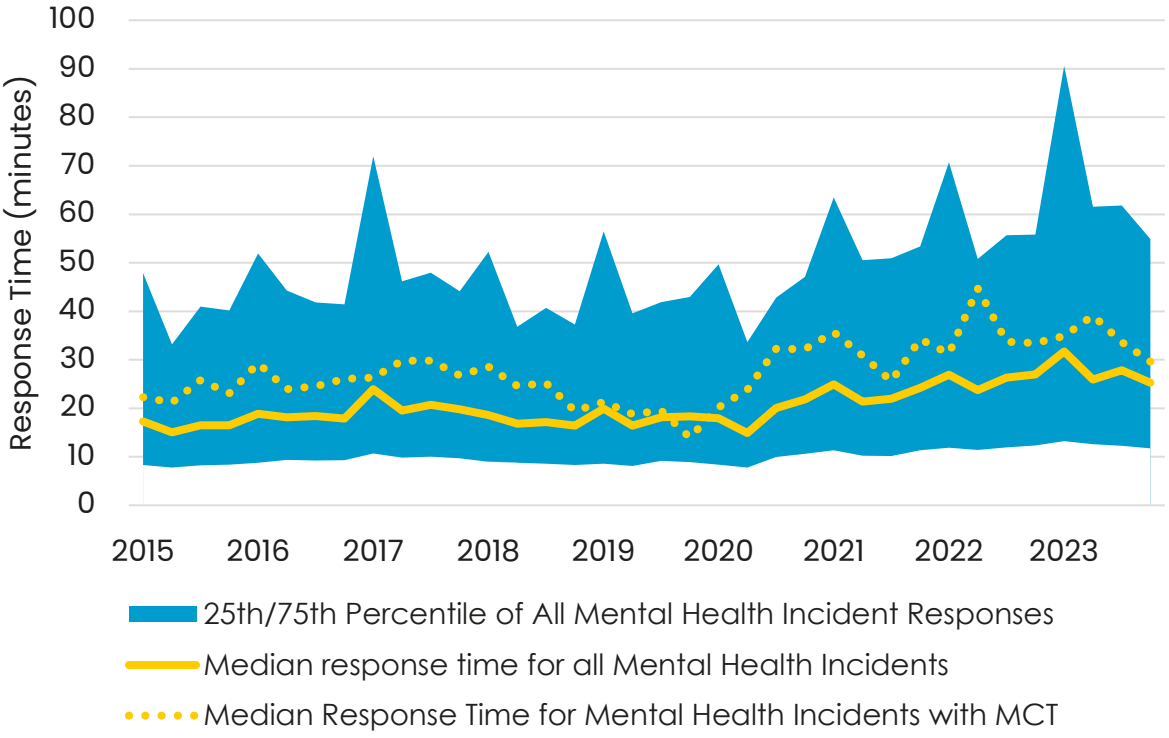
[27] RDA did not have access to data on dispatch time, which is the length of time between when a call is received and when a call is assigned to officers for dispatch. Instead, RDA had access to response time data, which is relevant in describing the experience of responses to crisis events for callers.
[28] Berkeley Police Department. (2024, March 12). *2023 Berkeley Police Department Annual Report*. https://berkeleyca.gov/sites/default/files/documents/2024-03-12%20Item%2001%20WORKSESSION%20%202023%20Berkeley%20Police%20Department%20Annual%20Report.pdf

Figure 6: Median Response Times for Mental Health Incidents*, by Quarter (CAD, 2015-2023)



**Mental Health Incidents include an event that have a Mental Health Call Type and/or Mental Health Key Terms*

Data Highlights

Figure 6

Response time varies throughout the year for Mental Health Incidents. The interquartile range, in blue, shows the response times for the middle half (25th-75th percentile) of all calls; it also shows that one-quarter of all calls fall below that range and one-quarter of calls fall above it. ***Since 2015, the median response times (after call is assigned to officers) for Mental Health Incidents has been increasing, for Incidents with or without MCT*** (also shown in Table 1), which may be due to staffing levels in the City.

The 25th percentile of response times for Mental Health Incidents are relatively consistent across quarters while the 75th percentile of response times are more variable across quarters.

Table 1: 25th, 50th, and 75th Quartile Response Times for Mental Health Incidents*, by Quarter (CAD 2015, 2019, 2023)

Year and Quarter	25th Percentile Response Time (min)		Median Response Time (min)		75th Percentile Response Time (min)	
	All	**MCT**	**All**	**MCT**	**All**	**MCT**
2015 Q1	8	12	17	22	48	56
2019 Q1	9	9	20	21	56	53
2023 Q1	13	20	32	35	91	66

**Mental Health Incidents include an event that have a Mental Health Call Type and/or Mental Health Key Terms*

Data Highlights

Table 1

From January-March of 2023, half of all calls were responded to within 13-91 minutes, as shown in the 25th to 75th percentile range shown in Table 1 and the blue interquartile range in Figure 6. In that same three-month period, one quarter of calls during the first quarter of 2023 had a response time of less than 13 minutes and one quarter of calls had a response time of more than 91 minutes. Response times are longer than quarter 1 of 2019 and those response times are longer than quarter 1 of 2015, demonstrating an increasing trend of longer response times.

Key Takeaways

Together, these data demonstrate two clear points: ***1) MCT, a co-response team of mental health specialists, is rarely dispatched; and 2) The response time when BPD responds to Mental Health Incidents is increasing over time.***

Furthermore, we conducted a regression analysis to estimate the impact of short-term call volume fluctuations on median response time for Mental Health Incidents while controlling for seasonal effects, location, and historical response times.[29] We do not find evidence that short-term fluctuations in total call volume produce longer median response times for BPD responses to Mental Health Incidents with and without MCT. This should not be interpreted as finding statistically significant evidence that short-term increases in call volume are not related to median response times for Mental Health Incidents.

Based on BPD protocols, Priority Level 1 calls must be prioritized over Priority Level 2 calls. It is also important, therefore, to understand that the assigned call type for an event affects the assigned priority level, which affects the expected dispatch time, which in turn affects the response time of a dispatched officer(s). According to CAD data, 70% Mental Health Call Types (Welfare Check, Mental Illness, and Suicide) are assigned Priority Level 2. Additionally, a substantial number of mental health-related incidents are assigned "Other" Call Types (Figure 2). Events that are deemed to not pose a risk of violence or urgent need for BPD response and instead are assigned a non-Mental Health Call of Priority Level 2 or higher will consequently have a longer response time than Priority Level 1 call types.[30] As a result, ***events where mental health characteristics are present during a low-priority penal code violation are at risk of receiving a longer response time than may be appropriate for a mental health crisis.***

Given that the volume of Mental Health Incidents is consistent over time (Figure 2), it appears that resources have not been allocated to provide mental health specialists to co-respond with BPD during Mental Health Incidents. ***While BPD's priority level structure may lead to more violent or dangerous calls receiving the highest priority, it is important that mental health related crisis events are identified and dispatched in a way that also allows for a timely response by the specialists best equipped to provide quality care.***

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[29] We also do not evaluate the relationship between response times for mental health related events in CAD and other types of calls for service.

[30] In the 2023 Annual Report, BPD reported a median response time of 7 minutes for Priority Level 1 calls and 18 minutes for Priority Level 2 calls.

IV. Outcomes of Police Interactions with Mental Health and Homelessness Incidents

When an incident is closed in the CAD system, at least one disposition must be entered to document the outcome of the event. Dispositions are determined by the officer on scene and entered by either the officer or the dispatcher. For a Mental Health Disposition, we do not know whether the event resulted in an involuntary psychiatric hold ("5150"), de-escalation, referral to mental health services, or some other outcome. Additionally, we are unable to know the type of documentation for any given event with a Paper Disposition, such as whether there was a citation, an arrest, or other form of case report.

We assume in this analysis that if appropriate mental health services are delivered in the event of a mental health crisis (e.g. suicidality de-escalation and referral to services), Paper Dispositions would be rare, and Mental Health Dispositions or "MDT Narrative Only" dispositions would be most common.

Table 2, below, presents a ratio of the frequency with which Mental Health Incidents result in a Paper Disposition with the frequency with which they result in a Mental Health Disposition to compare these occurrences. Incidents are presented by the individual call type to further explore the relationship between call type and disposition, including Welfare Check, Mental Illness, Suicide, and "Other" Call Type (an incident that had a non-Mental Health Call Type but had a Mental Health Key Term(s)).

Following these comparisons, two maps are presented to further explore the relationship between call type and disposition by geography. Geography is one way to understand characteristics of where incidents occur as well as to consider potentially disparate impacts on specific neighborhoods and/or public spaces.

Table 2: Ratios of Paper Dispositions to Mental Health Dispositions (X:1) for Mental Health Incidents*, by Call Type (CAD, 2023)

Call Type	Ratio of Paper to Mental Health Dispositions	Paper Dispositions	Mental Health Dispositions
Welfare Check	4.71:1	2484	527
Other Call Type	2.44:1	2489	1022
Mentally Ill	1.96:1	724	370
Suicide	.83:1	164	197

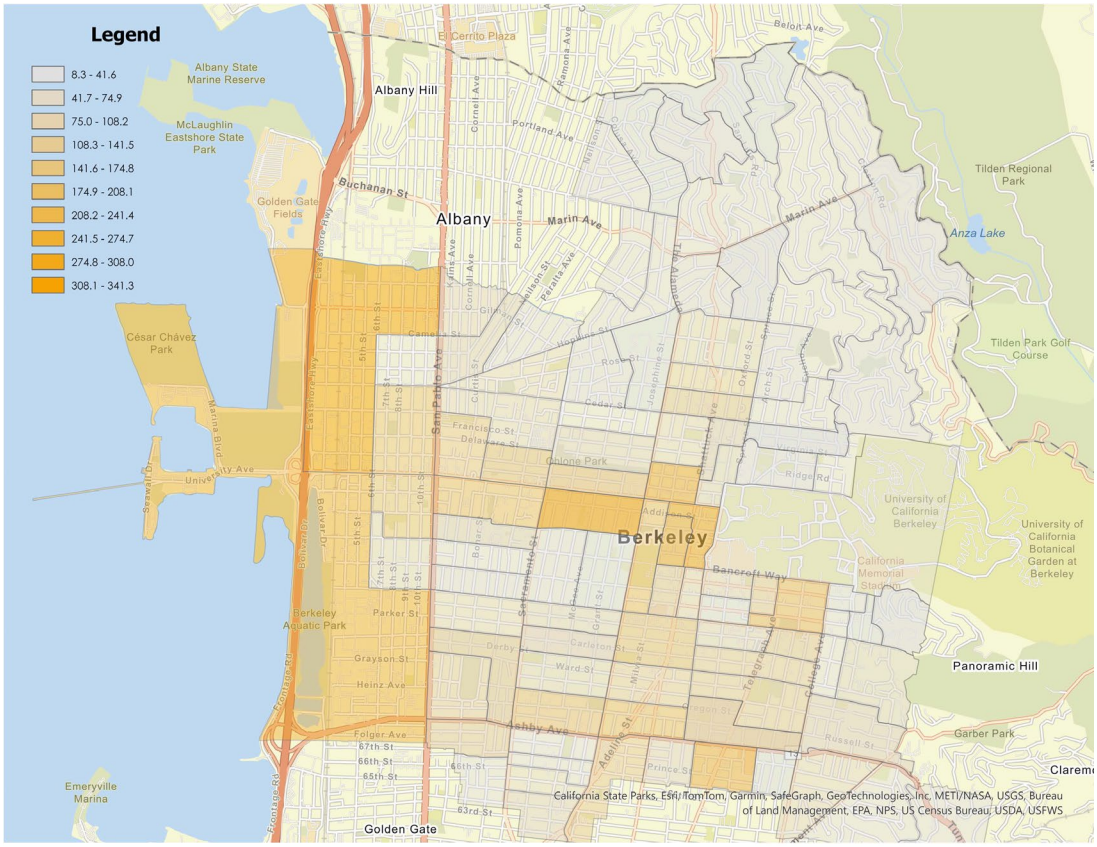
**Mental Health Incidents include an event that have a Mental Health Call Type and/or Mental Health Key Terms*

Data Highlights

Table 2

Ratios of dispositions help to compare the relative frequency of each disposition for a specific call type. ***Three of four categories of Mental Health Incidents are more likely to result in Paper Dispositions than Mental Health Dispositions.*** For Mental Health Incidents that were assigned the Welfare Check call type in 2023, a Paper Disposition was assigned almost five times as frequently as the Mental Health Disposition (ratio of 4.71 to 1). This means that when a request for service was called in to 911 and the call taker assigned the Welfare Check call type, it ended in formal legal documentation five times as often as not. Similarly, for "Other Call Types" (identified through the key term search), a Paper Disposition was assigned almost two-and-a-half times as often as a Mental Health Disposition (ratio of 2.44 to 1). Even Mental Health Incidents with the call type "Mental Illness" received a Paper Disposition twice as frequently as a Mental Health Disposition (ratio of 1.96 to 1). Only those Mental Health Incidents assigned the Suicide call type received a Paper Disposition less frequently than a Mental Health Disposition, though the frequency is nearly equal.

Map 1: Rates of Mental Health Call Types by Census Block Group (CAD, 2023)



See Appendix C for a high-resolution image of Map 1

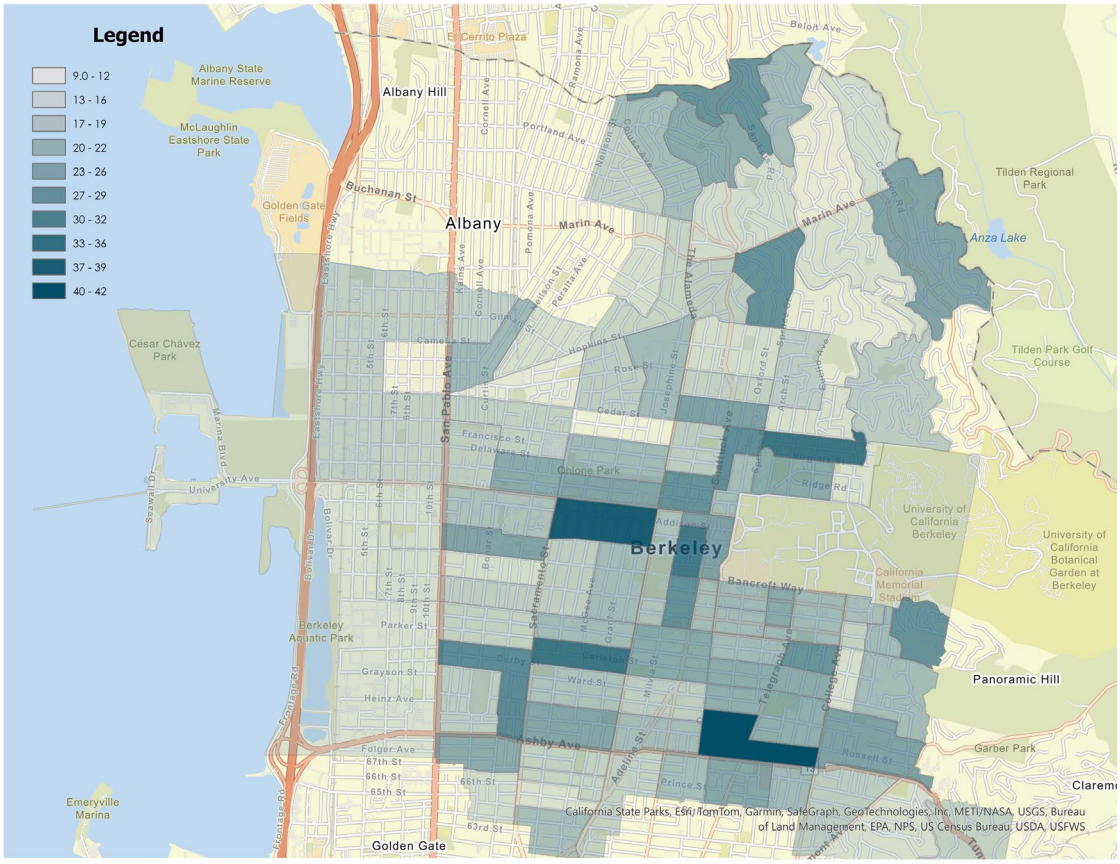
Data Highlights

Map 1

Map 1 and Map 2 (below) show aggregate coordinates of events in census block groups; census block groups are commonly used geographical statistical units that can contain anywhere from 600 to 3,000 people.

Map 1 shows the average rates of Mental Health Call Types for 2023. According to Map 1, ***Mental Health Call Types are concentrated in public spheres (darker orange),*** such as along Interstate 580 and industrial areas of West Berkeley, the Berkeley Marina and Cesar Chavez Park, University Avenue, and Shattuck Avenue and Downtown Berkeley.

Map 2: Proportion of Mental Health Dispositions for Mental Health Call Types by Census Block Group (CAD, 2023)



See Appendix C for a high-resolution image of Map 1

Data Highlights

Map 2

Map 2 also shows aggregate coordinates of events in census block groups; census block groups are commonly used geographical statistical units that can contain anywhere from 600 to 3,000 people.

Map 2 shows the proportion of Mental Health Call Types that also have a Mental Health Disposition. Considering both maps, ***there are many block groups with high rates of Mental Health Incidents (Map 1, dark orange) but a low proportion of Mental Health Dispositions (Map 2, light blue).***

Key Takeaways

The limitations of CAD data pose challenges to interpreting the characteristics and/or results of BPD interactions during Mental Health Incidents. First, it cannot be definitively concluded the extent to which calls are accurately identified as mental health-related. It also cannot be determined using CAD data how each event unfolded after the call type was assigned, which prevents us from understanding the context that led to the assigned disposition(s) or results(s) for BPD's response. We understand that events, generally, vary greatly in whether or how they can be safely de-escalated without law enforcement. Moreover, because the disposition categories are broad and do not describe health outcomes for each event, CAD does not allow for assessing service delivery. Without additional information about the outcomes within any given Mental Health Disposition or the specific reports written for any given Paper Disposition, we cannot assess whether individuals are disproportionately impacted by legal outcomes. Overall, with the type of data that CAD is designed to collect during an initial call throughout the duration of the event and the ultimate disposition, ***we cannot know the extent of the legal impact on individuals resulting from interactions with BPD during potential mental health-related emergencies.***

Despite the limitations and uncertainties, the data do illuminate a variety of characteristics of the outcomes of police interactions during potentially mental health or homelessness-related crises. For one, the rate of frequency with which Paper Dispositions are assigned shows that even calls not associated with penal codes (i.e., those assigned a Mental Health Call Type) are resulting in formal documentation (i.e., case reports) more often than they are being categorized as a mental health event at the point an officer assigns the disposition(s). It is possible that some of the documented Mental Health Incidents also involved a threat to public safety or a potential crime, and therefore, police response assigning a Paper Disposition for an arrest or citation was appropriate. However, it seems unlikely that 89% of Welfare Checks and 83% of Mental Illness call types required formal legal documentation (e.g., for arrests, citations, or for deceased persons), especially given that 71% of "Other" Call Types (i.e., with a prioritized penal code violation) that included a Mental Health Key Term required formal legal documentation. ***Overall, the number of paper dispositions across documented Mental Health Incidents demonstrate some risk (though the exact level of that risk is uncertain)***

that individuals experiencing a mental health emergency may become involved in the criminal legal system, which research shows is detrimental to mental health.[31]

Together, Table 2, Map 1, and Map 2 ***may indicate differences in how different parties involved in CAD data collection interpret and describe incidents*** (the caller, call taker, dispatcher, and/or on-scene officer). This difference across parties may contribute to whether an event is categorized with one of our Mental Health Call Types and/or assigned a Mental Health Disposition. For this reason, the data pose challenges to drawing definitive conclusions about the nature and experiences of a call and BPD response.

The fact that Mental Health Dispositions are often not concentrated where Mental Health Call Types are concentrated geographically also emphasizes the potential difference in how parties interpret and respond to events as well as CAD's limitations. In Map 1, some of the locations with high Mental Health Incidents are, anecdotally, areas with high concentrations of unhoused community members or encampments. Yet, recall that only 12% of Mental Health Incidents also use Homelessness Key Terms (Figure 5). Meanwhile, these regions in Map 2 have low proportions of Mental Health Dispositions. If someone calls 911 reporting a mental health concern, which is then assigned a Mental Health Call Type by the call taker, but the responding officer does not assign a Mental Health Disposition, then we may conclude that the caller incorrectly identified a mental health need or that the police officer incorrectly did *not* identify a mental health need. Considering these two scenarios, ***these data provide some indication that unhoused people may be differentially affected by people calling 911 and by BPD's response.***

[31] Quant, K.R., and Jones, A. (2021, May 13). *Research roundup: Incarceration can cause lasting damage to mental health.* https://www.prisonpolicy.org/blog/2021/05/13/mentalhealthimpacts/

Conclusions

A. Conclusions related to the nature of CAD & data shared with RDA
B. Conclusions related to the guiding evaluation questions

A. Conclusions related to the nature of CAD & data shared with RDA

CAD is an important tool used by the Berkeley Communications Center and BPD to respond to calls that come into 911 or the non-emergency phone number and is not a tool designed for behavioral health response and service delivery. However, the scope of this analysis and the areas of inquiry[32] directed RDA to use CAD data specifically for assessing mental health, substance use, and/or homelessness related incidents within CAD. Therefore, the limitations of CAD described throughout this report are in large part due to the intended focus of this analysis.

[32] As defined in the City Council's budget referral, the assessment was intended to explore narrative notetaking, dispatch procedures and protocols, and several individual-level outcomes. However, the way CAD is structured does not allow for exploration of most of these indicators or data.

CAD is insufficient to fully assess the outcomes of BPD's response to behavioral health and homelessness-related crises and the resulting impacts on community members.

CAD is not designed to assess or document needs and outcomes related to mental health, substance use, and/or homelessness. CAD, primarily, is set up to assess for and dispatch in response to criminal activity. This creates a structure in which Mental Health Incidents may be responded to in a manner that risks escalation or produce responses that risk criminalizing mental health needs. Additionally, the structure of CAD may pose a risk for Mental Health Incidents being assigned Priority Levels that receive longer response times. As CAD is currently structured, dispositions only reliably document the presence of a case report ("Paper Disposition") without any additional information on the type of case report. Meanwhile, even if the officer(s) used the Mental Health Disposition, this disposition does not distinguish between officers initiating involuntary psychiatric holds ("5150") versus generally assessing the presence of mental health need, nor does it document provision of mental health services or resources. Without a substantial restructuring of the CAD system, it is unlikely that BPD will be able to assess for and respond to mental health crises or to monitor quality of service delivery. Moreover, CAD is not equipped to document the nature or outcomes of responses to these types of crises. As a result, there is no way to utilize CAD data to fully or reliably assess the impact BPD had on an individual during a mental health or homelessness-related crisis event.

CAD does not document the use of behavioral health procedures, protocols, or de-escalation techniques used during call taking or dispatched response. Although these protocols may exist, it is not feasible to assess call-taking procedures using CAD. Assessing call-routing and response procedures would require extensive observations and documentation review by trained clinicians; even then, CAD does not collect substantial narrative data. For this reason, an analysis of CAD data is not a sufficient method for identifying calls that could go to a behavioral health response team nor to plan call-routing procedures for integrating a new team into 911.

CAD data is insufficient to assess for structural police, fire, and/or EMS issues that disproportionately impact vulnerable, diverse, and structurally oppressed peoples.[33] CAD data is insufficient for assessing disparate impacts because it does not reliably capture data

[33] The scope of RDA's analysis was limited to Police response and did not include Fire or EMS issues.

on individuals' demographics, such as race/ethnicity or gender presentation, nor does CAD capture individuals' housing status. Therefore, it is not possible to utilize CAD for assessing inequitable impacts of police response in the community.

CAD data cannot be used to assess the reduction in risks of injury and death by police. CAD data does not capture injury or death that occur during interactions between BPD and community members. The Paper Disposition does not provide detail about the different forms of documentation that result from dispatched responses, whether they include detainment in handcuffs, use of physical force by police, drawing or exhibiting a police firearm, or other outcomes that characterize risks of "injury or death." BPD does, however, publish data on the Berkeley Police Transparency website,[34] including Use of Force[35] and RIPA/Stop data.[36]

[34] https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/
[35] https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/pages/use-of-force
[36] https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/pages/stop-data

B. Conclusions related to the guiding evaluation questions

Despite limitations, CAD data illuminate a variety of details that can inform program and service planning for alternative response programs aimed at meeting community needs for mental health, substance use, and/or homelessness-related crisis events. The conclusions that follow are structured according to our guiding questions, exploring how the data and key takeaways offer insight and perspectives about the characteristics of interactions with the BPD Communications Center and police officers in the context of mental health and homelessness-related crises.

It is important to keep in the mind that "Mental Health Incidents" is a category we created to analyze CAD data for this analysis and is subject to the limitations described throughout this report and the conclusions detailed in section A, above.

1. How often do Berkeley police officers engage with incidents related to mental health and/or homelessness?

On average, community members called 911 for approximately 2,000 Mental Health or Homelessness-related crisis events annually throughout 2015-2023, demonstrating a consistent and predictable volume of requests for service.

Although we believe CAD data provides an underestimate of the extent of behavioral health and homelessness needs of community members, the volume of CAD Mental Health Incidents is consistent across time, despite overall CAD call volume decreasing after 2020. From 2015-2023, community members called 911 for an average of 1,986 Mental Health Incidents, ranging from a high of 2,476 calls in Quarter 3 of 2017 and a low of 1,741 calls in Quarter 1 of 2020.

2. What are the characteristics and results of mental health and/or homelessness incidents and police interactions?

The BPD Communications Center categorizes more mental health-related calls under penal code violation call types and as Welfare Checks than as Mental Illness or Suicide and assigns high rates of Paper Dispositions for Mental Health Incidents, suggesting that people experiencing mental health crises may be responded to as a criminal concern rather than mental health concern.

In 2023, the BPD Communications Center assigned call types related to penal code violations to at least 3,491 events that included narrative notes aligned to Mental Health Key Terms; in our analysis, these events were classified as "Other" Call Types. The BPD Communications Center also assigned Welfare Checks to 2,810 events. Among these two categories of Call Types, Paper Dispositions were assigned 2.4 times more frequently than Mental Health Dispositions for the "Other" Call Types and 4.7 times more frequently for Welfare Checks. Given that a) CAD is structured to prioritize penal code violations, b) in most cases, Mental Health Incidents are *not* initially categorized as such by 911 call takers (who are interpreting the information provided by callers), and c) the high proportion of Paper Dispositions assigned to Mental health Incidents, the data suggests that Mental Health Incidents may often be treated as legal or criminal matters.

The patterns of Mental Health Call Type assignment, use of Mental Health Key Terms, and Mental Health Disposition assignment may indicate differences how community members, call takers, dispatchers, and police officers interpret mental health needs (both as distinct groups but also as individuals within those groups).

Overall, the challenges inherent in identifying mental health crises during 911 calls and the frequency of legal documentation for individuals during mental health crises underscore the need for mental health crisis de-escalation before and after dispatch as well as a response by mental health specialists during potentially mental-health related crises.

People living in or near encampments may be differentially affected by 911 calls for service and BPD responses.

Although Mental Health Call Types are highly concentrated in areas where encampments may commonly be established, Mental Health Dispositions are not concentrated in those areas. This could indicate that community members calling 911 are not accurately identifying a mental health need in these areas or that the responding police officers are not correctly identifying mental health need. Regardless, people living in or near these areas may be experiencing increased police engagement as a result of 911 calls.

There is insufficient data available in CAD to identify impacts on specific identity groups or on substance users, which prevents assessment for equity of service provision.

CAD does not collect information on the identities of individuals calling into 911 or being responded to by BPD, such as race/ethnicity, language, LGBTQIA+, gender presentation, housing status, or other demographic characteristics of communities disproportionately impacted by police violence or incarceration.[37] Collecting data on demographics is a challenge in most, if not all, crisis response contexts, and is not unique to BPD. Moreover, there is no way to reliably use CAD data to identify volume of substance use-related crises, neither to assess the characteristics of such calls or resulting dispositions. As a result, we were unable to explore whether there are disparate impacts of police response on structurally marginalized people in the context of mental health, substance use, and/or homelessness related crises.

[37] Note: While we mapped data to census geographical units, the patterns demonstrated by the maps alongside conversations with Berkeley Police Department showed that large public spaces and commercial areas could be an important source of CAD crisis events. Because census data relies on residential data collection, we did not relate any call characteristics to census demographics. There is reason to believe callers may not reside in the Block Groups calls are originating from.

3. To what extent do current BPD responses to mental health and/or homelessness incidents meet the needs of the Berkeley community?

The vast majority of Mental Health Incidents are responded to *without* a mental health specialist.

MCT does not have the staffing levels to be regularly included for a co-response for the majority of events assigned a Mental Health Call Type, which does not meet community needs for a mental health specialist response during mental health emergencies.

BPD response times for Mental Health Incidents have been increasing in recent years.

The median response time to Mental Health Incidents in January-March of 2023 was 32 minutes, with half of all calls receiving a response time within 13-91 minutes in that same quarter. This pattern persists despite most Mental Health Call Types occurring in public areas.

4. What characteristics of mental health and/or homelessness incidents in CAD can inform mental health emergency response operations?

Mental Health Incidents seem to be distinct from Homelessness Incidents. The frequency and consistency of unique as well as co-occurring Mental Health and Homelessness Incidents allows for informed predictions for the allocation of resources to meet these needs.

Considering that the volume of Mental Health Incidents and Homelessness Incidents are each relatively consistent throughout 2015-2023, the data can inform an approximate baseline of the resources required to sustain and expand mental health and homelessness services. Given the alarming rates at which individuals with mental illness are incarcerated in the United States, a public health approach would aim to limit incarceration and legal system involvement as much as possible for community members experiencing mental health crises. It is therefore worthwhile to continue investing in alternative models that utilize evidence-based practices for de-escalation of suicidality and other mental health emergencies, as well as for assessment and treatment crises related to both mental health and/or homelessness.

An analysis of Mental Health Incidents and Mental Health Dispositions by day of week and hour of day may be useful to inform mental health crisis response programs and planning.

Mental Health Incidents are more common from Monday through Friday compared to the weekends. On the other hand, Mental Health Dispositions have a more consistent daily volume, though they are slightly more common Friday through Sunday compared to the rest of the week. These data may represent different patterns of caller behaviors on weekdays versus weekends, different patterns of officer behaviors on weekdays versus weekends, or different patterns of crisis events between weekdays and weekends. Bearing in mind the potential different interpretations of mental health related crises and the limitations of CAD, the data presented in Appendix B may be useful to planning mental health crisis response services.

Recommendations

Recommendations

The data presented in this report may help the City of Berkeley provide behavioral health and homelessness services that meet the needs of community members without relying on law enforcement to address social service and health needs. These recommendations were derived from the conclusions by identifying key areas of intersection and overlap and were discussed with City staff from multiple departments to identify the utility and feasibility of recommendations.

Recommendation #1

Use mental health services and crisis response data – not CAD - when assessing the volume and characteristics of mental health, substance use, and/or homelessness needs.

There are substantial limitations to the data collected in CAD that preclude it from being the sole source of information to assess the community's mental health needs. These limitations, exacerbated by the nature of the quickly evolving crisis response environment, mean that there are too many potential interpretations of CAD data to be able to use CAD for a behavioral health landscape assessment. Nor are specific behavioral health characteristics identifiable through CAD data.

Improving CAD to a degree that would make such an assessment feasible with this system alone (e.g., updates to call types and call type assignment practices, narrative notetaking protocols, disposition assignment), would require substantial City resources. Additionally, once those improvements were made, it would take time – likely several years – before those changes would be reflected in the data. Moreover, some limitations cannot be addressed, such as different interpretations between callers, dispatchers, and police officers of what constitutes a mental health related event.

Additionally, if changes were made to Dispatch's call-taking or call-routing procedures but police were still the only available response team for those calls, then the adoption of new protocols would likely be low and/or inconsistent. CAD was designed for dispatching police and documenting potential penal code violations and is serving that purpose, so there is limited utility in changing call-taking procedures if there is not a different response option for those calls (e.g. a behavioral health crisis specialist). In contrast, service data from behavioral health specialists could likely provide more details on the characteristics of behavioral health events with the opportunity to continuously refine data collection and service provision according to evidence-based behavioral health and crisis response practices.

Recommendation #2

Use the presented CAD data on frequency and consistency of Mental Health Incidents as a baseline when planning for resource provision and capacity of mental health specialists, while anticipating an increase in volume of these services over time.

Berkeley community members call 911 for mental health and homelessness-related crises at a relatively consistent volume year after year. However, more mental health-related calls are categorized and responded to as penal code violations rather than Welfare Checks, Mental Illness, or Suicide. Furthermore, Mental Health Incidents experience long response times and high rates of formal legal documentation, which, statistically speaking, presents risk of police violence, mistreatment, and criminalization of structurally marginalized groups and individuals, including those experiencing mental illness.

The relative consistency in call volume provides some predictability for planning alternative response programs, at least as a baseline level of predictable service volume. The City of Berkeley can use the following estimates to plan for mental health emergency services:

- **Annual average of 1,986 calls**, approximately 5 calls per day
- **Annual call volume ranging from 1,741 to 2,476 calls**, approximately 4-7 calls per day
- **Provide daily services** given there is no noticeable trend by day of the week
- **Provide 24-hour service** with potentially fewer teams from 1:00-6:00am when call volume trends lower

Planning around this initial baseline for services and planning to sustain such services over time may provide a more reliable way to meet City Council's goals of providing mental health, substance use, and homelessness specialists during emergencies without the use of law enforcement.

Recommendation #3

Address homelessness-related crisis needs through homeless service specialists rather than law enforcement.

The overlap between Homelessness Incidents and Mental Health Incidents appears relatively limited, suggesting that mental health crises do not often include homelessness characteristics. Instead, to address the needs of unhoused community members, the City of Berkeley should ensure sufficient homelessness-related services are available. This would support emergency responders and behavioral health specialists to focus their response on mental health and substance use crises.

Recommendation #4

Identify opportunities to improve coordination between emergency responders, community-based behavioral health providers, and emergency behavioral health specialists.

The findings of this CAD analysis suggest a need for a clear and consistent process to provide coordinated care by behavioral health specialists for behavioral health-related crises. There is sufficient CAD data to indicate formal legal documentation is a frequent and predominant outcome for Mental Health Incidents. Relatedly, MCT are rarely dispatched for a co-response with BPD and there is no existing mechanism to dispatch other behavioral health specialists to 911 calls without law enforcement.

Incidents that are low-priority penal code violations and have characteristics of mental health crises are at risk of receiving a lower response time than the crisis may require. Given that BPD has finite resources to respond to high-priority calls, it is important that dedicated mental health and substance use specialists are available to respond to mental health crisis calls where a penal code violation is not, or should not be, the primary concern.

In addition to formal and informal Standard Operating Procedures within BPD, there continues to be a need for addressing the mental health and behavioral health needs for community members who are high utilizers of emergency services. Such coordination may contribute to reducing the disparate impacts of law enforcement engagement on mental health consumers.

Appendix

Appendix A: Narrative Key Terms

RDA used the same list of key terms for the narrative search as the Auditor's Report.[38]

Mental Health Key Terms	
1056	Mania
5150	manic
sees things	mct
antipsychotic	medication meds
anxiety	mental
bacs	mh
bipolar	mobile crisis
bmh	nervous
bonita house	breakdown
breakdown	paranoi
case manager	peer support
counsel	pharmacist
crazy	psych
crisis	ptsd
deliri	residential care
deluded	schizo
delusion	seeing things
dementia	self harm
depress	self talk
disorder	social worker
dissociat	suicid
dual diagnosis	talking to self
first break	talk to self
hallucinat	therap
hear voices	trauma
hearing voices	treatment
hears voices	unable to talk
ideation	warm line
john george	warmline

Homelessness Key Terms	
bacs	harrison house
bfhp	homeless
camped out	homeless outreach
person down	housing status
berkeley covid	living on the street
respite	nomad
berkeley drop in	obstructing sidewalk
center	shelter
berkeley community	sleeper
resource center	street outreach
women's daytime	tent
drop-in center	transitional housing
fred finch turning	unhoused
point	pathways
berkeley food and	vagrant
housing project	no address
dorothy day	no residence
encamp	undomicilized
encampment	coordinated entry

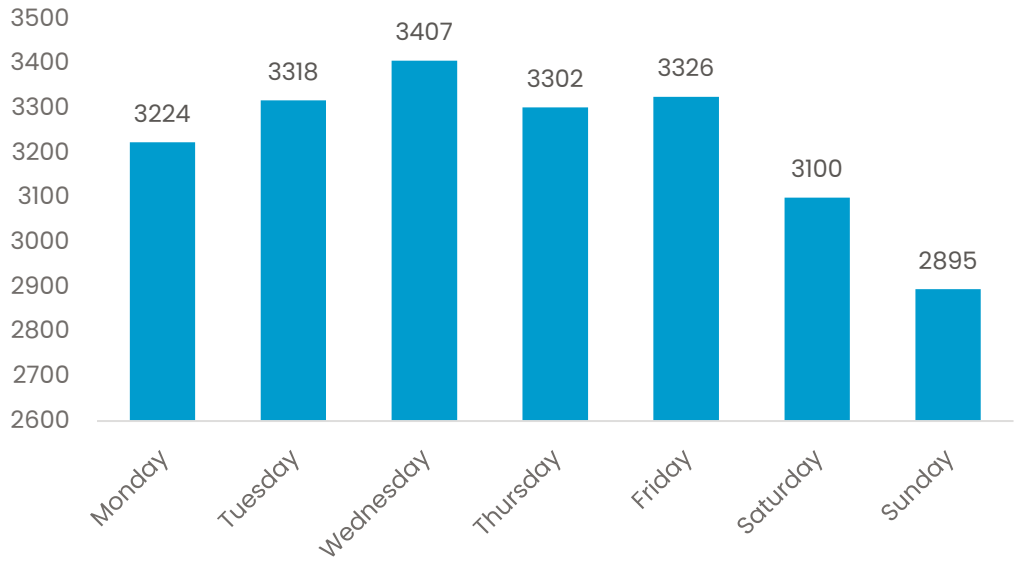
[38] Berkeley City Auditor. (2021, April 22). *Data analysis of the City of Berkeley's police response.* https://berkeleyca.gov/sites/default/files/documents/2021-05-11%20Item%2029%20Audit%20Report%20%20Data%20Analysis.pdf

Appendix B: Data to inform emergency response operations

One of the guiding questions for the CAD analysis was to assess characteristics of mental health, substance use, and/or homelessness incidents in CAD that could be useful for informing behavioral health emergency services. Such an assessment of CAD data could contribute to the Reimagining Public Safety Initiative's goal of reducing BPD's scope of work to "primarily violent and criminal matters."

In this appendix, we present the frequency of Mental Health Incidents by day of week (Figure 7), Mental Health Dispositions by day of week (Figure 8), Mental Health Incidents by hours (Figure 9), and Mental Health Dispositions by hour (Figure 10).

Figure 7: Mental Health Incidents* by Day of Week (CAD, 2021-2023)



**Mental Health Incidents include an event that have a Mental Health Call Type and/or Mental Health Key Terms*

Figure 8: Mental Health Dispositions by Day of Week (CAD, 2021-2023)

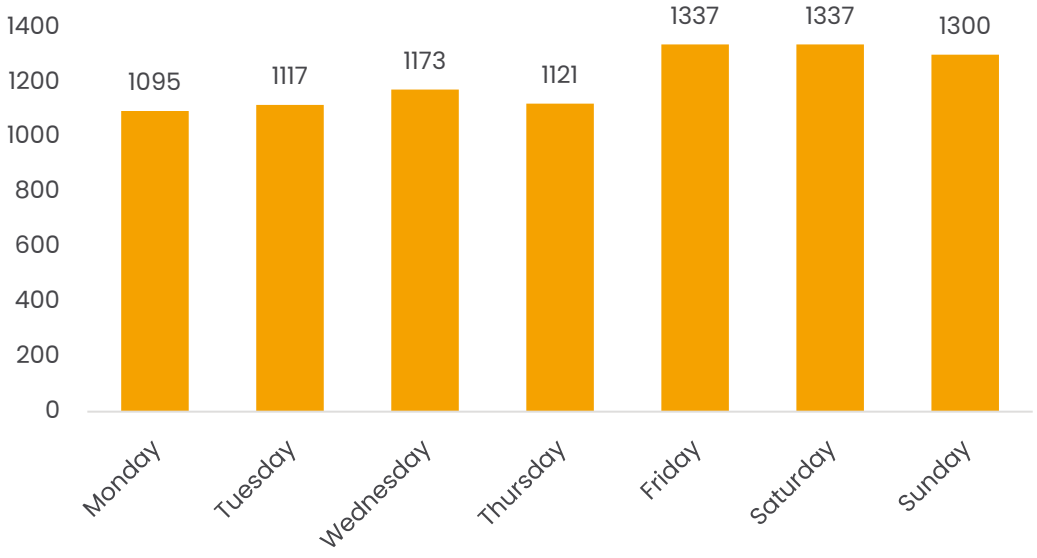
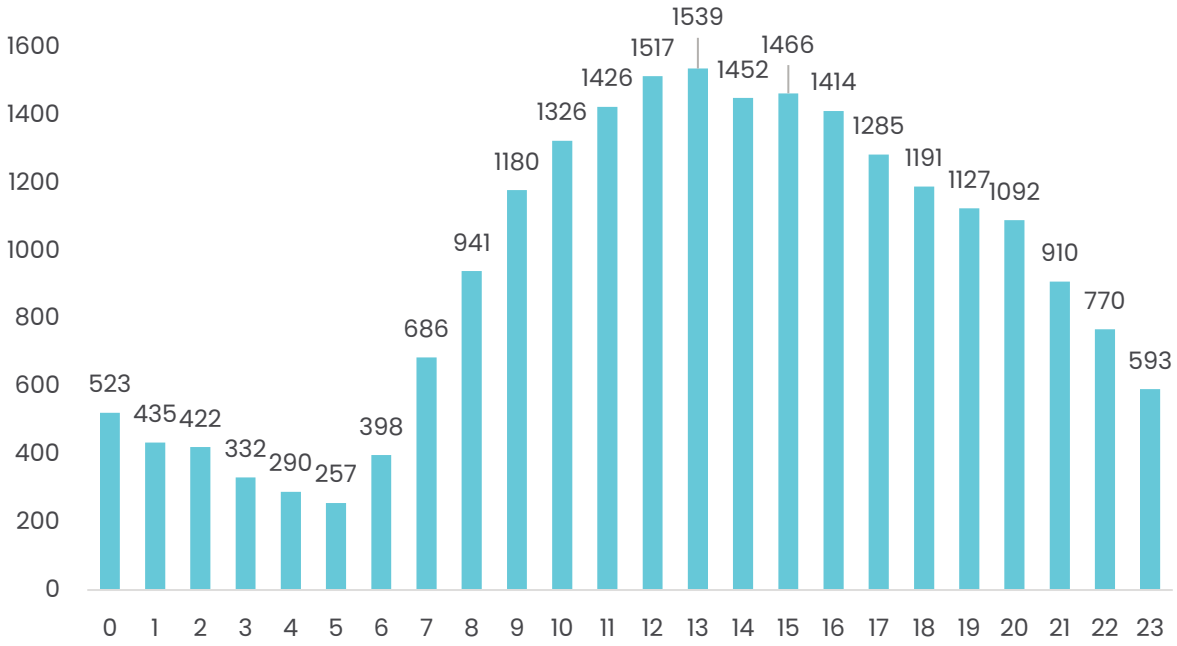
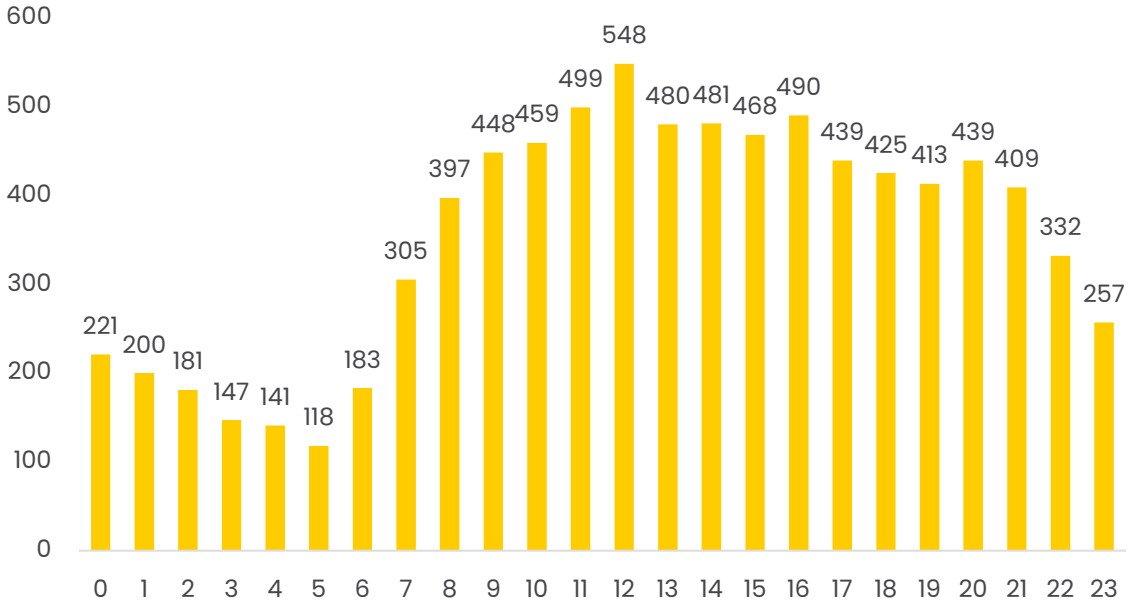


Figure 9: Mental Health Incidents* by Hour of Day (CAD, 2021-2023)

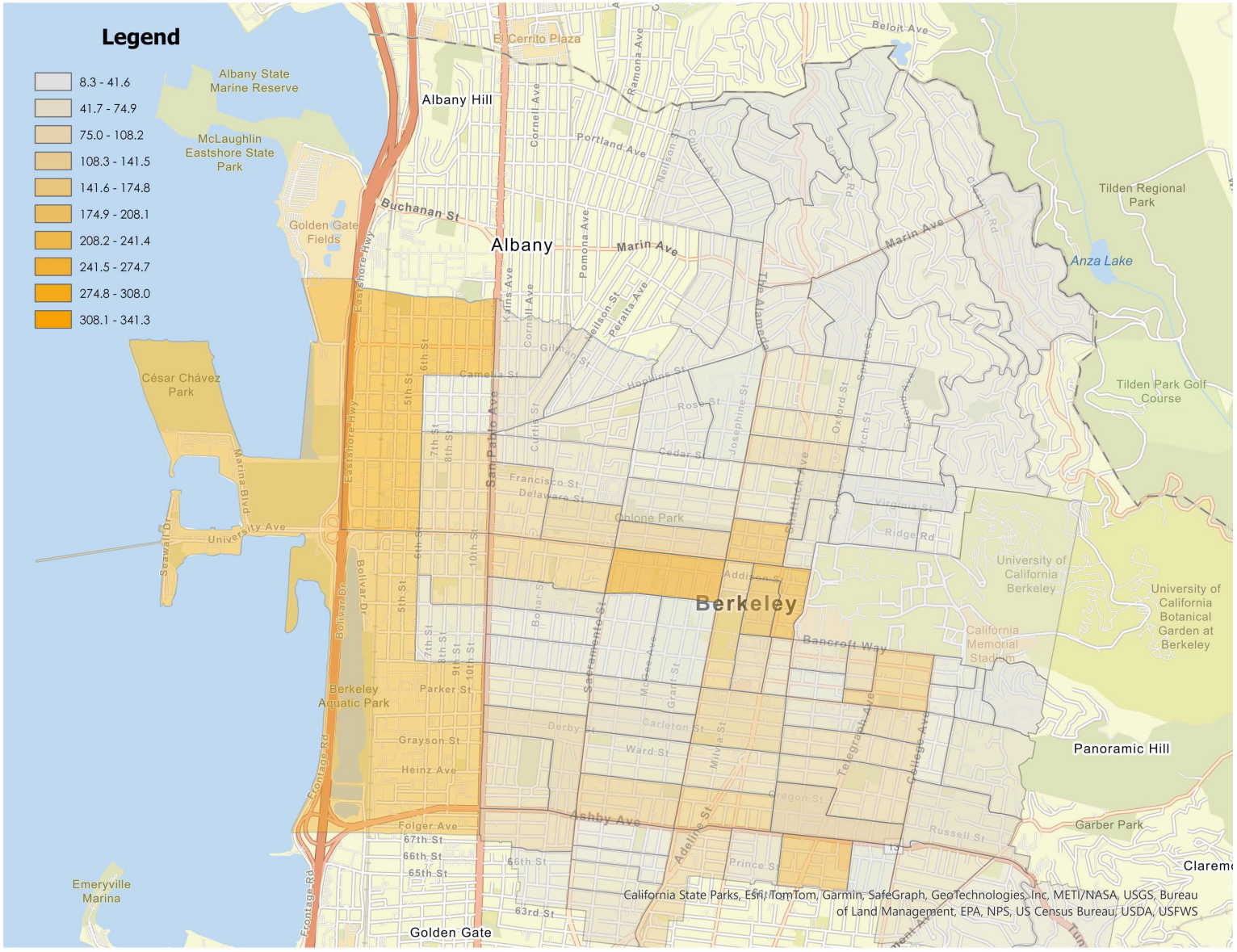


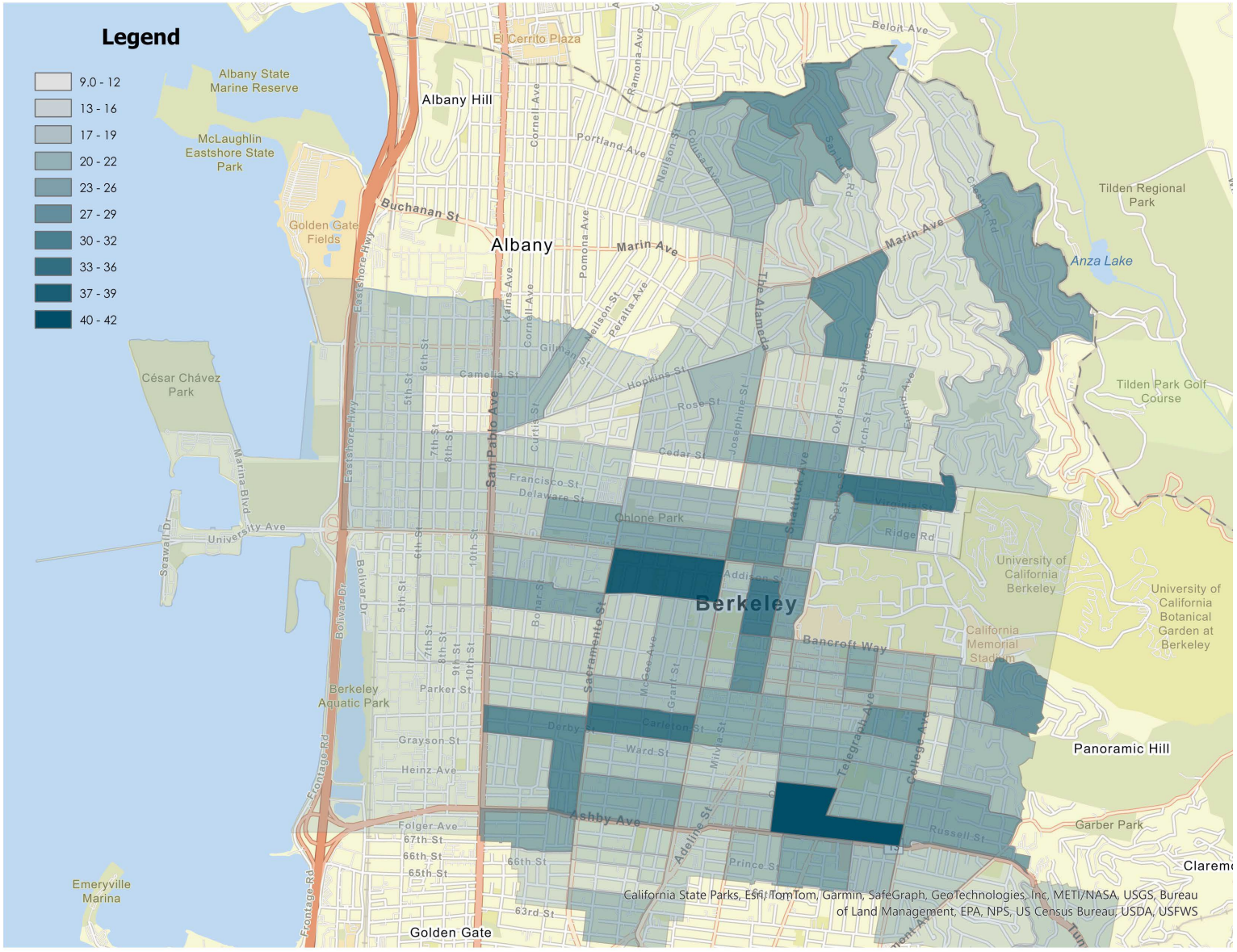
**Mental Health Incidents include an event that have a Mental Health Call Type and/or Mental Health Key Terms*

Figure 10: Mental Health Dispositions by Hour of Day (CAD, 2021-2023)



Appendix C: High Resolution Map 1 & Map 2


Legend
8.3 - 41.6
41.7 - 74.9
75.0 - 108.2
108.3 - 141.5
141.6 - 174.8
174.9 - 208.1
208.2 - 241.4
241.5 - 274.7
274.8 - 308.0
308.1 - 341.3
Albany State Marine Reserve
McLaughlin Eastshore State Park
Golden Gate Fields
César Chávez Park
Albany Hill
El Cerrito Plaza
Albany
Berkeley
Berkeley Aquatic Park
Emeryville Marina
Golden Gate
Tilden Regional Park
Anza Lake
Tilden Park Golf Course
University of California Berkeley
University of California Botanical Garden at Berkeley
California Memorial Stadium
Panoramic Hill
Garber Park
Ohlone Park
Buchanan St
Marin Ave
Portland Ave
Beloit Ave
Ramona Ave
Cornell Ave
Pomona Ave
Neilson St
Peralta Ave
Kains Ave
Camelia St
Hopkins St
Rose St
Cedar St
Josephine St
Oxford St
Spruce St
Arch St
Euclid Ave
The Alameda
Ridge Rd
Addison St
Bancroft Way
Dwight Way
Channing Way
Haste St
Bowditch St
Telegraph Ave
College Ave
Milvia St
Shattuck Ave
Sacramento St
McGee Ave
Grant St
Bonar St
San Pablo Ave
Curtis St
Gilman St
Eastshore Hwy
Marina Blvd
University Ave
Seawall Dr
Bolivar Dr
Frontage Rd
Parker St
Grayson St
Heinz Ave
Folger Ave
Ashby Ave
Derby St
Garleton St
Ward St
Oregon St
Russell St
Prince St
67th St
66th St
65th St
63rd St
5th St
6th St
7th St
8th St
9th St
10th St
Adeline St
California State Parks, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, Bureau of Land Management, EPA, NPS, US Census Bureau, USDA, USFWS


Legend
9.0 - 12
13 - 16
17 - 19
20 - 22
23 - 26
27 - 29
30 - 32
33 - 36
37 - 39
40 - 42
Albany State Marine Reserve
McLaughlin Eastshore State Park
Golden Gate Fields
César Chávez Park
Emeryville Marina
Albany Hill
Albany
Berkeley
El Cerrito Plaza
Berkeley Aquatic Park
Chlone Park
Tilden Regional Park
Anza Lake
Tilden Park Golf Course
University of California Berkeley
University of California Botanical Garden at Berkeley
California Memorial Stadium
Panoramic Hill
Garber Park
Buchanan St
Marin Ave
Portland Ave
Beloit Ave
Ramona Ave
Cornell Ave
Pomona Ave
Neilson St
Colusa Ave
Santa Fe Rd
Clarkson Rd
The Alameda
Kains Ave
Peralta Ave
Gilman St
Camelia St
Hopkins St
Rose St
Cedar St
Josephine St
Oxford St
Spruce St
Arch St
Euclid Ave
Francisco St
Delaware St
San Pablo Ave
Curtis St
Eastshore Hwy
Marina Blvd
University Ave
Seawall Dr
Bolivar Dr
Frontage Rd
Sacramento St
Bonar St
McGee Ave
Grant St
Parker St
Grayson St
Heinz Ave
Folger Ave
67th St
66th St
65th St
63rd St
Derby St
Carleton St
Ward St
Milvia St
Telegraph Ave
College Ave
Ashby Ave
Adeline St
Russell St
Prince St
Ridge Rd
Addison St
Bancroft Way
5th St
6th St
7th St
8th St
9th St
10th St
Golden Gate
California State Parks, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, Bureau of Land Management, EPA, NPS, US Census Bureau, USDA, USFWS

The City of Berkeley plans to apply for a state capital grant from the California Department of Health Care Services, which is funded by Proposition 1's Behavioral Health Infrastructure Bond (AB 531). This round of grant funding is called Bond BHCIP (Behavioral Health Continuum Infrastructure Program) Round 2: Unmet Needs. This grant is designed to pay for acquisition, construction and rehabilitation of behavioral health infrastructure but not service delivery or operations. The funding is available to a range of behavioral healthcare providers including cities, nonprofits, for-profits, tribes and counties. This round of funding in particular prioritizes community mental health and serving underserved regions and populations.

The City of Berkeley owns two buildings at 2636–2640 Martin Luther King Jr. Way intended for Adult Behavioral Health services, but only 2640 is currently usable and eligible for Medi-Cal certification. The Berkeley ROOTS: Recovery, Outreach, Opportunity, Treatment, Support project will rebuild 2636 into a new certifiable facility with eight additional treatment rooms and a group/peer space, nearly doubling treatment capacity and raising annual service potential from 20,017 to 34,889 visits. Current building space limitations force counselors to split time between clinic visits and traveling to meet clients in the field, reducing total service availability. This gap particularly burdens unhoused clients, who may lack a consistent private location, creating barriers to care and leaving fewer individuals served overall. Berkeley is unusual in its position as a small city-run behavioral health jurisdiction. With limited infrastructure and high-need clients, Berkeley faces several challenges similar to rural jurisdictions: lacking economies of scale to build infrastructure and relying on partners for parts of the care continuum. This unique position requires investment in order to sustain behavioral health services in the long term. By adding eight treatment rooms and a group/peer space, Berkeley ROOTS will expand services in the least restrictive setting, reducing reliance on emergency, inpatient, and institutional care. The City’s Adult Behavioral Health programs—including Full Service Partnership, Focus on Independence, Comprehensive Community Treatment, and Wellness Recovery—will continue in the new facility, ensuring continuity. Options Recovery Services, a co-located partner, will also remain on site, strengthening the range of integrated behavioral health supports. The City is also working to certify existing staff in Substance Use Disorder counseling, which would expand SUD services without significant new staffing costs, and address the high prevalence of co-occurring conditions. Rebuilding 2636 Martin Luther King Jr. Way will nearly double outpatient treatment capacity, provide a new group and peer support space, and integrate behavioral health and substance use disorder treatment. This investment responds directly to both local data documenting high unmet need and state findings of critical outpatient shortages. With BHCIP support, Berkeley ROOTS will deliver community-based behavioral health care for the City’s highest need residents.

PROVIDE 12" CLR ON STRIKE SIDE OF GATE

EXISTING PATH OF EXIT TRAVEL SEE 2/A100 FOR CLEARANCES

1

8.16

1' - 0"

56" CLR. (E)

(E) 3' - 8"

15"

(E) TREE

(E) WALL W/ LESS THAN 10% OPEN AREA

(E) TREE TO REMAIN - PROTECT

UP

UP

(E) WOOD STAIRS

(E) BUILDING 2636 MLK NOT IN SCOPE

6.1

(E) WALL W/ LESS THAN 15% OPEN AREA

(E) COURTYARD

DN

3
A703

(E) TREE TO REMAIN - PROTECT

MODIFIED PAVING FOR NEW DOOR AND PLANTING AREAS

16' - 7 3/4" V.I.F.

6' -5"

3.3

3.2

32.6

32.5

AD

32.4

32.4

2'

6'

SLOPE DN 1:12 MAX., TYP.

(E) SIDEWALK

(E) SUMP - S.C.D.

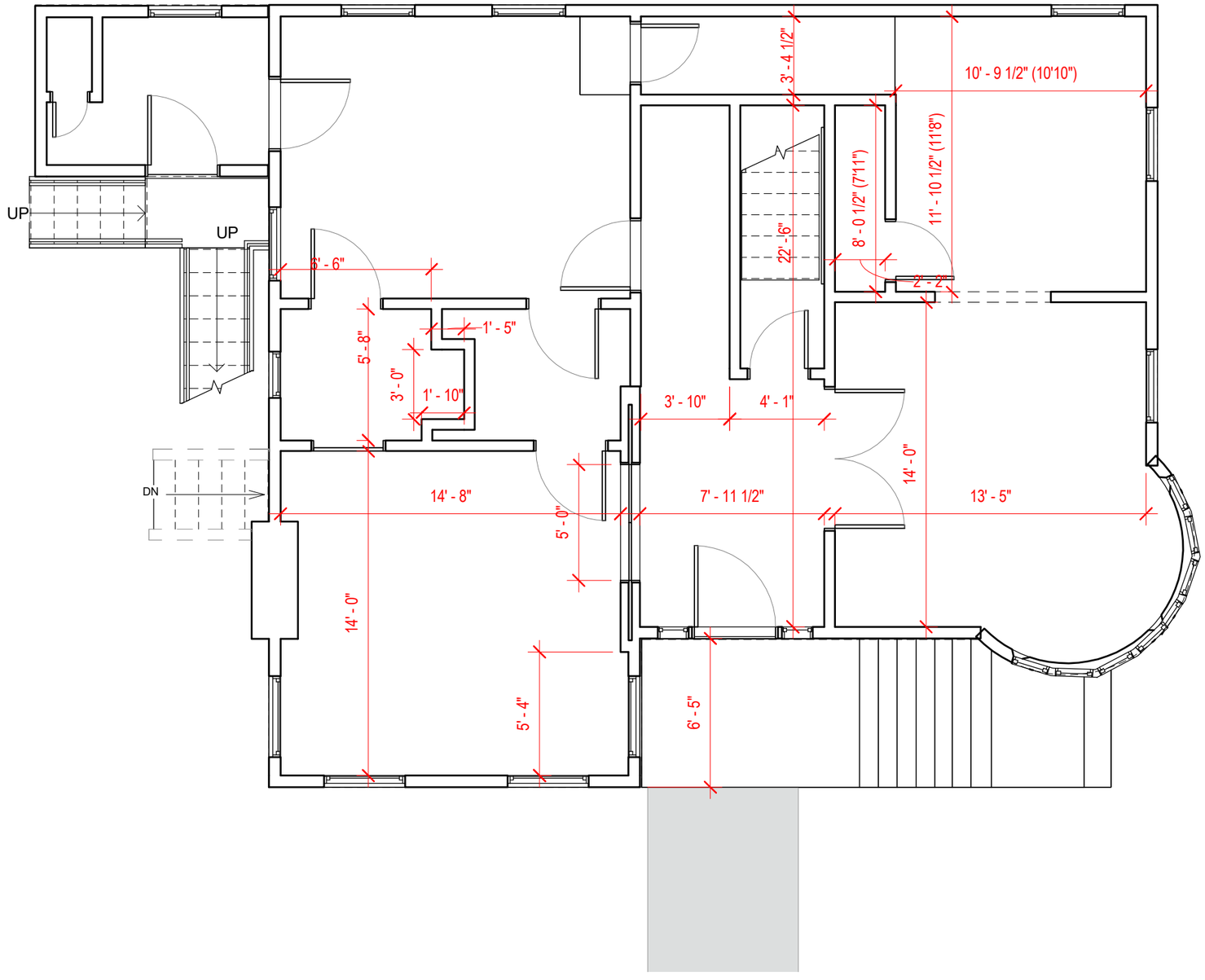
5' - 2"

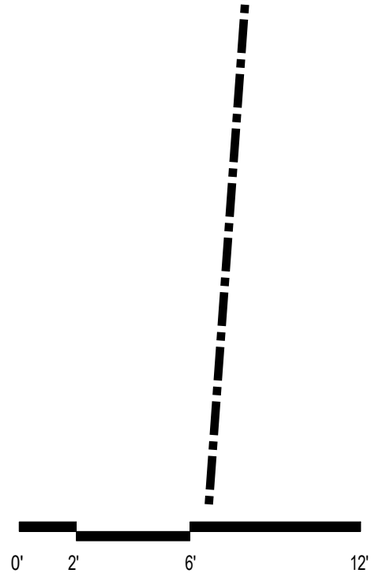
10' - 7 3/4"

1
A701

01 - FIRST FLOOR - EXISTING BUILDING

07/25/2025





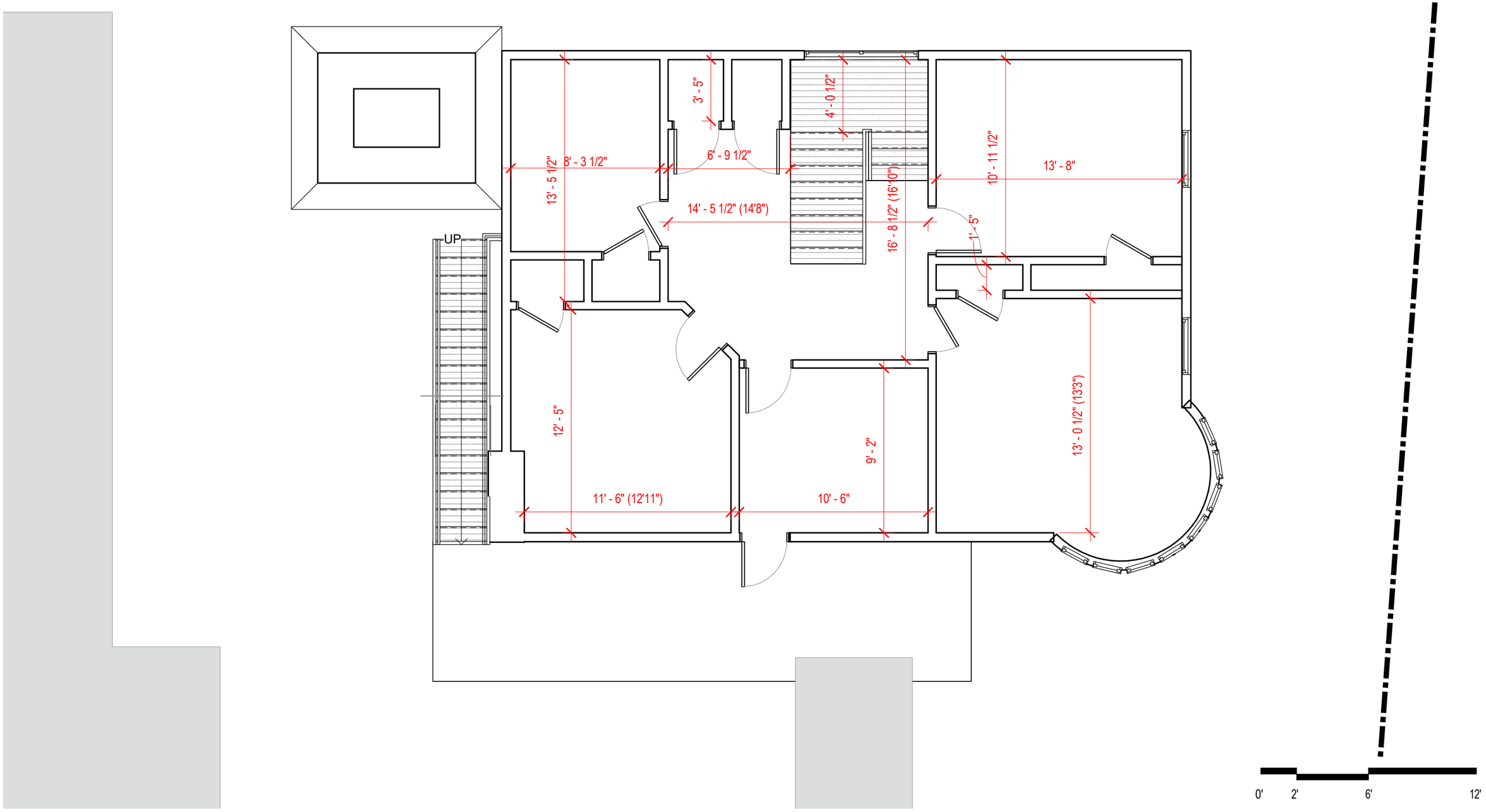
01 - FIRST FLOOR - EXISTING BUILDING

07/25/2025

Berkeley Mental Health Services

City of Berkeley

NOLL & TAM ARCHITECTS



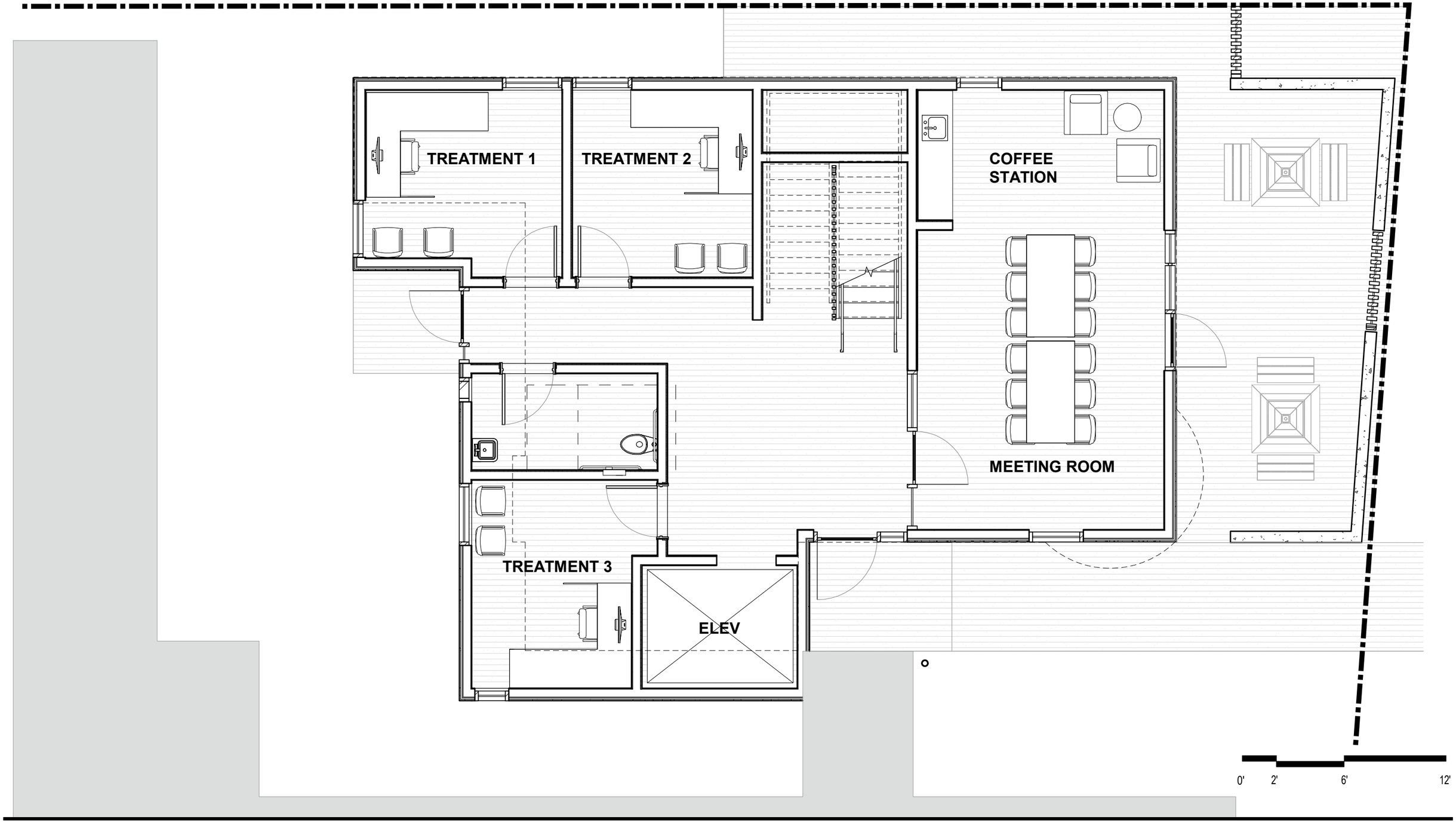
02 - SECOND FLOOR - EXISTING BUILDING

07/25/2025

Berkeley Mental Health Services

City of Berkeley

NOLL & TAM ARCHITECTS



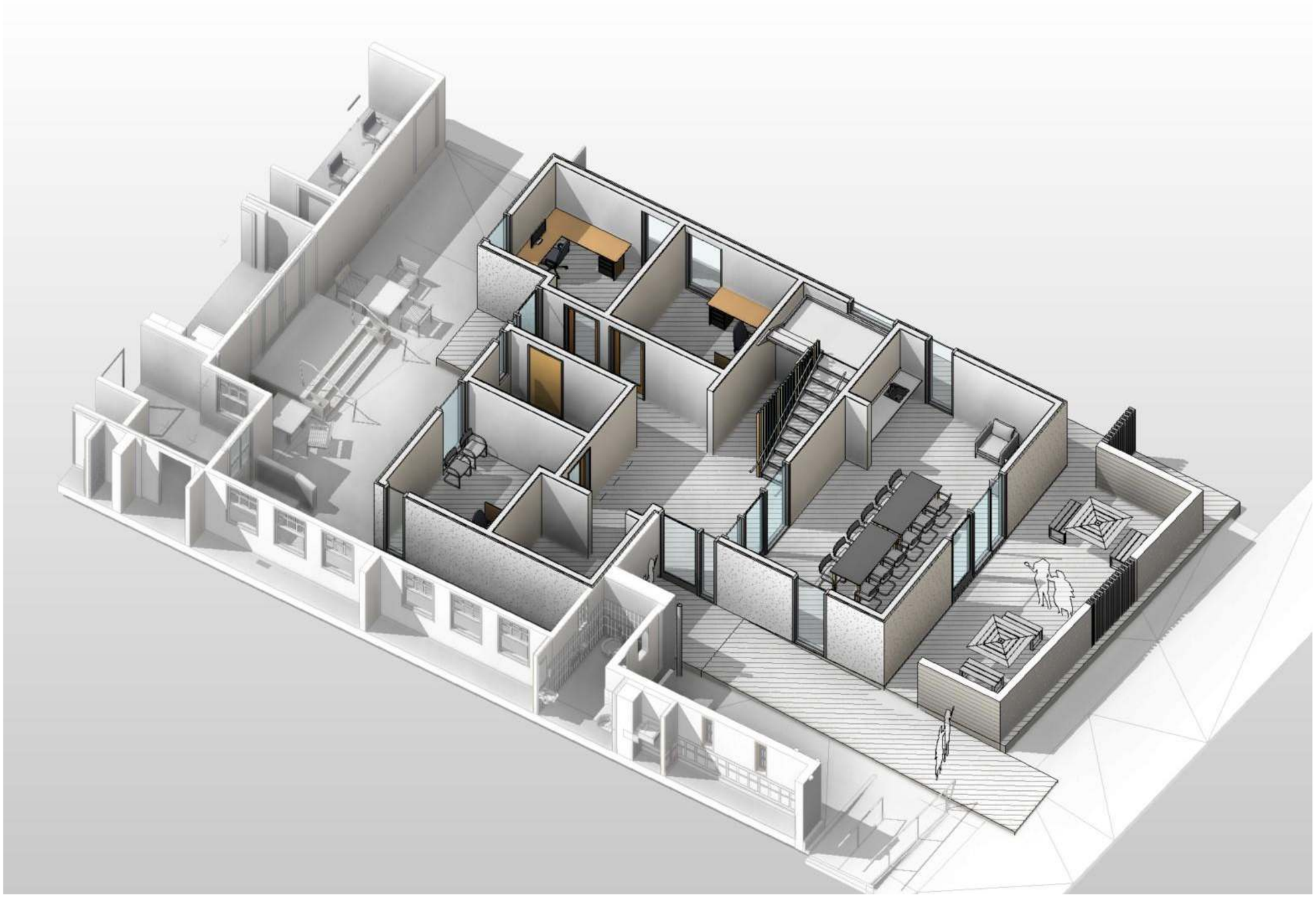
01 - FIRST FLOOR

07/25/2025

Berkeley Mental Health Services

City of Berkeley

NOLL & TAM ARCHITECTS



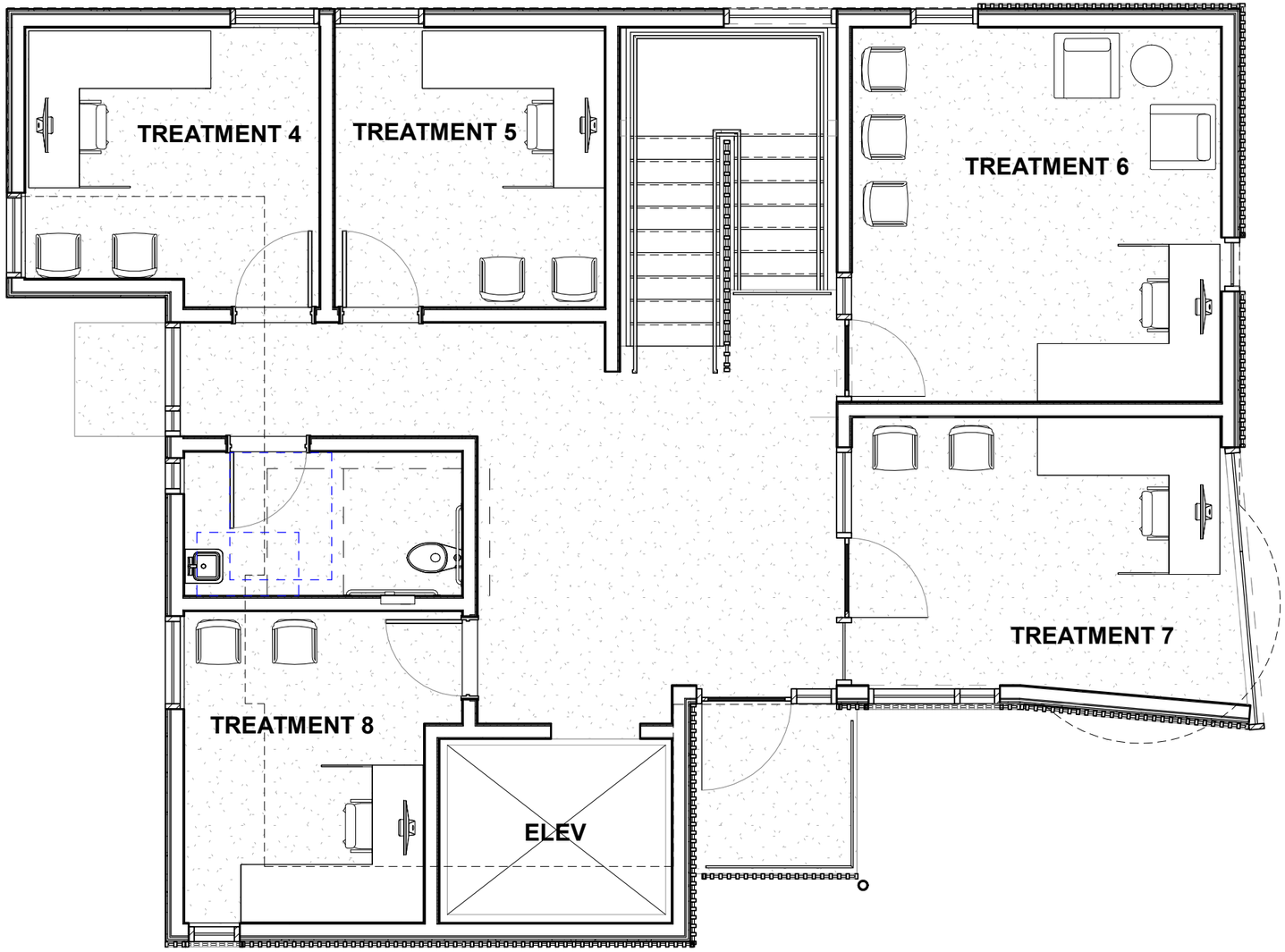
01 - FIRST FLOOR

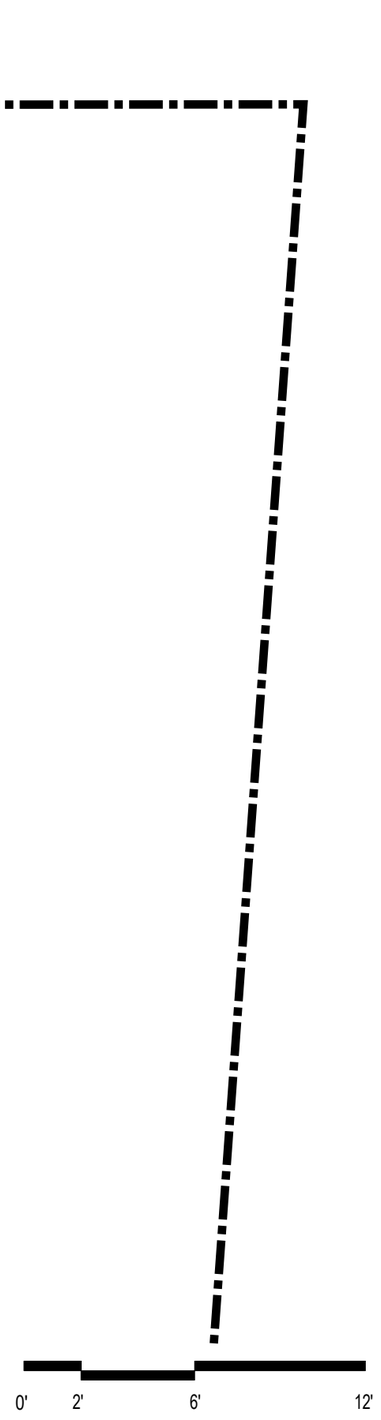
07/25/2025

Berkeley Mental Health Services

City of Berkeley

NOLL & TAM ARCHITECTS





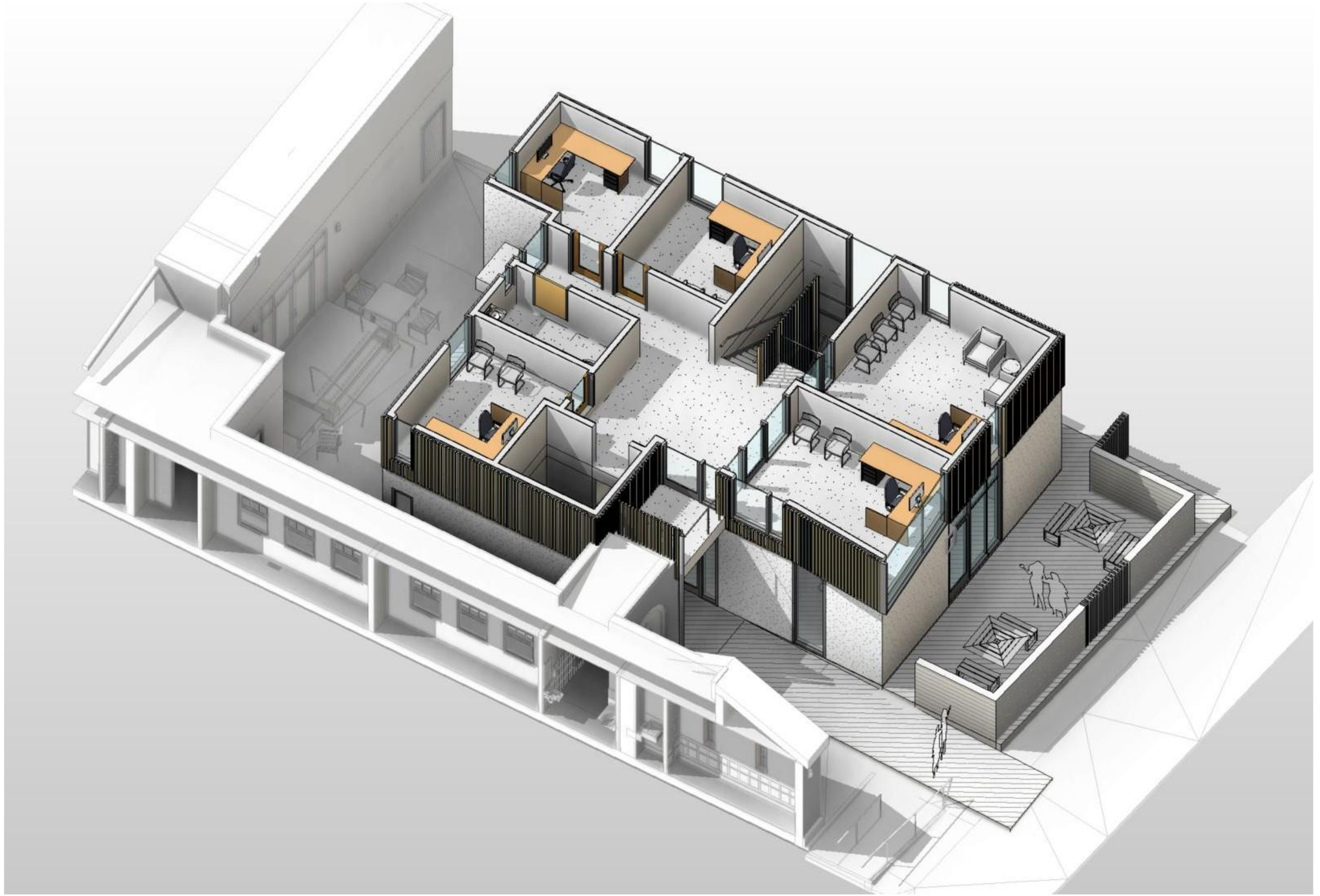
02 - SECOND FLOOR

07/25/2025

Berkeley Mental Health Services

City of Berkeley

NOLL & TAM ARCHITECTS



02 - SECOND FLOOR

07/25/2025

Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Behavioral Health Commission
From: Jeffrey Buell, Behavioral Health Division Manager
Date: 9/9/2025
Subject: Behavioral Health Manager Report

Behavioral Health Services Report

Alameda County has changed the software used to access Yellowfin, which holds the County's ongoing client data. Since this change, the system has not been accessible. Also note that fiscal fields continue to not be updated in this template. Commissioners may seek to meet again with the Division Manager and Health, Housing, and Community Services (HHCS) Fiscal Services Manager to discuss helpful data and structure for future service reports (Initial meeting on 11/18/24).

Information Requested by Behavioral Health Commission

No new questions were submitted by Commissioners in this time frame.

Mental Health Division Updates

Policy and Funding

- BHCIP Application process: HHCS continues to build its BHCIP application to transform 2636 MLK into a treatment facility. The final application is due October 28th 2025, and currently has the support of Alameda County Behavioral Health. The bond requires that any facilities receiving this grant must provide the approved behavioral health services for a minimum of 30+ years. The facility, as planned, would increase adult behavioral health treatment slots by 84% over the current capacity, allowing more clients to participate in treatment onsite, and allowing for more flexibility of group, peer, and SUD offerings.
- Prop 47 project: The City of Berkeley has applied to the State's Proposition 47 grant program, requesting $8 million to implement a three-year project called the "Berkeley CareBridge Program." Proposition 47 reclassified certain non-violent offenses and established a grant program to support treatment-based alternatives to incarceration. The Board of State and Community Corrections

(BSCC) administers these funds to local governments implementing restorative, trauma-informed, and rehabilitative services for justice-involved individuals.

Berkeley CareBridge would provide a post-arrest diversion pathway for unhoused individuals with mental health and/or substance use disorders. The program includes a six-month transitional housing model at a leased hotel facility, paired with comprehensive wraparound services. Participants would receive individualized case management, behavioral health and substance use treatment, civil legal support, and connections to housing and job readiness services.

Programming

- CATT mobile crisis implementation: The SCU program, a two-year pilot project implemented to provide to the community a non-law enforcement crisis response, ended in May of 2025. The City of Berkeley and Alameda County worked together to expand county crisis services through their Community Assessment and Transport Team (CATT) into the City of Berkeley. As of 9/1/25, CATT services have been activated in Berkeley and are available through emergency dispatch. The CATT program staff pairs of crisis workers (EMT and Behavioral Health Clinician) in teams around the County, providing 24/7 crisis coverage to all residents. The County is currently piloting activation of CATT through 988 on nights and weekends. BPD has reported that the CATT program has been responsive in the first week of service, and is able to provide their crisis services alone after the scene is confirmed to be safe.

Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Behavioral Health Commission
From: Jeffrey Buell, Behavioral Health Division Manager
Date: 7/15/2025
Subject: Behavioral Health Manager Report

Behavioral Health Services Report

Please find the attached report on Behavioral Health Services for June 2025. Also note that fiscal fields continue to not be updated in this template. Commissioners may seek to meet again with the Division Manager and Health, Housing, and Community Services (HHCS) Fiscal Services Manager to discuss helpful data and structure for future service reports (Initial meeting on 11/18/25).

Information Requested by Behavioral Health Commission

No new questions were submitted by Commissioners in this time frame.

Mental Health Division Updates

Policy and Funding

- BHSA Policy Manual: The Department of Healthcare Services (DHCS) has published their final version of the BHSA manual (https://policy-manual.mes.dhcs.ca.gov/?l=en). A number of final adjustments have been made that will increase the requirements to increase community engagement and transparency, grow administrative processes and costs, focus on homelessness and SUD care, move treatment funds into housing, and shift requirements on how to spend these funds from local to state priorities.
- Congress has passed its “One Big Beautiful Bill Act” this month, cementing key impacts and changes. Various impacts appear different, depending on the methodology used.
    - The Joint Committee on Taxation (JCT) estimates that which short term tax cuts will be implemented across the board. Starting in 2029, however, Americans making less than $30,000 per year will actually pay more in taxes than they do now. And those making less that $15,000 per year will

pay up to 53% more than they do now. Those making over $1million per year will see a 6.4% reduction in taxes at that time.
    - Medicaid (Medi-Cal in California) is set to be cut by about $1 trillion over the next decade. Impacts will include loss of coverage to recipients, adding premiums/co-pays , reductions in subsidies, more frequent eligibility checks, implemented work requirements, loss of eligibility for undocumented Californians, capitation of funds to the states, and closures of facilities that rely heavily on Medicaid funds to stay open. House Republicans are reportedly now working on a follow-up budget bill that seeks deeper cuts to Medicaid and new spending reductions in Medicare.
    - Other safety net programs are also set to be cut, including Supplemental Nutrition Assistance Program (SNAP), Affordable Care Act (ACA) subsidies, etc.
    - Defunding of Planned Parenthood clinics by preventing Medicaid to pay for their services
    - Increasing costs for low-income Medicare recipients by blocking access to lower premiums and subsidies
    - Cutting student loan repayment plans
-

Programming

- The HHCS Department is in process of exploring a Behavioral Health Continuum Improvement Program (BHCIP) grant, which at this stage could be useful for rehabilitating the administrative building at 2636 MLK into a facility that could be used for treatment. While it is currently closed due to environmental and health concerns, an infusion of State BHCIP funds could allow onsite individual and group treatment options. Alameda County has consulted in and supports the mission that this project would support.
- The Division and City of Berkeley are still examining the issue of funding cuts as they relate to services, especially as the general fund budget has been passed. The Division relies almost exclusively on special funding (MHSA, Medi-Cal, Realignment, etc), which has also been reduced by changes in CalAIM, BHSA, and State/Federal cuts. The City is intent on lessening the impacts of these shortfalls, while still acknowledging that this is another area of structural deficit, especially after the funding reductions experienced in recent years.
- Engagement with the Division: site tours and meetings outside of the Commission meeting are still occurring and encouraged. The Division Manager is interested in supporting engagement and collaborative work as Commissioners and community members work alongside to help understand and shape our City’s services in order to meet the coming and increasing needs of our citizens. Thank you for all that you do.

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Previous 12 Months	Fiscal Year 2026 (July '25-June '26) Demographics as of July 2025
Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	2 Clinicians, 4 Non-Licensed Clinician, 1 Clinical Supervisor	57	$4,119	Clients: 62 Asian: 3 Black or African-American: 31 Hispanic or Latino: 1 Unknown: 3 White: 24 Male Gender ID: 38 Female: 20 He/Him:2 Prefer not to answer: 0 They/Them: 1 Unknown/No Available: 1 Heterosexual/Straight: 47 Unknown/Not Available: 12 Bisexual: 1 Gay: 1 Lesbian: 0 Prefer Not to Answer: 1 Prefer not to answer/declined: 0
Adult FSP Psychiatry (July Stats)	1-100	0 FTE	46		
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)				$2,037,600	
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	4 Non-Licensed Clinician, 1 Clinical Supervisor	33	$2,908	Clients: 42 Asian: 1 Black or African-American: 24 Hispanic or Latino: 1 Other: 1 White: 15 Male Gender ID: 24 Female: 14 Unknown/Not Available: 2 She/Her:1 Unknown: 1 Heterosexual/Straight: 30

					Unknown/Not Available: 8 Bisexual: 3 Prefer Not To Answer/Declined to State: 1
HFPS Psychiatry (July Stats)	1-100	0.5 FTE	20		
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			TBD		
Comprehensive Community Treatment (CCT) **(High level outpatient clinical case management and treatment)**	1-20	5 Licensed Clinicians 2 Non-Licensed Clinicians 1 Senior Behavioral Health Clinician 1 Clinical Supervisor	168	$1,684	Clients: 192 Alaska Native or American Indian: 2 Asian: 13 Black or African-American: 74 Hispanic or Latino: 9 Other: 6 Pacific Islander: 3 Unknown: 8 White: 77 Female Gender ID: 83 Male: 82 He/Him: 9 She/Her: 7 Other Additional Gender Category: 6 Gender Queer: 2 Prefer Not To Answer: 1 They/Them: 1 Transgender (Trans Man): 1 Heterosexual/Straight: 139 Unknown/Not Available: 24 Gay: 6 Bisexual: 4 Lesbian: 4 Other Additional Sexual Orientation: 4 Prefer not to answer/declined to state: 4 Queer: 4 Prefer not to answer: 2 Unknown: 1
CCT Psychiatry (July Stats)	1-200	0.75 FTE	114		
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$2,617,010		

Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1 Non-Licensed Clinician 1 CHW Sp./ Non-Degreed Clinical, 1 Clinical Supervisor	77	$763	Clients: 88 Asian: 7 Black or African American: 31 Hispanic or Latino: 5 White: 45 Male Gender Identity: 50 Female: 34 She/Her: 2 He/Him: 1 Intersex: 1 Heterosexual/Straight: 80 Unknown/Not Available: 5 Prefer Not To Answer/Declined: 2 Gay: 1
FIT Psychiatry (July Stats)	1-200	.25	62		
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$900,451		

Family, Youth and Children's Services	**Intended Ratio of staff to clients**	**Clinical Staff Positions Filled**	**# of clients open this month**	**Average Monthly System Cost Last 12 months**	**Fiscal Year 2026 (July '25-June '26) Demographics as of July 2025**
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	12	$2,895	Clients: 14 Alaska Native/American Indian: 1 Asian: 1 Black or African-American: 7 Hispanic or Latino: 1 Other: 2 Unknown: 2 Male Gender ID: 5 Female: 7 Unknown: 1 Unknown/Not Available: 1 Unknown/Not Available Sexual Orientation: 8 Heterosexual/Straight: 4 Bisexual: 1 Unknown: 1
CFSP Psychiatry (July Stats)	1-100	0	1		
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$489,235		

Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2 Non-Licensed Clinicians, 1 Clinical Supervisor	63	$1,726	Clients: 74 Alaska Native or American Indian: 2 Asian: 2 Black or African-American: 25 Hispanic or Latino: 16 Other: 5 Unknown: 13 White: 11 Female Gender ID: 37 Male: 27 Missing Gender ID: 4 Prefer Not To Answer/ Declined to state 2 Unknown/Not Available: 2 Gender non-conforming: 1 Transgender (Tans Man): 1 Heterosexual/Straight: 42 Unknown/Not Available: 13 Bisexual: 7 Missing: 4 Other Additional Sexual Orientation: 3 Gay: 1 Lesbian: 1 Prefer Not to Answer/Declined to State: 1 Queer: 1 Unsure/Questioning/Don't Know: 1
ERMHS/EPSDT Psychiatry (July Stats)	1-100	0	7		
EPSDT/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	1 Clinician, 1 Clinical Supervisor	Drop-in:2 Externally referred: 3 Ongoing tx:4 Groups: 0 Offered/ 0 Conducted		N/A
HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$396,106		

Crisis and ACCESS Services	Staff Ratio	Clinical Staff Positions Filled	Total # of Clients/Incidents	MCT Incidents Detail	Calendar Year 2024 (Jan '25- Dec '25) Demographics – From Mobile Crisis Incident Log (through July 2025)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	• 60 - Incidents • 16 - 5150 Evals • 5 - 5150 Evals leading to involuntary transport	• 30 - Incidents: Location - Phone • 24 - Incidents: Location - Field • 0 - Incidents: Location - Home	Clients: 279 API: 7 Black or African-American: 54 White: 67 Hispanic or Latino: 13 Other/Unknown: 138 Female: 118 Male: 127 Transgender: 5 Unknown: 29
MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$771,623		
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	• 0 – Incident(s)	N/A	Clients: 6 API: 0 Black or African-American: 0 White: 3 Hispanic or Latino: 0 Other/Unknown: 3 Female: 0 Male: 5 Transgender: 1 Unknown: 0
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$272,323		
Crisis, Assessment, and Triage (CAT)	N/A	1 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	• 57 - Incidents	N/A	Clients: 203 API: 6 Black or African-American: 36 White: 42 Hispanic or Latino: 7 Other/Unknown: 112 Female: 75 Male: 90 Transgender: 1 Unknown: 37

CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)	$735,075

Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support.
In demographics, other/unknown is used both when a client indicates that they are multi-racial and when demographic info is not known.

*Average System Costs come from Yellowfin, and per ACBH include all costs to mental health programs, sub-acute residential programs, hospitals, and jail mental health costs.

2025 Commissioners' Manual Update

What's New ~ What's Changed

1

Key Updates

- Police Oversight: Updated for Police Accountability Board (PAB) replacing Police Review Commission (PRC).
- New Commission: Added SAFE STREETS Citizens Oversight Commission (Measure FF, 2024).
- Remote Participation: Included new ADA & teleconferencing policies.
- Inclusive & Legal Updates: Gender-neutral language, Brown Act compliance, and commission name updates (2022-2024).
- Policy & Formatting: Revised appendices, WCAG formatting, and paperless processes.
- Updated Berkeley Organization Chart

Ballot Measure Approved by Voters (Pg. 10)

Old Version

- Three commissions derived authority from voter-approved measures.

New Version

Now five commissions:

- Police Accountability Board (PAB)
- SAFE STREETS Citizens Oversight Committee (SSCOC)
- Independent Redistricting Commission.

Commission Types: Quasi-Judicial

Old Version

- PRC listed as quasi-judicial.

New Version

- PRC replaced with PAB.
- Added Open Government Commission.

Advisory to the Council: Commissions Added & Removed

Old Commissions:

- Animal Care Commission
- Children, Youth, and Recreation Commission
- Energy Commission
- CEAC
- Homeless Commission
- Police Review Commission
- Public Works Commission
- Transportation Commission

New Commissions:

- Parks, Rec & Waterfront Commission
- Environment & Climate Commission
- Police Accountability Board
- SSCOC
- Transportation and Infrastructure Commission

Exemption from Attendance Rules

OLD VERSION

- Previously, both FCPC and PRC were exempt from attendance rules.

NEW VERSION

- Now, only FCPC is exempt since the Charter Amendment that created the PAB included the attendance rules.

Commissions with Special Regulations (Pg. 17)

Old Version

- PRC had unique appointment terms.

New Version

- SSCOC added to list – unique membership structure.
- PRC removed and replaced with PAB, which now has four-year terms instead of two-year terms.
- Two youth commissioners on the ECC are appointed by the Council as a whole, as recommended by the School Board.

Leave of Absence (Pg. 19)

Old Version

- The secretary must submit a consent item to the agenda process for Council to approve Absence.

New Version

- The Mayor can approve a LOA for a Commissioner <u>appointed by the Council as a whole.</u> (Ord. 7,911-N.S.)

Alternate Commissioners (p.21)

- Commissions added to the list on which Alternate Commissioners may serve:
  - Community Health Commission
  - Environment and Climate Commission
  - Parks, Recreation, and Waterfront Commission
  - Transportation and Infrastructure Commission
  - Zero Waste Commission
- New Provision – Appointments of Alternate Commissioners to quasi-judicial commissions must be made at least two business days prior to the meeting.

Accommodations for Commissioners with Disabilities (Pg. 22)

Old Version

Requests handled by commission secretary, working with the Disability Compliance Program.

New Version

- Requests now directed to the ADA Program Coordinator for evaluation and accommodations.

Stipend Information (Pg. 23)

Old Version:

- Resolution No. 64,831-N.S.
- Income eligibility at $20,000 per year.
- $40 stipend per meeting.

New Version:

- Updated by Resolution No. 69,739-N.S.
- Income eligibility increased to $70,075 per year w/automatic increases.
- Stipend increased to $100 per meeting w/CPI increases.

Police Accountability Board Compensation (Pg. 23)

OLD VERSION

- Refers to BMC Section 3.32.060, which states that Police Review Commissioners receive $3 per hour for time spent on investigations, policy reviews, and meetings.

NEW VERSION

- PAB members receive $100 per regular or special meeting attended, with a cap of $300 per month.
- The compensation structure for the PAB has changed from an hourly rate to a flat per-meeting stipend.

Temporary Ad Hoc Committees (Pg. 30)

Old Version

- Previously subject to Brown Act by City policy
- Required public access
- Agenda posting
- Compliance with meeting laws.

New Version

- No longer subject to Brown Act rules
- No public posting required
- No requirement for public participation

13

Coordination with Staff - Duties of Secretary (Pg. 34)

OLD VERSION

- Draft minutes had to be posted within 14 days.
- 'Subcommittees' terminology was used.
- Secretaries handled web updates and some record retention responsibilities.

NEW VERSION

- Draft minutes must be posted within 7 days.
- 'Subcommittees' replaced with 'ad hoc committees'.
- Commission web updates are now handled by the City Clerk and Web Team instead of secretaries.

New Teleconferencing Policy (Pg. 55)

Old Version:

Teleconferencing was only allowed as an ADA accommodation.

New Version

ADA accommodation – or – "Just Cause" & "Emergency Circumstances"

Commissioners may participate remotely for just cause or emergency circumstances based on the resources at the meeting location, though this is not guaranteed. Additionally, teleconferencing for more than two (2) meetings per calendar year is prohibited unless authorized through the reasonable accommodation process outlined in Appendix H.

Distribution of Commission Agenda Packets, Noticing for Cancelled Meetings

OLD VERSION

- Secretary could cancel a meeting only if there was no quorum.
- It was implied that a cancellation notice was always required.
- Secretary will mail complete agenda packets to commissioners no later than seven days before the meeting.
- Must post agenda at meeting location, web, and posting board.

NEW VERSION

- Secretary can now cancel a meeting before agenda is posted.
- If no agenda was posted, a cancellation notice is not required.
- Primary format for agenda packets is electronic. Same timeline. Commissioners may request a hard copy packet.
- Removed required posting at meeting location.

16

Roll Call Vote (Pg.57)

OLD VERSION

- Roll call votes were only required if specified in commission bylaws or if a commissioner requested it.

NEW VERSION

- Added that a roll call vote must be conducted if any commissioner is participating remotely.

Commission Communications to Council (Pg. 66)

Old Version

- No deadline for submitting commission letters.

New Version

- Letters must be submitted 'as soon as practicable.'
- Available in communications packets, online records portal, and at meetings.

Accommodations for Commissioners with Disabilities (Pg. 91)

OLD VERSION

- Individuals must make a request at least 72 hours in advance to ensure accommodations.

NEW VERSION

- A 72-hour advance request is encouraged, but the City will make good faith efforts to accommodate requests made with less than 72 hours' notice.
- Phone: (510) 981-6418
- Email: ada@berkeleyca.gov


QUESTIONS
ANSWERS

Board and Commission Manual Updates related to Mental Health Commission

Key Updates – Page 2

- Remote participation: Include new ADA and teleconferencing policies
- Inclusive & Legal Updates: Gender neutral language, Brown Act compliance, and commission name updates (2022 2024).

Leave of Absences Page 8 (page 19 in manual)

New Version

• The Mayor can approve a LOA for a Commissioner appointed by the Council as a whole. (Ord. 7,911N.S.)

Accommodations for commissioner with Disabilities (page 22)

New Version

• Requests now directed to the ADA Program Coordinator for evaluation and accommodations. (ADA Program Director – Thomas Gregory 510-981-6418 TGregory@berkeleyca.gov) or ada@berkeleyca.gov

Page 91 -

New Version

A 72-hour advance request is encouraged, but the city will make good faith efforts to accommodate request made within less than 72 hours' notice.

Stipend Information (page 23)

New Version:

• Updated by Resolution No. 69,739 N.S.

• Income eligibility increased to $70,075 per year w/automatic increases.

• Stipend increased to $113 per meeting W/ CPI increase.

Temporary Ad Hoc Committees FKA subcommittees) (page 30)

New Version

• No longer subject to Brown Act rules, no public posting required, no requirement for public participation

Coordination with Staff Duties of Secretary (Pg. 34)

NEW VERSION

• Draft minutes must be posted within 7 days.

• Subcommittees' replaced with 'ad hoc committees.

• Commission web updates are now handled by the City Clerk and Web Team instead of secretaries.

New Teleconferencing Policy (Page 55)

New Version

ADA accommodation or —"Just Cause" & "Emergency Circumstances" Commissioners may participate remotely for just cause or emergency circumstances based on the resources at the meeting location, though this is not guaranteed. Additionally, teleconferencing for more than two (2) meetings per calendar year is prohibited unless authorized through the reasonable accommodation process outlined in Appendix H.

Distribution of Commission Agenda Packets, Noticing for Cancelled Meetings

New Version

• Secretary can now cancel a meeting before agenda i s posted.

• If no agenda was posted, a cancellation notice is not required.

• Primary format for agenda packets is electronic. Same timeline. Commissioners may request a hard copy packet.

• Removed required posting at meeting location.

Roll Call Vote (page 57)

New Version

• Added that a roll call vote must be conducted if any commissioner is participating remotely.

Commission Communications to Council (Pg.66)

New Version

• Letters must be submitted 'as soon as practicable

• Available in communications packets, online records portal, and at meetings.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, September 12, 2025 5:14 PM
To: Works-Wright, Jamie
Subject: FW: Mental Health Advisory Board Meeting (September 15, 2025)
Attachments: MHAB Main Board Agenda (September 2025).pdf; MHAB Main Board Meeting UNAPPROVED Minutes (Aug 2025) .pdf; ACBHD Opioid Settlement Funding Presentation (September 2025).pdf; MHAB-CFJL-Presentation-May-22-2025.pdf; MEMO_-Announcing-CATT-Direct-Dispatch-Pilot-FINAL-9.4.25.pdf

Internal

Hello Commissioners,

Please see the information attached and below.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
Sent: Friday, September 12, 2025 2:47 PM
Cc: MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
Subject: Mental Health Advisory Board Meeting (September 15, 2025)

Good afternoon,

Please find attached materials for the Mental Health Advisory Board meeting scheduled for Monday, September 15, 2025, from 3:00 PM to 5:00 PM.

This will be an in-person meeting to be held at 2000 Embarcadero Cove, Suite 400 (*Gail Steele Conference Room*) in Oakland. Members of the public are invited to observe and participate in person or remotely via Zoom.

To participate virtually, please click on the meeting link below:

https://us06web.zoom.us/s/84285334458?pwd=bURyU1JqS2YvVGhRU2g4SW5yL0xRQT09
Webinar ID: 842 8533 4458
Passcode: 269505

Or Telephone:
(404) 443-6397
(877) 336-1831
Conference code: 988499

Alameda County
Mental Health Advisory Board

Mental Health Advisory Board Agenda

September 15, 2025 | 3:00 PM – 5:00 PM

2000 Embarcadero Cove, Suite 400 (Gail Steele Room) Oakland

This meeting will also be conducted through videoconference and teleconference

https://us06web.zoom.us/j/84285334458?pwd=bURyU1JqS2YvVGhRU2g4SW5yL0xRQT09

Teleconference: (877) 336-1831 | Teleconference Code: 988499

Webinar ID: 842 8533 4458 | Webinar code: 269505

MHAB Members:	**Brian Bloom** *(Chair, District 4)* **Terry Land** *(Vice Chair, District 1)* **Jennifer DeGroat-Penney** *(District 1)* **Carolynn Gray** *(District 2)* **Gina Lewis** *(District 2)*	**Thu Quach** *(District 2)* **Ashlee Jemmott** *(District 3)* **Shannon Johnson** *(District 3)* **Yuliana Wiser-Leon** *(District 3)*	**Mary Hekl** *(District 4)* **Larry Brandon** *(District 5)* **Juliet Leftwich** *(District 5)* **Erin Armstrong** *(BOS Rep.)*

Committees

Adult Committee
Terry Land, Co-Chair
Thu Quach, Co-Chair

Children's Advisory Committee
Ashlee Jemmott, Co-Chair
Vacant, Co-Chair

Criminal Justice Committee
Brian Bloom, Co-Chair
Juliet Leftwich, Co-Chair

MHAB Mission Statement

The Alameda County Mental Health Advisory Board has a commitment to ensure that the County's Behavioral Health Care Services provide quality care in treating members of the diverse community with dignity, courtesy, and respect. This shall be accomplished through advocacy, education, review, and evaluation of Alameda County's mental health needs.

3:00 PM	I.	Call to Order and Roll Call
3:05 PM	II.	Approval of Minutes
3:05 PM	III.	Public Comment
3:10 PM	IV.	MHAB Chair's Report
3:15 PM	V.	ACBHD Director's Report
3:25 PM	VI.	Board Announcements
3:30 PM	VII.	Opioid Settlement Listening Session & Discussion
4:10 PM	VIII.	Care First, Jails Last Ad Hoc Committee Update
4:30 PM	IX.	Committee and Liaison Reports A. Adult Committee B. Criminal Justice Committee C. Children & Young Adult Committee D. Care First, Jails Last Ad Hoc Committee E. MHSA Stakeholder Committee F. Budget Stakeholders Advisory Committee G. Berkeley Mental Health Committee H. Measure A Oversight Committee
4:45 PM	X.	Public Comment
5:00 PM	XI.	Adjournment

Contact the Mental Health Advisory Board at ACBH.MHBCommunications@acgov.org

Behavioral Health Department
Alameda County Health

Mental Health Advisory Board UNAPPROVED Minutes
August 18, 2025 | 3:00 PM - 5:00 PM

Meeting Conducted In-Person and through Video/Telephone Conference

Alameda County
Mental Health Advisory Board

MHAB Members:	☒**Brian Bloom** *(Chair, District 4)* ☒**Terry Land** *(Vice Chair, District 1)* ☒**Jennifer DeGroat-Penny** *(District 1)* ☒**Carolynn Gray** *(District 2)* ☒**Gina Lewis** *(District 2)*	☐**Thu Quach** *(District 2)* ☐**Ashlee Jemmott** *(District 3)* ☒**Shannon Johnson** *(District 3)* ☒**Yuliana Wiser-Leon** *(District 3)*	☒**Mary Hekl** *(District 4)* ☐**Lawrence Brandon** *(District 5)* ☒**Juliet Leftwich** *(District 5)* ☒**Erin Armstrong** *(BOS Representative)*
ACBH Staff:	☒ **Dr. Karyn Tribble** *(ACBHD Director)* ☒ **James Wagner** *(ACBHD Deputy Director, Clinical Operations)* ☐ **Vanessa Baker** *(ACBHD Deputy Director, Plan Administration)*	☒ **Dainty Castro** *(MHAB Liaison)* ☐ **Asia Jenkins** *(ACBHD Admin Support)*	
Excused Absences:			

Meeting called to order at 3:05 PM by Chair Brian Bloom.

ITEM	DISCUSSION	DECISION/ACTION
Call to Order/Roll Call	Roll call was completed.	
Approval of Minutes	The meeting minutes from July 21, 2025, were adopted with minor revisions and unanimously approved with five abstentions.	
Public Comments	Public comments were provided.	
MHAB Chair's Report	MHAB Chair Bloom provided the following updates: • Board vacancies remain in District 1 and 4. District 5 is expected to be filled by next month at the September 9 Board of Supervisor (BOS) meeting. MHAB Representative Erin Armstrong, is considering possible board member applicants from independent areas.	

ITEM	DISCUSSION	DECISION/ACTION
	• September presentations include Opioid Settlement Listening Session, FSP Report, and a site visit to a Residential Drug Program (pending Doodle Poll with 3-4 members participating) • A virtual town hall on Measure W was held July 22, sponsored by District 5 Supervisor Fortunato Bas. • Ribbon cutting for the Diversion Triage Center took place on August 4; updates to be shared on September 15. • Next BOS Joint Health and Public Protection Committee meeting is scheduled for October 13 and the Care First, Jails Last (CFJL) recommendations from the May 22 BOS meeting will be revisited.	
ACBHD Director's Report	Dr. Karyn Tribble, Alameda County Behavioral Health Department (ACBHD) Director provided the following updates: • Measure W Fund Update: - The County Administrator's Office (CAO) reported on July 30 that Measure W is projected to total approximately $1.83 billion through June 2031, with an 80/20 allocation split. - $585 million will be allotted one-time to the Home Together Fund. - Current account balance is $810 million, with $585 million designated for essential county services and $170 million for reserves. - Ongoing allocation include $204 million for essential county services and $800 million for homelessness initiatives. - Essential services cover six priority areas: food, housing, county properties, senior services, and impacts from federal/state budgets on Behavioral Health. - Nearly $1 billion in funding requests have been submitted to the CAO. • BHSA Plan: • Anticipated budget reductions of $80 to $90 million by July 1, 2027. - A draft BHSA plan is due by January 2026 and will be publicly accessible. - The final BHSA plan will be released on July 1, 2026	

ITEM	DISCUSSION	DECISION/ACTION
5150 Overview and Update Presentation	Dr. Aaron Chapman, ACBHD Chief Medical Officer, presented on the 5150s and involuntary holds. Highlights included: • Overview of involuntary hold types with emphasis on 5150 criteria, grave disability and SB43. Alameda County designates who initiate and life 5150s. • Historical context of the Lanterman-Petris Short Act (LPS) signed in 1967and enacted in 1972. • Definition of 5150 as a 72-hour hold for individual psychiatric crisis. • Current grounds for detention include danger to self/others or grave disability due to mental disorder. • SB43, adopted by alameda County effective January 1, 2026, will revise eligibility criteria for 5150 holds; homelessness, poverty, or developmental disability alone do not qualify for grave disability. • Minors may be held if unable to access life-sustaining elements due to mental disorder. • The BOS deferred SB43 implementation to 2026; its adoption will expand eligibility criteria. • 5270-hold adopted on August 2025 allows an additional 30-day LPS hold for grave disability, serving as an alternate to temporary conservatorship. • County Mental Health Director-approved professional may initiate 5150 holds. • Under the Welfare Institution's Code (WIC) 5121, the Behavioral Health Director may designate and train professionals to initiate 5150 and 5585 holds. • Data was shared on ethnic breakdown of individuals placed on involuntary holds during Fiscal Year 2022-2023.	
MHAB 5150 Discussion with Law Enforcement Officers	Law enforcement representatives were invited to share insights and feedback regarding the 5150 procedures: • Officer Stefan Edinburgh (Oakland Police Department) addressed a concern raised regarding families unable to secure 5150 treatments for loved ones at home. He explained that OPD's mobile crisis team evaluates such cases under grave disability. Criteria and may refer them to In-Home Outreach Team (IHOT) for follow-up and case management.	

ITEM	DISCUSSION	DECISION/ACTION
	• Officer Maria Madlansacay (Oakland Police Department) described OPD's training programs focused on mental illnesses, developmental disabilities, and population-specific interactions. Trainings aim to build officer's empathy and skills, including the First Responder Wellness course. A key challenge is staffing – officers attending trainings cannot be easily replaced for patrol duties. • Officer Ryan Higgins (Fremont Police Department) reported that the department spends approximately 90% of its time addressing homelessness-related issues, including encampments abatements. A full-time clinician supports dispatch, post-crisis follow-ups, and 5150 reviews. • Sargeant Mandeep Singh (Fremont Police Department) has no update to report. • Officer Andrew Graycar (Livermore Police Department) credited Officer Lily Oberdorfer, a full-time clinician, for her strong hospital and social worker outreach. The department responds to crisis involving mental illness, substance abuse disorder, elder care and developmental disabilities. A large population of holds are 5250 and 5350, with over 300 unsheltered individuals in Livermore experiencing serious illness. The agency aims to deploy highly trained personnel to screen and manage 911 calls. • Officer Lily Oberdorfer (Livermore Police Department) was acknowledged by Officer Graycar; no separate update was provided. • Officer Jorge Faucher (Piedmont Police Department) reported minimal homelessness mental health crisis volume. Piedmont issued ten of the 5150s holds this year totaling 23 compared to the previous year. The juvenile liaison officer is a top priority. A concern was raised about some officer's discomfort and lack of confidence when engaging individuals in mental health crisis.	
Public Comment	Public comments were given.	
Adjournment	Meeting adjourned at 4:54PM	

Alameda County Behavioral Health Department (ACBHD)

Opioid Settlement Listening Session (2025)

Presenters

- Dr. Kathleen Clanon (Agency Medical Director, Alameda County Health)
- James Wagner (Deputy Director of Clinical Operations, ACBHD)
- Dr. Joshua Kayman (Medical Director of Substance Use Continuum of Care, ACBHD)
- Dr. Anna Phillips (Director of Substance Use Continuum of Care, ACBHD)
- Jill Louie (Budget Director, ACBHD)

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Alameda County Health

Purpose Statement

The purpose of the opioid settlement listening sessions is to give stakeholders opportunity on an annual basis to provide feedback to Alameda County regarding the usage and expenditure of the opioid settlement dollars. In addition, the County will give an overview of the current opioid crisis in Alameda County and the expenditures that have been implemented. The listening sessions are open to any Alameda County resident to attend.

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Alameda County Health

What is an opioid listening session?

The listening sessions will serve as a venue for Alameda County Behavioral Health Department (ACBHD) to provide an update to the stakeholders and to gather their input:

- Opioid Settlement dollars from the national lawsuit that Alameda County signed on to.
- Stakeholders to hear about what ACBHD has done thus far with the settlement money.
- To provide opportunity for input on opioid settlement dollars and on how to make the best use of the dollars.
- To assist the County in dreaming big and how to abate the opioid crisis in Alameda County.

Why am I here? Who is attending the listening sessions?

- Participants have been identified as having a stake or vested interest in the opioid crisis.
- Attendance is made up of individuals impacted directly by the crisis, family members of impacted individuals, and organizations that provide services to the impacted population.
- Any resident of Alameda County who is interested in this topic and want to be a positive force in addressing the opioid crisis in our community.

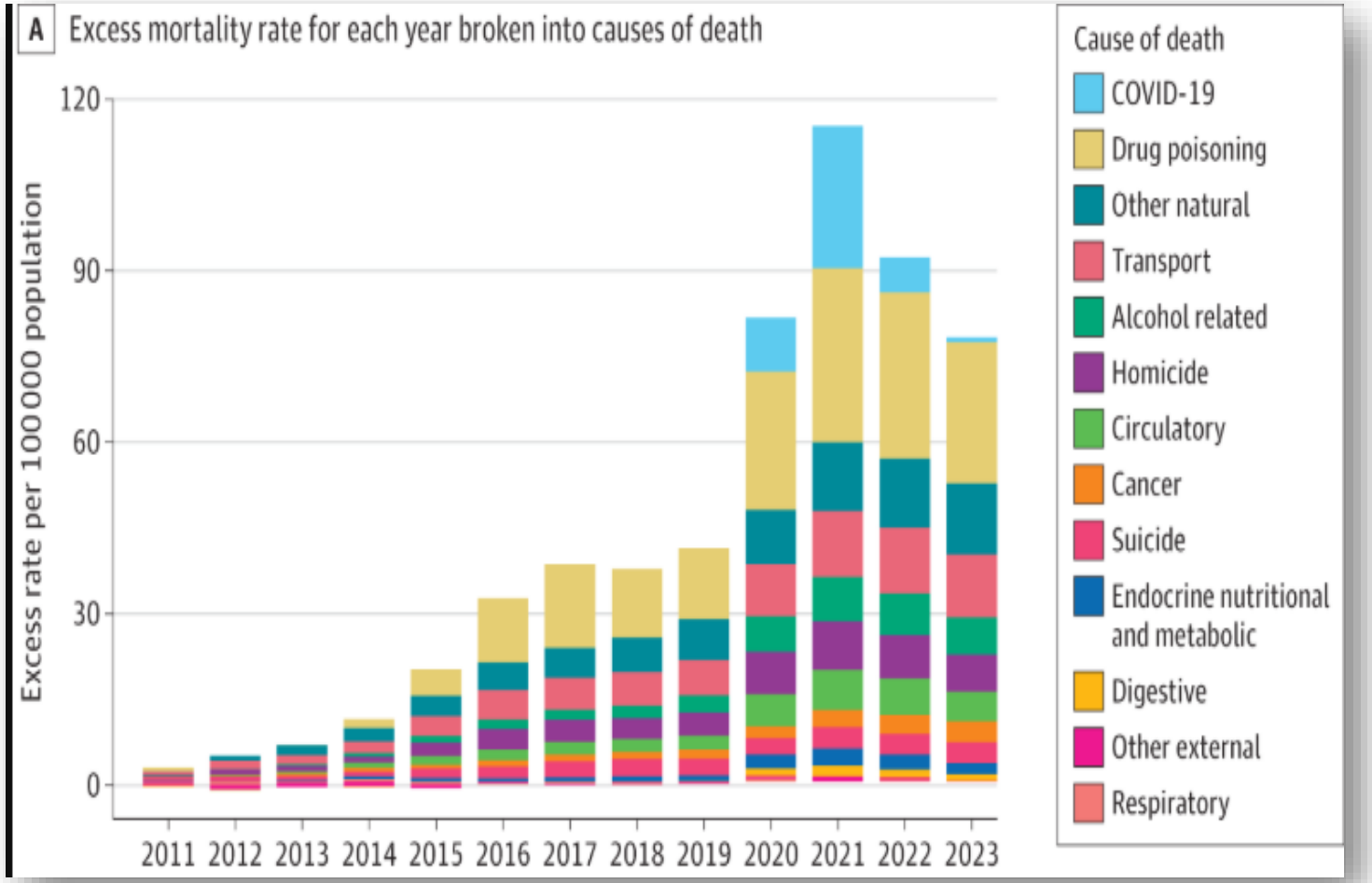
Alameda County Opioid Overdose & Poisoning

Dr. Kathleen Clanon (Agency Medical Director)

Dr. Joshua Kayman (Medical Director of Substance Use Continuum of Care, ACBHD)

Drug Overdoses Continue To Be a Public Health Crisis

Drug poisoning is the number one cause of death among adults ages 18-45.



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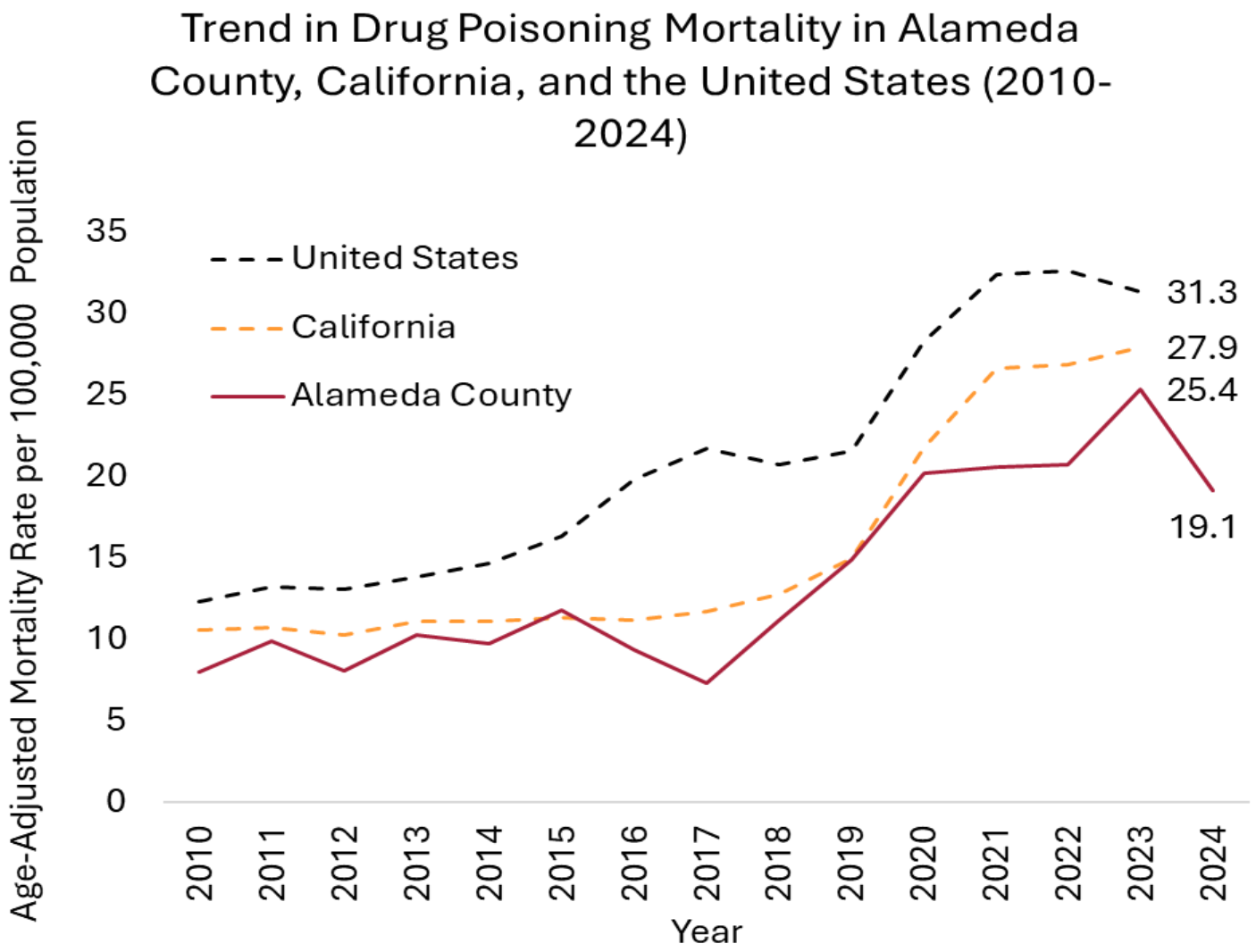
Overdose deaths in Alameda County



Source: Alameda County vital statistics files, 2010-2024; CDC Wonder, 2010-2023 (CA & US).
Note: Alameda County 2024 data is preliminary.

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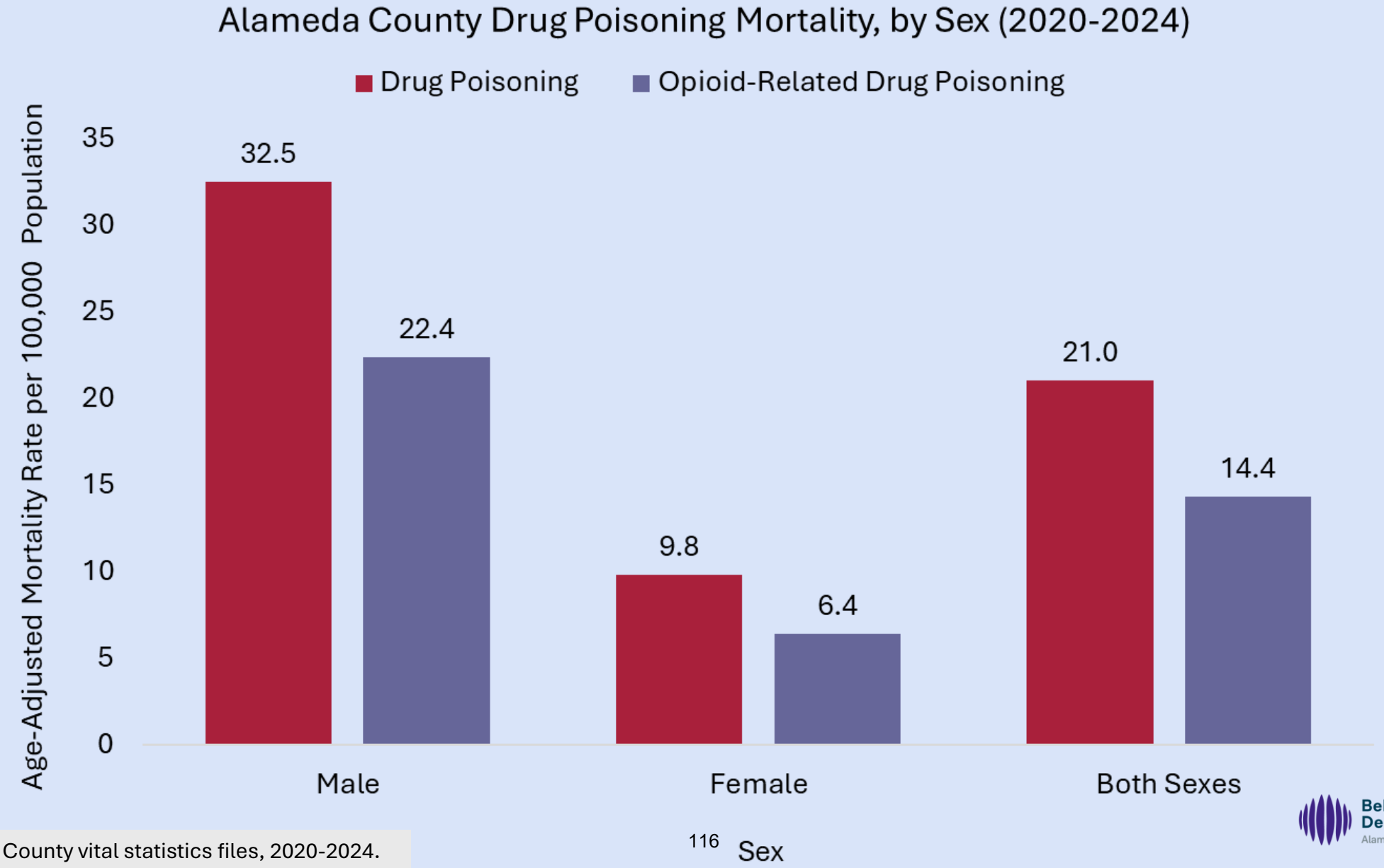
Who is At Higher Risk: Opioid deaths higher among men



Source: Alameda County vital statistics files, 2020-2024.
Note: Alameda County 2024 data is preliminary.

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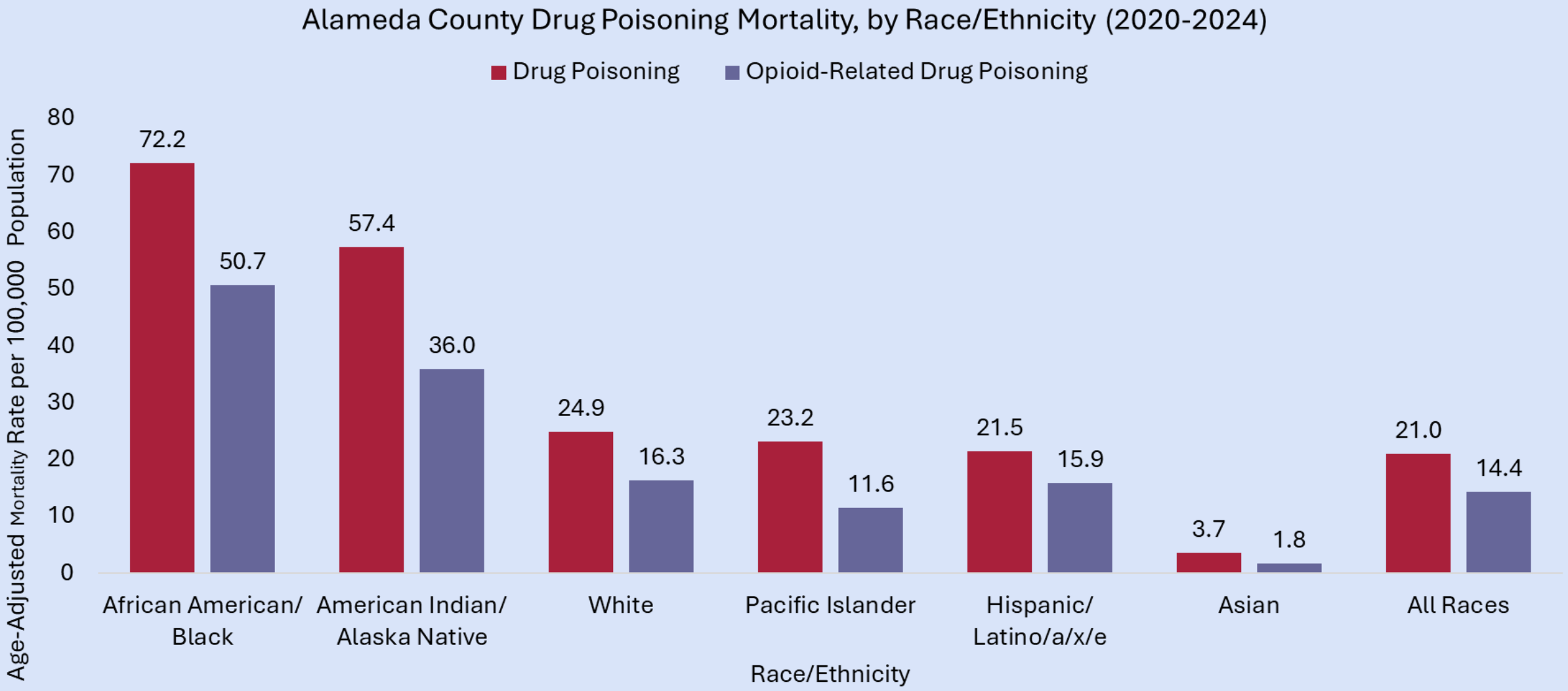
Higher rates of overdose death among Black residents



Source: Alameda County vital statistics files, 2020-2024; except for American Indian/Alaska Native and Pacific Islander, CDC Wonder for CA, 2019-2023.
Note: Alameda County 2024 data is preliminary.

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Why do we see higher levels of overdose in some groups?

For all races and ethnicities, men are more likely …

- To use drugs
- To use illegal drugs
- To be socially isolated. Addiction is a disease of isolation. Women tend to stay connected to family and friends more than men.

Why do we see higher levels of overdose in some groups (continued…)?

Fentanyl has made drug use in the US far deadlier for all Americans…however, for African Americans there are additional challenges due to systematic inequities, which include:

- Over-criminalization of drug use
- Less access to health care
- Implicit Bias
- Racism
- Worse outcomes when residents live in counties with high income inequity

How is Alameda County Health (ACH) addressing Overdoses & Poisonings

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Alameda County Health

Interventions To Reduce Overdose Deaths
Supported by ACBH Substance Use Continuum of Care

- Medications for Opioid Use Disorder
  - Buprenorphine
  - Methadone
- Residential Programs
  - Treatment
  - Recovery Residences
- Outpatient Treatment
- Sobering and Detox services
  - Referrals and linkages to care

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Medication for Opioid Use Disorder Saves Lives

- Methadone and Buprenorphine
- Activate the opioid receptor
- Maintain high tolerance → 59% reduction in mortality[1]
- Retains people in treatment
- Lower relapse rates[2]
- Reduced HIV and Hep C infection[3]
- Improved quality of life (incarceration, employment, housing)[4]

1. *Larochelle MR, et al. Ann Intern Med. PMID: 29913516*
2. *Mattick RP, et al. Cochrane Database of Systematic Reviews, 2014.*
3. *Edelman EJ, et al. Drug Alcohol Depend, 2014. PMID: 24726429*
4. *Malta M, et al. PLoS Med, 2019. PMID: 31891578*

Before I started Suboxone, every day was about finding and using. Now I wake up without that constant panic. I'm working and I can think more than one day ahead. But the best part is I can see my kids again.

-Steven L.

Resources Providing Medications for Opioid Use Disorder

Bridge Clinic

- Low-barrier addiction medicine clinic at Highland Hospital
- 1,300 unique patients served per month
- Both telemedicine and in person
- Staffed by prescribers, Social Workers, Community Health Workers, and Substance Use Navigators

Methadone Clinics

- 9 clinics serving disparate geographic areas
- Serving over 2,000 unique patients

Other medication providers

- Clinics/FQHCs
- TRUST Clinic

Cross-Agency Overdose Response

MAT Expansion & Linkages to Care

- **Expanding the use of medications for Opioid Use Disorder at Santa Rita Jail**
  - Initiating treatment for individuals arriving to the jail who are already on Buprenorphine or Methadone
  - Identifying new individuals who may benefit from these medications through screening
  - In person meeting before release and linkage with community-based resources
  - Long-acting Injectable Buprenorphine now available
- **EMS Prehospital Buprenorphine Initiative**
  - Allows paramedics to administer buprenorphine in the field when responding to an overdose
  - Addresses the underlying addiction by starting treatment and encouraging transport to an ED that can continue care

ACBH Foundational Addiction Treatment Programs

- Sobering and Detox
- Residential Treatment
  - 173 Adult beds
  - 46 Perinatal beds
- Recovery Residence
  - 145 Adult beds
  - 9 Perinatal beds
- Outpatient Treatment Programs
  - 5 Adult programs providing Intensive Outpatient care
  - 3 Adolescent programs

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Other Strategies

Dr. Kathleen Clanon (Agency Medical Director, Alameda County Health)

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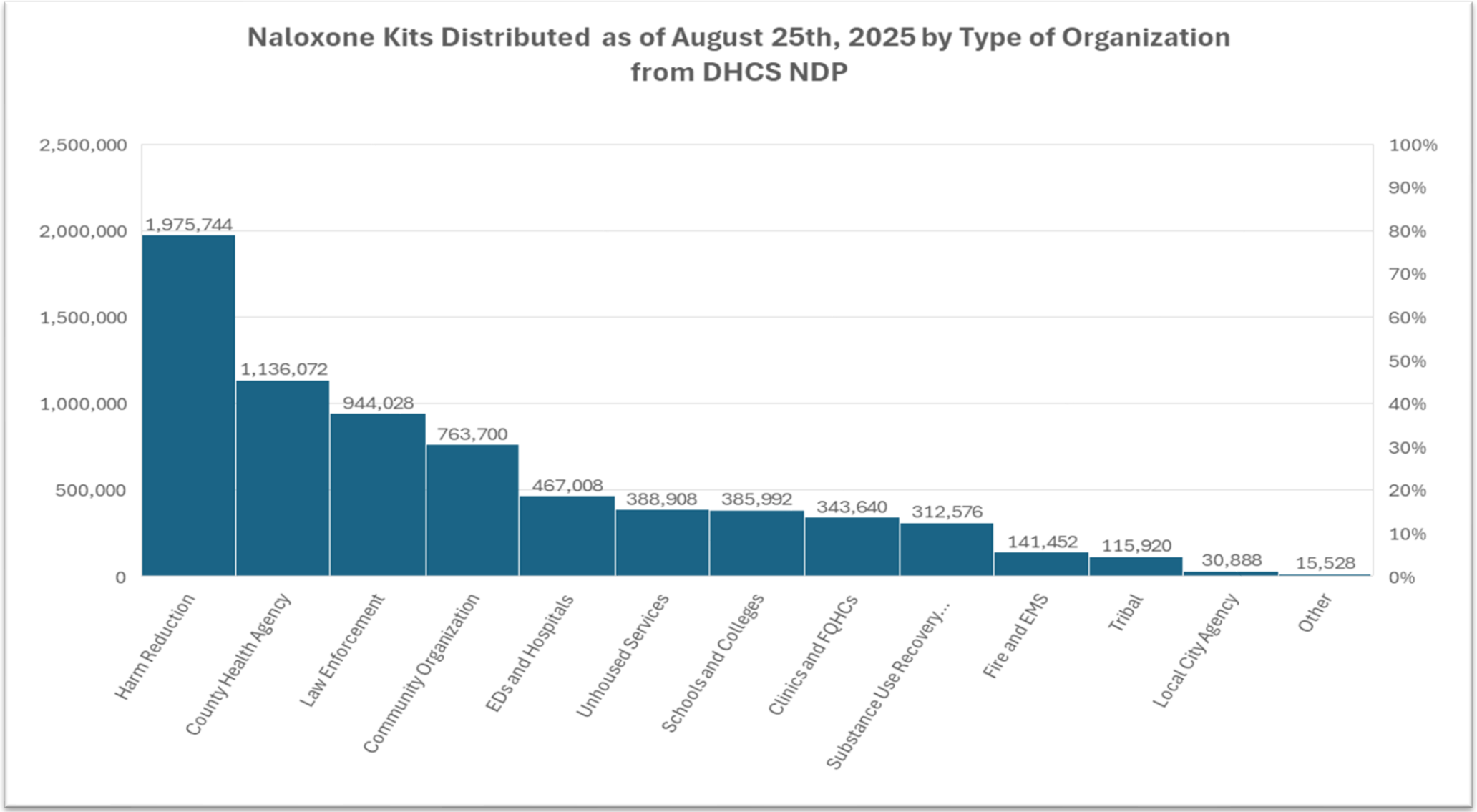
Rescue Strategy: Helping Local Organizations Acquire and Utilize Naloxone



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How is ACH supporting Community Members

YOU CAN SAVE A LIFE!

Be Prepared. Get Training. Carry Naloxone.

Sign up for a Naloxone Overdose Rescue Training:

- Get a free naloxone kit
- Request resources for your team
- Ask about in-person training, presentations, or tabling
- Ask your doctor (it is also available over-the-counter without a prescription)

Naloxone Distribution in Alameda County

- Opioid Settlement Funds have supported placement of NSBs in the community
  - ACBH Providers and Clinics
  - Libraries, Schools, & Santa Rita Jail
- Naloxone paid for by the California Naloxone Distribution Project
- As of September 1, 2025, over 2,000 Boxes of Naloxone have been distributed from NSBs
- Online map showing NSB locations: [Alameda County NSB Map]

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Harm Reduction Strategy: Drug Checking

- **Testing of substances purchased on the street by people who use the needle exchanges.**
  - Uses a portable lab device that gives a result in 15 mins
  - Counseling available to help client decide how to use the info
  - Results checked later by a reference lab
- **Pilot in Alameda County funded by CDC and by Measure A funds**
  - 3 weekly sessions
  - 5 site locations between Oakland and Berkeley
  - Flyers are available at harm reduction sites for participating community members and members of the drug checking collaborative
  - 300+ samples tested through 2024

Main partners: HIV Education and Prevention Project of Alameda County (HEPPAC), Health Care for Homeless (HCH), Punks with Lunch, and Needle Exchange Emergency Distribution (NEED)

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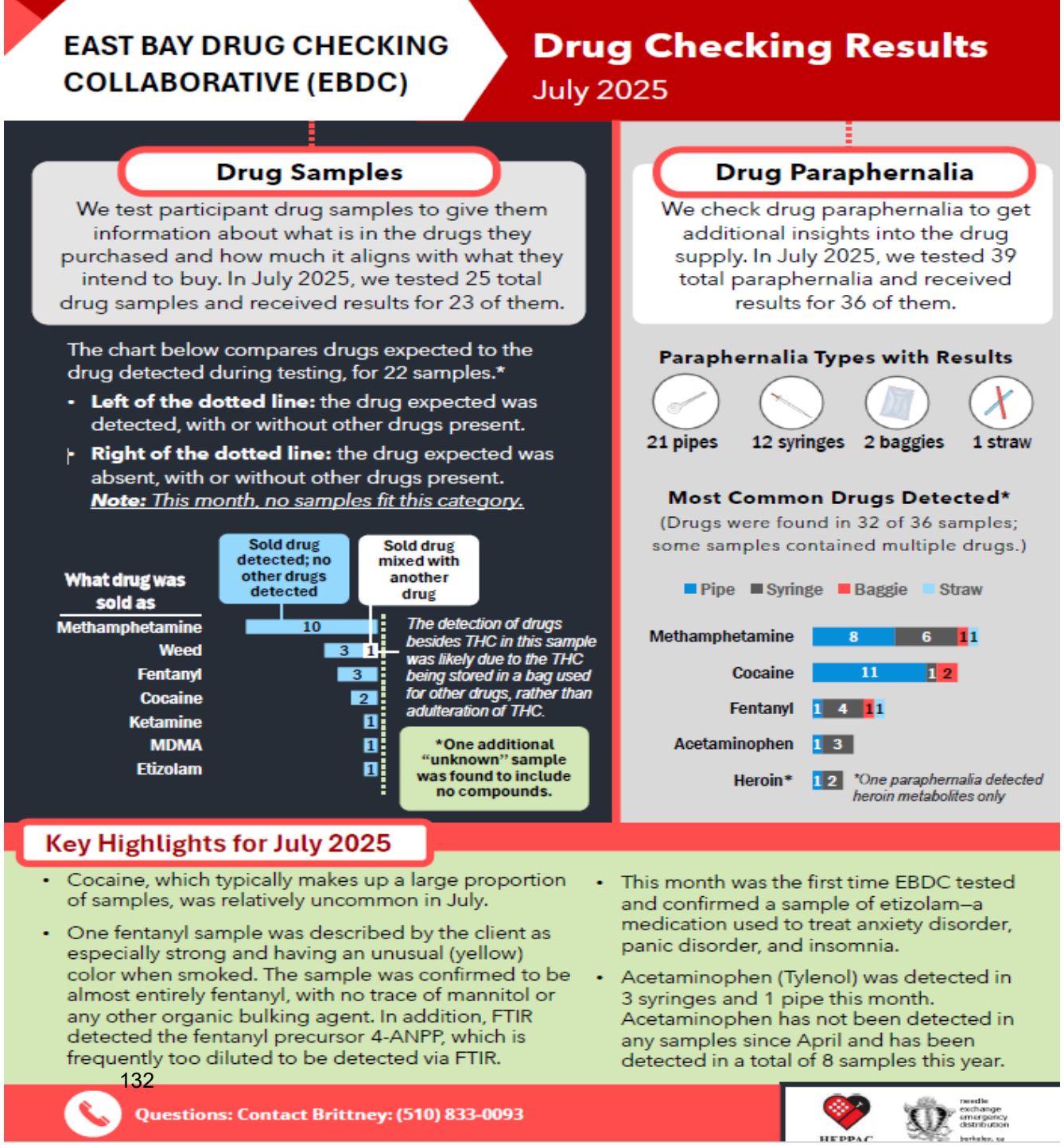
Sharing Results with Community

East Bay Drug Checking and Alameda County are trying different types of "dashboard reports" to disseminate test results to community.



Opioid Settlement
Planning Update

Dr. Anna Phillips, Director of Substance Use Continuum of Care, ACBHD

State Required Target Population

Target Population

- Homeless
- Chronic Substance-Dependent
- Incarcerated, and
- People of color

Planning Framework: Short-Term Service Level Goals Reminder

Increase number of residential treatment beds and recovery residences – **Completed**

Create a substance use outreach team to actively engage people into treatment – **In process**

Medical Detox Facility Beds – **Will be part of Alameda Health System Hospital based services**

Increase access to medication for Opioid Use Disorder– **Completed**

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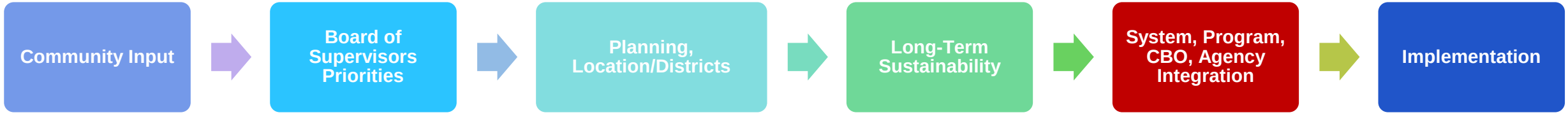
Planning Framework: Long-Term System & Stakeholder Input Goals Reminder (Ongoing)



Crosswalk from Prior Opioid Settlement Listening Sessions

Feedback received in prior listening sessions	What has been implemented?
Increase MAT availability (incarcerated, homeless, teens and other vulnerable population)	Maxor - MAT at Santa Rita Jail (SRJ)
Expand and enhance SUD system of care	Recovery Residence and Residential Treatment Bed Expansion
Fund more Community Based Organizations who can support with opioid abatement	Mini-grants to Community Organizations
Increase detox beds	Alameda Health Systems – BHCIP award, San Leandro hospital
Expand and enhance SUD system of care	SUD Outreach Teams
Education Media Campaign	Public Media Campaign
Expand and enhance SUD system of care	Capital Projects – La Familia, El Chante
Naloxone Stand Boxes	Free Distribution of Naloxone Stand Boxes

Opioid Settlement Mini-Grants: Fund Recipient Agencies Overview

Opioid Mini-Grants Funding Recipients –Round 1

Organization	Award $Amount	Project Description
Bay Area One Health Coalition	$62,327.00	**One Health Micro Clinic:** Naloxone, Harm Reduction, and Diversion from Justice System for unhoused and justice involved in Central and North Alameda.
Black Girls Mental Health Collective Foundation	$299,000.00	**The Birth Network:** Diversion from Justice System to Treatment, Preventing Addiction among Youth, Naloxone, and Harm Reduction in North and Central Alameda. Incarcerated women, perinatal and youths.
(CAL-PEP) California Prevention and Education Project	$250,000.00	**Project MOST (Mobile Outreach, Services, and Treatment):** Naloxone, and Harm Reduction in Unhoused Populations & Other Communities of Color in North Alameda.
City of Fremont Human Services	$128,669.00	**Fremont Mobile Evaluation Team (MET):** Naloxone, and Harm Reduction in unhoused population in South Alameda.
(HEPPAC) HIV Education and Prevention Project of Alameda County	$299,150.00	**HEPPAC-Santa Rita Jail Medically-Assisted Treatment Linkage and Overdose Prevention Program:** Countywide Substance Use Disorder Treatment, and Diversion from Justice System to Treatment
National Prevention Science Coalition to Improve Lives	$250,000.00	**Alameda County Innovative Prevention (ACIP) project:** Development and dissemination of a parenting intervention aimed at reducing substance use outcomes in children of parents with addiction Countywide.
Roots Community Health	$250,000.00	**East Oakland Opioid Response Initiative:** Substance Use Disorder Treatment for Unhoused Populations, Black Men, and Other Communities of Color through the launch of a Mobile MAT Unit.

Opioid Mini-Grants Funding Recipients –Round 1 Continued

Organization	Award $ Amount	Project Description
Tha Town	$194,400.00	**Junior Journalist Opioid Outreach for Alameda County project:** Countywide initiative to prevent addiction among vulnerable , at-risk youth using peer-to-peer education through a Junior Journalist internship, where youth create articles, podcasts, and videos to raise awareness.
Tri-Valley Haven	$179,299.00	This project will integrate harm reduction into its current program which offers safe shelter to primarily women and children escaping domestic violence and abuse countywide. One-on-one and group counseling and staff training on Narcan administration/overdose response.
Trybe, Inc.	$300,000.00	**Trybe Safe Spaces:** Addresses preventing addiction among vulnerable and at-risk youth by offering comprehensive, community-based prevention programming in Oakland and Central Alameda.
West Oakland Punks With Lunch	$189,482.00	**HEAL Oakland:** Harm reduction, Education and Access to naloxone for safer Lives in Central Alameda targeting unhoused, justice involved and other communities of color.
Youth Uprising	$300,000.00	**A Push Forward:** Innovative and youth-centered initiative designed to combat the opioid epidemic in Alameda County through a multifaceted approach focusing on Prevention, Intervention, and Awareness strategies.
Total	**$2,702,327.00**	

Opioid Mini-Grants Funding Recipients –Round 2

Organization	Award $Amount	Project Description
Bay Area Community Health	$250,000.00	**Project Generations** includes syringe exchange, HIV/HCV testing, fentanyl detection kits, overdose prevention education to directly reduce opioid-related deaths, especially in unhoused populations in Central and South Alameda.
Building Opportunities for Self-Sufficiency (BOSS)	$250,000.00	**BOSS Opioid Overdose Prevention Project** focuses on tackling opioid crisis in marginalized areas by distributing Naloxone and providing peer-based support and harm reduction training in unhoused populations and justice-involved individuals in East Oakland, especially Black and Brown communities.
Carnales Unidos Reformando Adictos / C.U.R.A., Inc.	$154,904.00	**The Aftercare Project** provides structured transition from residential treatment to sober living environments incorporating culturally competent case management and job training support to reduce recidivism and foster stability county-wide.
Castro Valley Unified School District	$181,230.00	**CVUSD Project DASH (Drug Abuse Stops Here)** is an expansion of Familia Adelante, a school-based drug prevention program. The expansion will target vulnerable / at-risk youth in Central Alameda, particularly those experiencing academic or emotional challenges that may increase their risk of substance use.
Livermore Lab Foundation	$300,000.00	**FAST (Fentanyl Alert Substance Testing) New Technology for Rapid & Accessible Opioid Detection**: The technology supports a broader harm reduction strategy by helping identify fentanyl exposure, that could enhance response efforts to opioid overdoses. County-wide focus serving the unhoused and other vulnerable populations.

Opioid Mini-Grants Funding Recipients –Round 2 Continued

Organization	Award $Amount	Project Description
LifeLong Medical Care	$250,000.00	**Partnership to address SUD/OUD among Unhoused Populations in Alameda County:** Street medicine teams distribute naloxone, provide overdose prevention education, and connect clients to MAT services across North and Central Alameda County. Partnership with Samaritan and use of innovative engagement tools—such as the Samaritan digital platform and practical incentives to improve linkage to care.
Magnolia Women's Recovery Program	$298,142.00	**Magnolia Opioid Prevention, Education, and Outreach Project** focus on naloxone distribution and harm reduction activities; integrates stigma-reducing MAT education for pregnant and parenting women in Hayward and Oakland.
NAACP Hayward Branch	$250,000.00	**Reboot Program 's** focus is in reducing opioid misuse, supporting diversion efforts, providing access to treatment, and recovery housing in Hayward and surrounding areas.
National Coalition Against Prescription Drug Abuse	$203,224.00	**Alameda County Overdose Prevention Project (ACOPP):** Project focus is on preventing substance use disorder and fatal overdoses among Alameda youths and adults of all ages. Innovative use of 50+ News Stand Box units for naloxone distribution, translation tools for immigrant communities, and virtual MAT counseling integration.
Women of Color on the Move	$150,000.00	**Hope & Healing: Addressing Opioid Use Among Marginalized Populations in Alameda County** provides Mobile MAT service delivery, comprehensive harm reduction services (fentanyl test strips, sterile syringes) for unhoused individuals / vulnerable, high-risk women in Alameda County
Total	**$2,287,500.00**	

Opioid Settlement
Finance Update

Jill Louie

Budget Director, ACBHD

FUNDING

Opioid Settlement Funds: Fiscal Update (May 2025)

- Total Settlement Funds: **Up to $80M***
- **Total Received to Date: $28.5M**
  - Abatement Allocation: $21.8M
  - Reallocated from Cities: $1.3M
    (Alameda, Albany, Hayward, Livermore, Newark, Piedmont, Pleasanton)
  - Subdivision Allocation (legal fees): $5.4M
- **Expended to date: $9.7M**
- **Programs planned: $54.0M**

*Payments are subject to change and depend upon distributions set at non-regular intervals. Spending and implementation planning impacted accordingly.
**Additional settlements pending.

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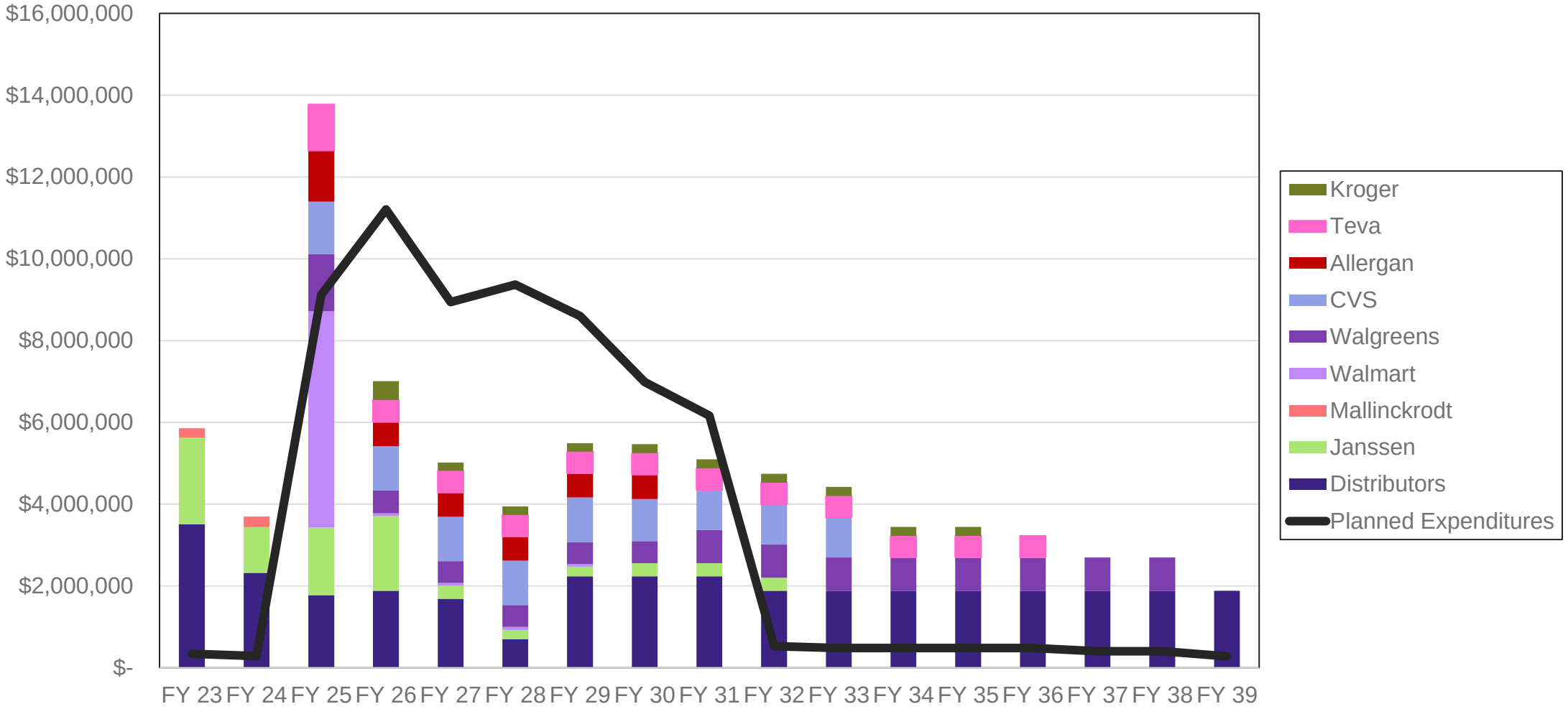
Alameda County Health

Implementation Update: Expenditures to Date & Beyond*

Activities (in Millions of Dollars)	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28
Maxor - MAT at Santa Rita Jail (SRJ)	$0.5	$1.0	$1.5	$1.5	$1.5
Recovery Residence and Residential Treatment Expansion	$0.5	$2.1	$2.8	$3.0	$3.1
Innovative Grants to Community Organizations	$0	$3.0	$2.5	$0	$0
Alameda Health Systems - Bridge Clinic	$0	$0.4	$0.4	$0.4	$0.4
SUD Outreach Teams	$0	$0	$1.3	$1.4	$1.4
Public Media Campaign	$0	$0.5	$0.5	$0.5	$0.5
Options – Counseling at SRJ	$0	$0.3	$0.5	$0.5	$0.5
Capital Projects	$0	$0.5	$0.0	$0	$0
Public Health Epidemiology Positions	$0	$0	$0.4	$0.4	$0.5
Naloxone Distribution	$0	$0.03	$0.03	$0.03	$0.03
Public Defender – Holistic Defense Mitigation Specialists	$0	$0	$0.9	$0.9	$0.9
Outside Council (estimated 15% of Ala Co allocation)	$0.3	$0.3	$0.3	$0.1	$0.2
TOTAL Planned	**$1.3**	**$8.1**	**$11.1**	**$8.7**	**$9.0**

NOTE: *Planned Expenditures ("Beyond") representing future fiscal years have been included here and are subject to ongoing review that is informed by the Alameda County budgeting process. As ACBHD receives additional Opioid Settlement Dollars, additional projects may be programmed/implemented.

Estimated Funding and Planned Expenditures



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Questions and Input

Behavioral Health Department
Alameda County Health


thank you

Alameda County Mental Health Advisory Board

Care First, Jails Last Implementation Report

BOARD OF SUPERVISORS JOINT HEALTH & PUBLIC PROTECTION COMMITTEES

MAY 22, 2025

Background

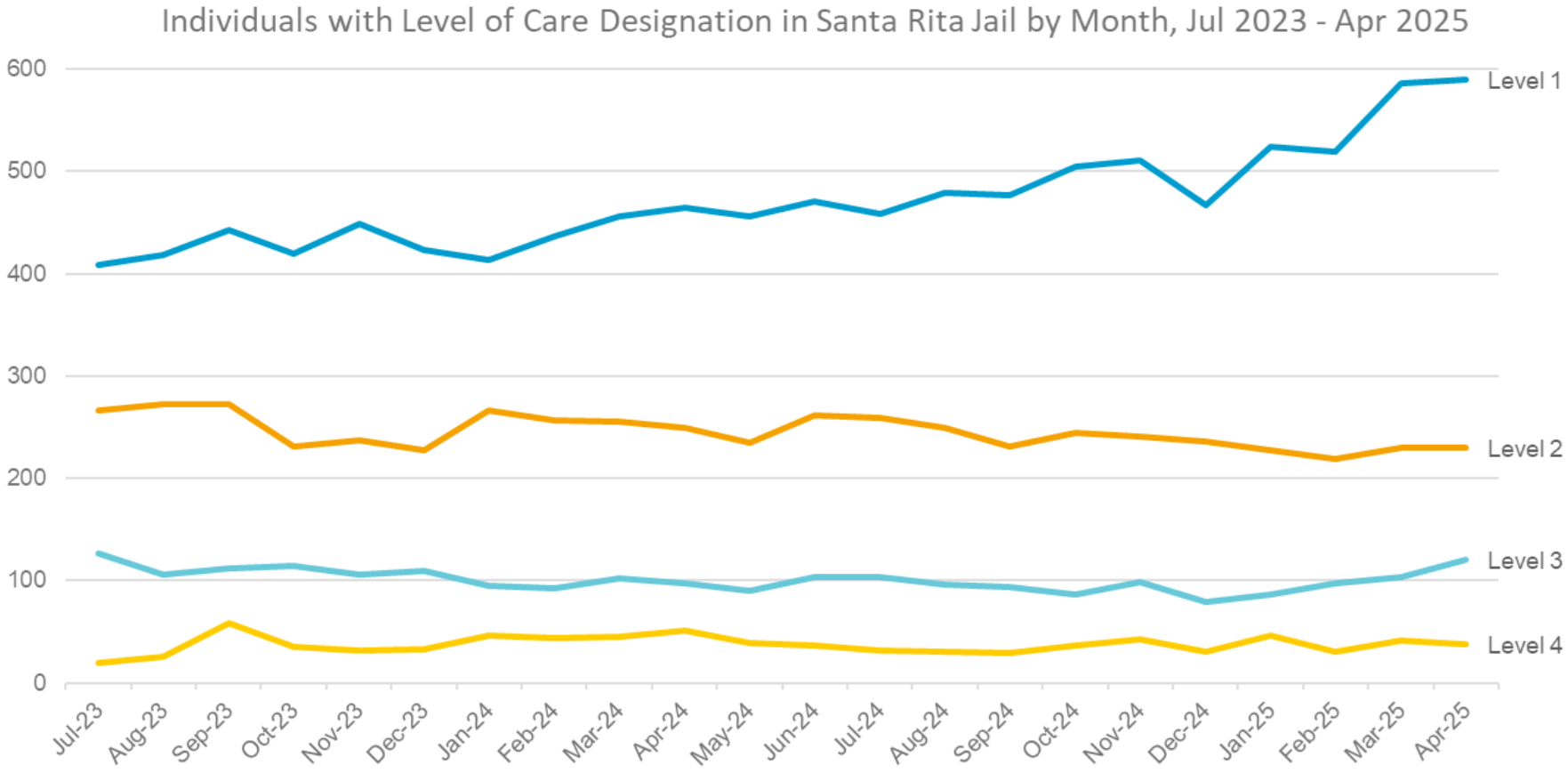
Board Resolution

- Passed unanimously in April 2021
- Focused on both upstream & downstream interventions

Measuring Need & Impact

- One measurement:
  - Jail population with Serious Mental Illness (SMI)

- Question remains:
  - How to measure unmet need


Individuals with Level of Care Designation in Santa Rita Jail by Month, Jul 2023 - Apr 2025
600
500
400
300
200
100
0
Level 1
Level 2
Level 3
Level 4
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
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Jan-25
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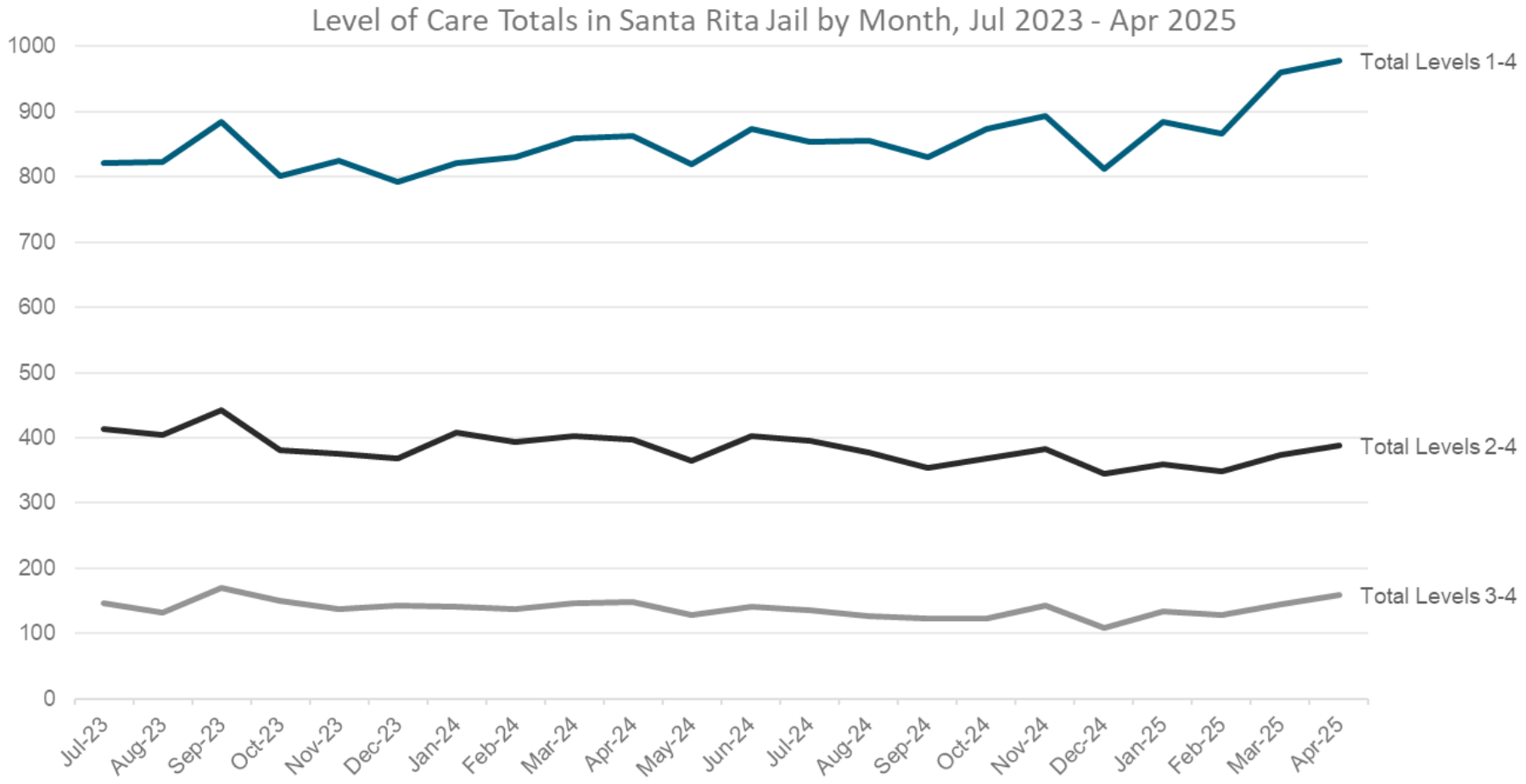
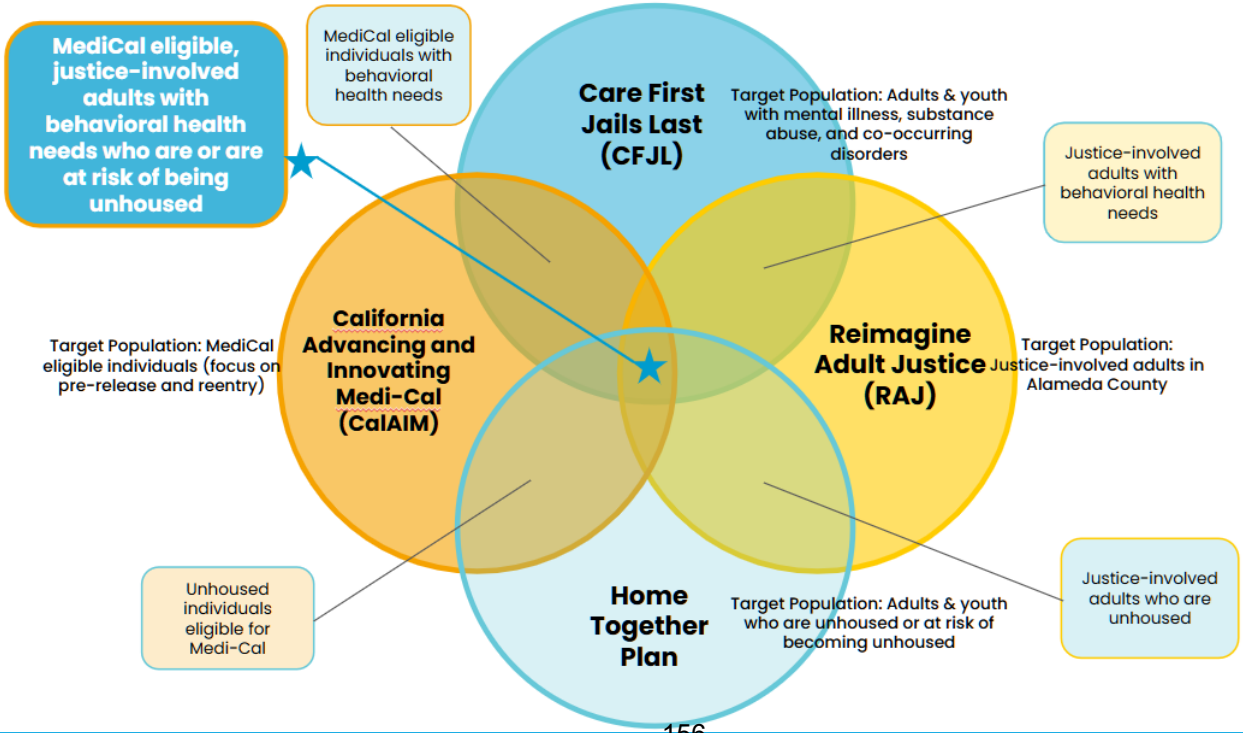
Apr-25


Level of Care Totals in Santa Rita Jail by Month, Jul 2023 - Apr 2025
1000
900
800
700
600
500
400
300
200
100
0
Total Levels 1-4
Total Levels 2-4
Total Levels 3-4
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25

Care First, Jails Last Task Force

- January 2022 to June 2024
- Recommendations - 58
  - Systems change focus
  - Integration with other initiatives:
    - Reimagine Adult Justice (RAJ) Initiative
    - Justice Involved Mental Health (JIMH) Task Force
- Final Report:
  - Presented June 2024
  - Accepted by Full Board August 2024

Related Initiatives



Monitoring by MHAB

- Monthly meetings

- 9 subcommittees
- Liaisons from county agencies

Implementation Report

PROGRESS TO DATE

Selected Recommendations

- Safe Landing Project (2C)
- Increase subacute beds (4D + 4E)
- Expand Point-of-Arrest Diversion, CARES Navigation Center (5A)
- Court-Based Diversion (5C)
- African American Resource Center (1A)
- First Episode Psychosis (3L)
- Board and Care Facilities, Land Trust, & Innovative Housing Models (7I, 7J, 7O)
- Deep Housing Subsidies (7E & 7F)
- Budget transparency (6A)

159

Safe Landing Project (2C)

Progress:

- Currently operating 7 days per week
- Has served 10,906 individuals
- Expansion of shuttle service
- Evaluation reports are available for entire pilot project period (2020-2024)

Obstacles:

- Lack of permanent location for modular building
- Evaluations for subsequent years are not available to the public
- County has postponed implementation date for CalAIM, which allows Medi-Cal reimbursement of pre-release in reach

Request for action:

- Require responsible parties to provide a permanent place for the modular structure
- Insist that the county leverage available federal money through CalAIM Justice Involved Re-entry Initiative to help fund Roots' effort to provide pre-release planning

Increase and assess the need for subacute beds (4D + 4E)

Progress:

- The county continues to create more sub-acute treatment beds with money from the state's Behavioral Health Care Infrastructure program (BHCIP), the Prop. 1 Bond, and the Dept. of State Hospitals (DSH).

Obstacles:

- We need an assessment of the unmet need for all types of treatment beds in the system, including subacute beds.

Request for action:

- Direct BHD to make available its current assessment of the unmet need for subacute beds or to conduct such assessments if necessary.

Assess & Expand Point-of-Arrest Diversion: CARES Navigation Center (5A)

Progress:

- Oct 2024: State awarded $6M grant to expand to East and South County
- Independent evaluation scheduled for 2026

Obstacles:

- Low use and limited law enforcement referrals
- Narrow eligibility limits under Prop 47 (current funding stream) and DAO policy

Requests for Board Action:

Give Direction to DAO:

- Address the lack of law enforcement participation
- Explore pre-arrest diversion options for those ineligible under current rules

Expand Court-based Diversion (5C)

Progress:

- Strong support from court officials, agency liaisons, and DAO—even during leadership transition
- Mental Health Diversion Court has become County's most effective diversion path for individuals with SMI, SUD, or both (200+ docket)
- Felony Drug Court operates near full capacity, serving many with co-occurring disorders
- Judge Della-Piana advancing in-custody assessments for BHC within 2 weeks
- Planned Pretrial Services expansion aims to speed referrals and lower barriers

Obstacles:

- Cross-agency collaboration needed to improve data sharing and tracking
- No dedicated staff/resources for MH Diversion Court; relies heavily on Public Defender's Office
- Shortage of treatment beds, especially for co-occurring SMI/SUD and crisis residential care
- Lack of centralized information creates confusion and navigation issues for clients and providers

Request for Board Action:

- Direct ACBHD to assess unmet needs for beds and treatment capacity, aligned with BHCIP-funded facility planning
- Direct collaborative court partners and ACSO to coordinate efforts to identify key performance and outcome metrics and create plan for cross-agency collaboration
- Instruct Public Safety Partners & CAO to deliver the Pretrial Services funding plan without delay

African American Resource Center (1A)

Progress:

- BOS & ACBH have secured location and funding for construction of new building
- Correspondence and meeting with BHS leadership and ad hoc committee member has transpired.
- Commitment to ongoing meetings to achieve clarity on Center's wellness services

Next Steps:

- Share plan to incorporate psychiatry & medication management into Center's service plan
- Develop an advisory committee with 50% people with lived experience including family caregivers of people with SMI and/or SUD
- Share interim community service plan while building is under construction and field test/evaluate service model

Request for Board Action:

- Help in locating sustainable funding for vital Center navigational and supportive services
- Once open, help promote awareness of Center's services in BOS Districts

Establish a First Episode Psychosis Program (3L)

Progress:

- ACBH is one of 36 counties that has publicly committed to implement the Early Psychosis Intervention-CAL (EPI-CAL) model for first episode psychosis (FEP) care

Obstacles:

- Unable to find evaluation of the current program, operated by Felton Institute
- The Felton program lacks frequent psychiatric contact and family involvement, both of which are vital for successful outcomes.
- Current plans to expand FEP through Full Service Partnerships (FSPs) are problematic, as FSPs target a different population and do not prioritize early intervention or family involvement.

Request for Board Action:

- Create a new EPI-CAL–modeled FEP program in Alameda County and expand eligibility to include individuals up to age 30.

Expand Licensed Board and Care Facilities through Land Trusts and Innovative Housing Models (7I, 7J, 7O)

Progress:

- County supports 17 existing board-and-cares through Housing Support Program and BHSA/MHSA funding

Obstacles:

- Little data on unmet need for Board and Cares
- No funding for expansion of Board and Cares

Request for Board Action:

- Call for analysis in Home Together plan to support needs of those with SMI, SUD, and co-occurring disorders, as well as the justice-involved population.
- Use Measure W funding to fund the $350 million proposal HHS presented to the Board of Supervisors on December 9, 2024
- Direct Measure W funding to expansion of Board and Cares

Increase Deep Housing Subsidy for Individuals with JI and SMI (7E,7F)

Progress:

- Proposed Flex Pool to add 2900 permanent housing options
- HHS has proposed use of Measure W funds
- HHS is working to instate a Forensic Access Point

Obstacles:

- Need for more permanent supportive housing
- Need for long-term operating funds

Requests for Board Action:

- Direct Measure W funding towards the Home Together Plan
- Home Together plan should specifically call out the need for an analysis to support people with SMI/SUD/Co-Occuring/Justice-Involved population
- Ensure that our County's Coordinated Entry System prioritizes housing services to people with serious behavioral health needs, and those who are justice-involved

Transparent public reporting on funds allocated to Care First population (6A)

Progress:

- Subcommittee has reached out to County Administrator's Office six times
- Care First liaison in CAO has been identified

Obstacles:

- As of April 2025, the CAO has not followed up to assist the Ad Hoc Committee monitor progress toward these objectives.

Request for Board Action:

- Give direction to the CAO to fully implement the Care First recommendations assigned to the Office, and meet with representatives of the Ad Hoc Committee to discuss progress to that end.

Care First Data

Policy Intent (2021 Care First Resolution):

County agencies must share data with ACBH to:

1. Coordinate justice, behavioral health & social services
2. Identify and measure unmet needs & service outcomes
3. Reduce incarceration of individuals with mental health or substance use disorders

Data Progress and Gaps

Progress:

- Level of Care data from Santa Rita shared - key indicator
- Some reports and limited justice data shared via direct and PRA requests
- Dashboards with limited data posted by ACBH, ACSO, DAO

Key Gaps:

- Incomplete public data on unmet needs and outcomes
- No comprehensive tracking of collaborative court results
- Delayed, incomplete response from DAO for charging data
- Financial data required for budget transparency recommendations not published

Data Action Needed

Request for Board Action:

- Direct relevant agencies to coordinate efforts to identify key performance and outcome metrics, share current data-gathering practices and create a plan for cross-agency collaboration.
- Direct County Administrator to publish financial data on Care First allocations, spending & reserves

Requests for Board Action

Requests for Board Action

Safe Landing Project (2C):

- Require responsible parties to provide permanent place for modular structure
- Insist that County leverage available money through CalAIM Justice Involved Re-entry Initiative to help fund Roots' effort to provide pre-release planning

Increase & Assess need for Subacute Beds (4D + 4E):

- Direct BHD to make available current assessment of unmet need for subacute beds or to conduct such assessments if necessary.

Assess & Expand Point-of-Arrest Diversion: CARES Navigation Center (5A):

- Address the lack of law enforcement participation
- Explore pre-arrest diversion options for those ineligible under current rules

Expand Court-based Diversion (5C):

- Direct ACBHD to assess unmet needs for beds and treatment capacity, aligned with BHCIP-funded facility planning
- Direct collaborative court partners and ACSO to identify key metrics and create plan for cross-agency collaboration
- Instruct Public Safety Partners & CAO to deliver the Pretrial Services funding plan without delay

Requests for Board Action

Create & Support an African American Resource Center (1A + 1B):

- Help in locating sustainable funding for vital Center navigational and supportive services
- Once open, help promote awareness of Center's services in BOS Districts

Establish a First Episode Psychosis Program (3L):

- Create a new EPI-CAL–modeled FEP program in Alameda County and expand eligibility to include individuals up to age 30.

Expand Licensed Board and Care facilities via Land Trusts & Innovative Housing Models (7I, 7J, 7O):

- Call for analysis in Home Together plan to support needs of those with SMI, SUD, co-occurring disorders, and justice-involved population.
- Use Measure W funding to fund the $350 million proposal HHS presented to the Board of Supervisors on December 9, 2024
- Direct Measure W funding to expansion of Board and Cares

Requests for Board Action

Increase Deep Housing Subsidy for Individuals with JI and SMI (7E + 7F)

- Direct Measure W funding towards the Home Together Plan
- Home Together plan should specifically call out the need for an analysis to support people with SMI/SUD/Justice-Involved population
- Ensure County's Coordinated Entry System prioritizes housing services to people with serious BH needs, and those who are justice-involved

Transparent public reporting on funds allocated to Care First population (6A)

- Direct CAO to fully implement the Care First recommendations assigned to the Office, and meet with representatives of the Ad Hoc Committee to discuss progress to that end.

Q&A

To: Emergency Services Providers & Partners in the City of Oakland
From: OUSD's Behavioral Health Team and Student Support & Safety Unit
Date: September 4, 2025

Subject: **Announcing the Launch of a Direct Dispatch Pilot for Mental Health Crises in Oakland Unified School District**

Dear Alameda County Behavioral Health, Oakland Fire Department, Alameda County Emergency Medical Services, and Bonita House Staff Members,

Since the passage of Oakland Unified School District's (OUSD) George Floyd Resolution[1] in 2020—which eliminated the District's internal police department and committed us to reducing police contact with students—OUSD's Behavioral Health Team and Student Support & Safety Unit have been working to develop alternative, non-police responses to student mental health crises. This aim was further supported by the passage of Senate Bill No. 1318 in 2024, which now requires school districts in California to limit "the involvement and notification of law enforcement to situations in which a pupil's life is in imminent danger and their needs cannot be addressed by a mental health professional" during student suicide crises. Ultimately, the goal of this work is to provide more compassionate, effective, and student-centered emergency mental health support.

We are pleased to announce the launch of a **Direct Dispatch Pilot**, which will allow OUSD schools to access mental health crisis services provided by the **Alameda County Behavioral Health Department Community Assessment and Transportation Team** (CATT) without calling 9-1-1 or waiting for an initial response from the Oakland Police Department. This pilot is made possible thanks to the partnership of Alameda County Behavioral Health Care Services, Alameda County Emergency Medical Services, Falck Ambulance Company, Bonita House, and the Oakland Fire Department.

Beginning September 15, 2025, OUSD will be able to contact CATT directly through the Oakland Fire Department's Emergency Dispatch System. This system routes requests for service into the City of Oakland's emergency services queue which will provide more timely and coordinated support for OUSD school sites.

[1] Read more about OUSD's historic George Floyd Resolution *(Oakland Unified School District Board of Education, RESOLUTION NO. 1920-0260, George Floyd Resolution to Eliminate the Oakland Schools Police Department).*

To ensure appropriate use of this pilot system:

- Seven designated OUSD staff members on the Behavioral Health Team and Student Support & Safety Unit have been authorized to place service calls after evaluating whether CATT is an appropriate response.
- CATT will only be dispatched if the designated OUSD staff members confirm that the environment is safe for CATT to enter; that it is free from weapons, drugs, and alcohol, and that the situation does not pose an immediate danger to students, staff, or CATT responders.

This pilot is a critical step forward in implementing restorative, trauma-informed approaches to student support. We deeply appreciate the collaboration and partnership of all involved agencies in making this possible. If you have any questions about the pilot or would like further information, please don't hesitate to reach out to the OUSD Behavioral Health Team or Student Support & Safety Unit.

Sincerely,

Behavioral Health Team and Student Support & Safety Unit
Oakland Unified School District

Emily Zanoli*
emily.zanoli@ousd.org
Program Manager, Violence Prevention
Student Support & Safety

Sandra Simmons*
sandra.simmons@ousd.org
Program Manager, Behavioral Health

Dr. Brian Gustman*
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Program Manager, Behavioral Health

Layne Hamilton*
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Program Manager, Behavioral Health

Francisco Alvarado Jr.*
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Program Manager, Behavioral Health

Ashlee Narvaiz*
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Program Manager, Behavioral Health

Jodi de la Peña*
jodi.delapena@ousd.org
Coordinator, Behavioral Health

Andrea Bustamante
andrea.bustamante@ousd.org
Executive Director, Community Schools and Student Services

** Denotes staff authorized to place service calls after evaluating whether CATT is an appropriate response*

COME LEARN ABOUT CATT COMING TO BERKELEY

FALL 2025

Bonita House

In Person
Tuesday, September 16th
Start Time: 4:00pm

2640 Martin Luther King Jr. Way
Berkeley, CA 94704

Scan to Join Teams Meeting

Online
Thursday, September 18th
Start Time: 1:00pm

Via Microsoft Teams
ID: 211 011 670 697 0
PW: eR9ot6Ac

The Community Assessment & Transport Team (CATT) provides a vital 24/7 Mobile Crisis Response service within Alameda County.

Each CATT team is uniquely equipped with a mental health clinician and an EMT to address urgent mental health crises effectively and compassionately.

Beyond immediate intervention, CATT offers continued support through a dedicated Peer Specialist, who assists clients in navigating and accessing essential Support Services throughout the county.

This comprehensive approach ensures individuals receive the care and resources they need during and after a crisis, fostering a continuum of care that prioritizes community well-being and recovery.

Works-Wright, Jamie

From: Ginsburg, Kayla
Sent: Monday, August 25, 2025 3:13 PM
To: Berkeley/Albany Mental Health Commission
Subject: Help inform Berkeley tenants and landlords through social media
Attachments: Berkeley Rent Board Social Media Launch Toolkit.pdf

Dear Jamie,

We are excited to share that the Berkeley Rent Board has launched official social media accounts and we could use the Mental Health Commission's help to get the word out there! **We are using Instagram, Facebook, Bluesky, LinkedIn, and Youtube to:**

- Empower more Berkeley tenants and landlords to know and exercise their rights and responsibilities.
- Support landlords in staying compliant with the Rent Ordinance.
- Connect both tenants and landlords to free Rent Board resources like housing counseling, mediations, and more.

Will you help us spread the word? I've attached our toolkit with pre-made posts and text for your convenience, but in short you can:

- **Follow our accounts and share one of our posts** (like this one about rent control coverage or this one about our services!).
- **Include a short blurb in your next newsletter or email** blast with links to our social media accounts (text in attached toolkit).
- **Spread this resource to your networks** and community members who care about housing stability and housing rights (e.g. a listserv or Facebook group!).

Thank you for your help in furthering our goal to reach members of the Berkeley community who are not yet aware of their rights, responsibilities, and the free Rent Board resources available to them.

Feel free to reply with any questions!
Best,
Kayla

Kayla Ginsburg *(she/her)*
Digital Education & Media Coordinator
Rent Stabilization Board, City of Berkeley
kginsburg@berkeleyca.gov | (510) 981-4918
2000 Center St- Ste 400, Berkeley, CA 94704

Berkeley Rent Board Social Media Launch Toolkit

Help the Berkeley Rent Board keep Berkeley tenants and landlords informed about their rights, responsibilities, and resources by spreading the word about our new social media channels with your community!

Official Channels:

- Instagram @BerkeleyRentBoard
- Facebook @BerkeleyRentBoard
- Bluesky @BerkeleyRentBoard.Bsky.Social
- LinkedIn @BerkeleyRentBoard
- Youtube @BerkeleyRentBoard)

Ways to share:

Sample Announcement Post:

📢 Berkeley Rent Board is now on social media! Stay informed about your rights, responsibilities, and the free Rent Board resources available to you as Berkeley tenants and landlords by following along on Facebook, Instagram, LinkedIn, Bluesky, and Youtube @BerkeleyRentBoard 📲 bit.ly/NewsBRB

- Download Accompanying Graphics Here and be sure to tag us in the post and caption!

Share One of Our Recent Posts:

- This one about rent control coverage
- Or this one about our services

With an accompanying call-to-action, "Follow @BerkeleyRentBoard to stay in-the-know about your rights, responsibilities, and resources!"

Include us in your next Email/Newsletter:

"Our friends at the Berkeley Rent Board have recently launched their social media channels to provide Berkeley tenants, landlords, and community members with timely information about housing rights, rent regulations, and Rent Board services. Follow along on Instagram, Facebook, Bluesky, LinkedIn, and Youtube @BerkeleyRentBoard to stay informed about the resources that matter to our community."

Questions? Contact Kayla Ginsburg, Digital Education & Media Coordinator at kginsburg@berkeleyca.gov.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, August 25, 2025 1:55 PM
To: Works-Wright, Jamie
Subject: FW: Notice/Request for Public Comment - CAPER
Attachments: AFF City of Berkeley-Housing & Commun. Srvcs (PY2024-CAPER) Display Aug. 22.pdf; FINAL_CAPERPublicNoticePY24_Translated.pdf

Hello Commissioners,

Please see the information attached and below

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: Larrowe, Kathryn
Sent: Monday, August 25, 2025 9:26 AM
To: Bronson, Darlene <DBronson@berkeleyca.gov>; Gregory, Thomas <TGregory@berkeleyca.gov>; Katz, Mary-Claire <MKatz@berkeleyca.gov>; Katuala, Yvette <YKatuala@berkeleyca.gov>; Knox, Kellie <KKnox@berkeleyca.gov>; Moore, Sarah M. <SMoore@berkeleyca.gov>; Vance-Dozier, Okeya <OVance-Dozier@berkeleyca.gov>; Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>; Rose, Emily <ERose@berkeleyca.gov>; Zhu, Snow <SZhu@berkeleyca.gov>
Subject: Notice/Request for Public Comment - CAPER

Internal

Hello Commission Secretaries!

Hope your week is off to a good start! HHCS has an item open for public comment regarding the federal Consolidated Annual Performance Evaluation Report (CAPER). This is an annual report submitted to US Department of Housing and Urban Development detailing how the City of Berkeley utilized federal funds and the accomplishments that occurred in the prior program year. The comment period is open until September 10th. Would you be able to distribute the attached flyer to your commissioners?

Please let me know if you have any questions.

Thank you,

Kat

Kat Larrowe *(she/her)*
City of Berkeley
Housing and Community Services
2180 Milvia Street, 2nd Floor
Berkeley, CA 94704
(510) 981-7555 (tel)
(510) 981-5450 (fax)
klarrowe@berkeleyca.gov

Please note I work a 9/80 schedule and am out of the office every other Friday.

Berkeley Voice
(510) 262-2740

Legal No. **0006913005**

3235930

BERKELEY, CITY OF
HEALTH, HOUSING & COMMUNITY SVS
2180 MILVIA ST, 2ND FLOOR
BERKELEY, CA 94704

PROOF OF PUBLICATION

FILE NO. PY2024 CAPER

Berkeley Voice

I am a citizen of the United States. I am over the age of eighteen years and I am not a party to or interested in the above entitled matter. I am the Legal Advertising Clerk of the printer and publisher of the Berkeley Voice, a newspaper published in the English language in the City of Berkeley, County of Alameda, State of California.

I declare that the Berkeley Voice is a newspaper of general circulation as defined by the laws of the State of California, as determined by the order of the Superior Court of the County of Alameda, dated September 3, 1991, in the action entitled "In the Matter of the Petition of the Berkeley Voice to Have the Standing of the Berkeley Voice as a Newspaper of General Circulation Ascertained and Established," Case Number 588221-2. Said order provides that: "Petitioner's prayer for an order ascertaining and establishing The Berkeley Voice as a newspaper of general circulation...within the City of Berkeley, County of Alameda, State of California, is granted." Said order has not been revoked.

I declare that the notice, a printed copy of which is annexed hereto, has been published in each regular and entire issue of the Berkeley Voice and not in any supplement thereof on the following dates, to-wit:

08/22/2025

I certify (or declare) under the penalty of perjury that the foregoing is true and correct.

Executed at Walnut Creek, California.
On this 22th day of August, 2025.

Signature

r.BP316-07/17/17

CITY OF BERKELEY
SEEKING PUBLIC COMMENT ON ITS
CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT
FOR PROGRAM YEAR 2024 (July 1, 2024 through June 30, 2025)

Beginning Friday, August 22, and ending at 11:59 p.m. on Wednesday, September 10, 2025, the public can review and comment on the City of Berkeley's draft Consolidated Annual Performance and Evaluation Report (CAPER) for Program Year 2024 (July 1, 2024 to June 30, 2025).

The CAPER is a report required by the U.S. Department of Housing and Urban Development (HUD) which informs HUD and the public how the City allocated certain federal funds in the prior year. During the period covered by the CAPER, the City of Berkeley allocated $2,837,989 in Community Development Block Grant (CDBG) funds to projects involving housing, community development and public services, $237,965 in Emergency Solutions Grant (ESG) funds to projects for services for people who are homeless, and $570,245 in HOME funds. The CAPER shows how the activities funded through HUD, Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), and Emergency Solutions Grants (ESG), support the goals written in the City's Program Year 2024 Annual Action Plan. The Annual Action Plan is a required HUD document which shows how the City plans to use HUD funds. The City must complete the CAPER and submit it to HUD no later than 90 days after the program year ends of each year (generally around September 30), including City responses to all written public comments.

The plan will be presented by City Staff and discussed at a public hearing at the Housing Advisory Commission on September 4, 2025 at 7:00pm. Public comment can be made verbally or in writing at this meeting.

During the comment period hard copies of the draft CAPER will be available for public review at the following locations:

- City of Berkeley's Health, Housing & Community Services Department, 2180 Milvia Street, Second Floor;
- Berkeley Public Library Reference Desk, 2090 Kittredge Street, 2nd floor, during business hours; and
- An electronic copy is available at the City of Berkeley website: https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports beginning Friday, August 22, 2025.

Submit written requests and comments to Kat Larrowe through email: klarrowe@berkeleyca.gov, or regular mail at the Health, Housing & Community Services Department 2180 Milvia Street, 2nd Floor, Berkeley, 94704. **All comments must be received no later than Wednesday, September 10, 2025 at 11:59 p.m.**

A partir del Lunes 22 de Agosto del 2025 hasta el miércoles 10 de Septiembre del 2025, el público será invitado a revisar y comentar en el Informe Anual de Evaluación y Funcionamiento (CAPER-siglas en inglés) de la ciudad de Berkeley. El informe cubre el Año de Servicios 2024, que empezó el 1 de Julio del 2024 hasta el 30 de Junio del 2025.

El CAPER es un informe requerido por el Departamento de Vivienda y Desarrollo Urbano de los E.E. U.U. (HUD siglas en inglés). El CAPER informa a HUD y a la ciudadanía como el Municipio gastó los fondos federales recibidos el año anterior. Durante este año de servicios Berkeley recibió $2,837,989 por medio de la de la Beca de Desarrollo del Bloque Comunitario (Community Development Block Grant - CDBG) los cuales financiaron proyectos de vivienda, desarrollo comunitario y servicios públicos. Por medio de la Beca de Soluciones de Emergencia (Emergency Solutions Grant - ESG) la Ciudad recibió $237,965 que ayudó a financiar proyectos de personas sin hogar. Además, recibió $570,245.01 por medio de la Beca HOME. El informe también demuestra como las actividades y proyectos financiados el año anterior apoyan y promueven las metas y objetivos descritos en el Plan Anual de Acción de la Ciudad del Año de servicios 2024. HUD también requiere que la Ciudad de Berkeley presente un Plan Anual de Acción, en el cual se describa la planificación de financiamiento de los fondos federales de HUD. La Ciudad debe completar y presentar el informe a HUD y el informe debe incluir los comentarios recibidos por escrito del público y las respuestas de la Ciudad a más tardar el 30 de Septiembre de 2024.

El plan será presentado por el personal de la ciudad y conversar en una audiencia pública en la Comisión Consultivo de Vivienda el 4 de Septiembre de 2025 a las 7:00 pm. Los comentarios del público se pueden hacer verbalmente o por escrito en esta reunión.

Durante este período de revisión (empezando el 22 de Agosto hasta el 10 de Septiembre del 2025) copias del borrador del informe de Evaluación y Funcionamiento Anual (CAPER-siglas en inglés) estará disponible al público en los siguientes lugares:

- En el escritorio de recepción del Departamento de Salud, Vivienda y Servicios Comunitarios de la ciudad de Berkeley localizado en la Calle Milvia 2180, 2do Piso.
- En el escritorio de referencia de la Biblioteca Pública ubicada en la calle Kittredge 2090, 2do piso
- En nuestra página electrónica https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports a partir del Viernes, 22 de Agosto de 2025.

Por favor presentar sus comentarios por escrito a Kat Larrowe al correo electrónico klarrowe@berkeleyca.gov o por correo regular al Health, Housing & Community Services Department, 2180 Milvia St., Berkeley, CA 94704. **Todos los comentarios deberán recibirse a más tardar el miércoles 10 de Septiembre de 2025 a las 11:59 pm.**

柏克萊市
徵求公眾對其2024計劃年（2024年7月1日至2025年6月30日）
綜合年度績效和評估報告的意見

從2025年8月22日星期五開始，到2025年9月10日星期三晚上11時59分結束，公眾可以審查和評論有關柏克萊市2024計劃年（2024年7月1日至2025年6月30日）的綜合年度績效和評估報告（簡稱CAPER）草案。

CAPER是美國住房和城市發展部（簡稱HUD）規定提交的一份報告，該報告向HUD和公眾通報，該市在上一年如何分配某些聯邦資金。在CAPER涵蓋的期間內，柏克萊市為住房、社區發展和公共服務的項目分配了$2,837,989的社區發展整筆撥款（簡稱CDBG），□無家可歸者服務項目分配了$237,965的緊急解決方案撥款（簡稱ESG），並分配了 $570,245的HOME基金。CAPER顯示了透過HUD、社區發展整筆撥款（CDBG）、 HOME 投資夥伴關係（HOME）和緊急解決方案撥款（ESG）所資助的活動如何支持該市2024計劃年行動計劃中寫明的目標。年度行動計劃是一份規定的HUD文件，其中顯示了該市計劃如何使用HUD資金。該市必須在每個計劃年結束後最遲90天內（通常在9月30日左右）完成CAPER，並將其提交給HUD，包括市政府對所有公眾書面意見的回應。

該計劃將由市政府工作人員提交，並於2025年9月4日下午7時在住房諮詢委員會舉行的公開聽證會上進行討論。公眾可在聽證會上以口頭或書面提出意見。

在評論期內，CAPER草案的紙本副本將在以下地點供公眾查閱：
• 柏克萊市衛生、住房和社區服務部，2108 Milvia Street，二樓；
柏克萊公共圖書館參考資料櫃檯，2090 Kittredge Street，2樓，在辦公時間內；電子版本可在柏克萊市網站上取得：https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports，時間自2025年8月22日星期五開始。

請透過電子郵件地址：klarrowe@berkeleyca.gov，或普通郵件（地址：Health, Housing & Community Services Department 2180 Milvia Street, 2nd Floor, Berkeley, 94704）向Kat Larrowe提交書面要求和評論意見。所有意見最晚必須在**2025年9月10日星期三晚上11時59分**之前收到。

BV 6913005 August 22, 2025

CITY OF BERKELEY
SEEKING PUBLIC COMMENT ON ITS
CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT
FOR PROGRAM YEAR 2024 (July 1, 2024 through June 30, 2025)

Beginning Friday, August 22, and ending at 11:59 p.m. on Wednesday, September 10, 2025, the public can review and comment on the City of Berkeley's draft Consolidated Annual Performance and Evaluation Report (CAPER) for Program Year 2024 (July 1, 2024 to June 30, 2025).

The CAPER is a report required by the U.S. Department of Housing and Urban Development (HUD) which informs HUD and the public how the City allocated certain federal funds in the prior year. During the period covered by the CAPER, the City of Berkeley allocated $2,837,989 in Community Development Block Grant (CDBG) funds to projects involving housing, community development and public services, $237,965 in Emergency Solutions Grant (ESG) funds to projects for services for people who are homeless, and $570,245 in HOME funds. The CAPER shows how the activities funded through HUD, Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), and Emergency Solutions Grants (ESG), support the goals written in the City's Program Year 2024 Annual Action Plan. The Annual Action Plan is a required HUD document which shows how the City plans to use HUD funds. The City must complete the CAPER and submit it to HUD no later than 90 days after the program year ends of each year (generally around September 30), including City responses to all written public comments.

The plan will be presented by City Staff and discussed at a public hearing at the Housing Advisory Commission on September 4, 2025 at 7:00pm. Public comment can be made verbally or in writing at this meeting.

During the comment period hard copies of the draft CAPER will be available for public review at the following locations:

- City of Berkeley's Health, Housing & Community Services Department, 2180 Milvia Street, Second Floor;

Berkeley Public Library Reference Desk, 2090 Kittredge Street, 2nd floor, during business hours; and An electronic copy is available at the City of Berkeley website:

https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports beginning Friday, August 22, 2025.

Submit written requests and comments to Kat Larrowe through email: klarrowe@berkeleyca.gov, or regular mail at the Health, Housing & Community Services Department 2180 Milvia Street, 2nd Floor, Berkeley, 94704. **All comments must be received no later than Wednesday, September 10, 2025 at 11:59 p.m.**

A partir del Lunes 22 de Agosto del 2025 hasta el miércoles 10 de Septiembre del 2025, el público será invitado a revisar y comentar en el Informe Anual de Evaluación y Funcionamiento (CAPER-siglas en inglés) de la ciudad de Berkeley. El informe cubre el Año de Servicios 2024, que empezó el 1 de Julio del 2024 hasta el 30 de Junio del 2025.

El CAPER es un informe requerido por el Departamento de Vivienda y Desarrollo Urbano de los E.E. U.U. (HUD siglas en inglés). El CAPER informa a HUD y a la ciudadanía como el Municipio gastó los fondos federales recibidos el año anterior. Durante este año de servicios Berkeley recibió $2,837,989 por medio de la de la Beca de Desarrollo del Bloque Comunitario (Community Development Block Grant - CDBG) los cuales financiaron proyectos de vivienda, desarrollo comunitario y servicios públicos. Por medio de la Beca de Soluciones de Emergencia (Emergency Solutions Grant - ESG) la Ciudad recibió $237,965 que ayudó a financiar proyectos de personas sin hogar. Además, recibió $570,245.01 por medio de la Beca HOME. El informe también demuestra como las actividades y proyectos financiados el año anterior apoyan y promueven las metas y objetivos descritos en el Plan Anual de Acción de la Ciudad del Año de servicios 2024. HUD también requiere que la Ciudad de Berkeley presente un Plan Anual de Acción, en el cual se describa la planificación de financiamiento de los fondos federales de HUD. La Ciudad debe completar y presentar el informe a HUD y el informe debe incluir los comentarios recibidos por escrito del público y las respuestas de la Ciudad a más tardar el 30 de Septiembre de 2024.

El plan será presentado por el personal de la ciudad y conversar en una audiencia pública en la Comisión Consultivo de Vivienda el 4 de Septiembre de 2025 a las 7:00 pm. Los comentarios del público se pueden hacer verbalmente o por escrito en esta reunión.

Durante este período de revisión (empezando el 22 de Agosto hasta el 10 de Septiembre del 2025) copias del borrador del informe de Evaluación y Funcionamiento Anual (CAPER-siglas en inglés) estará disponible al público en los siguientes lugares:

- En el escritorio de recepción del Departamento de Salud, Vivienda y Servicios Comunitarios de la ciudad de Berkeley localizado en la Calle Milvia 2180, 2do Piso.
- En el escritorio de referencia de la Biblioteca Pública ubicada en la calle Kittredge 2090, 2do piso
- En nuestra página electrónica https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports a partir del Viernes, 22 de Agosto de 2025.

Por favor presentar sus comentarios por escrito a Kat Larrowe al correo electrónico klarrowe@berkeleyca.gov o por correo regular al Health, Housing & Community Services Department, 2180 Milvia St., Berkeley, CA 94704. **Todos los comentarios deberán recibirse a más tardar el miércoles 10 de Septiembre de 2025 a las 11:59 pm.**

柏克萊市
徵求公眾對其 2024 計劃年（2024 年 7 月 1 日至 2025 年 6 月 30 日）綜合年度績效和評估報告的意見

從 2025 年 8 月 22 日星期五開始，到 2025 年 9 月 10 日星期三晚上 11 時 59 分結束，公眾可以審查和評論有關柏克萊市 2024 計劃年（2024 年 7 月 1 日至 2025 年 6 月 30 日）的綜合年度績效和評估報告（簡稱 CAPER）草案。

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文件，其中顯示了該市計劃如何使用 HUD 資金。該市必須在每個計劃年結束後最遲 90 天內（通常在 9 月 30 日左右）完成 CAPER，並將其提交給 HUD，包括市政府對所有公眾書面意見的回應。

該計劃將由市政府工作人員提交，並於 2025 年 9 月 4 日下午 7 時在住房諮詢委員會舉行的公開聽證會上進行討論。公眾可在聽證會上以口頭或書面提出意見。

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柏克萊公共圖書館參考資料櫃檯，2090 Kittredge Street，2 樓，在辦公時間內；電子版本可在柏克萊市網站上取得：https://berkeleyca.gov/community-recreation/community-services/hud-planning-performance-reports，時間自 2025 年 8 月 22 日星期五開始。

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Works-Wright, Jamie

From: Edwin Herzog <edherzog48@gmail.com>
Sent: Tuesday, July 29, 2025 3:23 PM
To: Berkeley/Albany Mental Health Commission
Subject: Mental Health Commission
Attachments: BAHVN_Flyers_Community2025.pdf; BAHVN final_Boothing_1pager_061525-1.pdf; BAHVN_Flyer_8.5x11 copy.pdf

Hi
Please send me more information about the Berkeley Mental Health Commission. I am also attaching a leaflet about an upcoming event/workshop we are holding at the South Berkeley Senior Center on Aug 9th.
best

Ed Herzog, President
Bay Area Hearing Voices Network

Join Our Hearing Voices Community

- Do you hear voices, see visions, or experience "other" extraordinary sensory experiences?
- Are you looking for support or to chat with people who experience similarly?
- Do you support someone who experiences?

We provide online peer support groups for First-Person Experiencers and Friends & Family. Follow us on our socials or visit our website for our online meeting schedule!

@ba_hvn

facebook.com/groups/
hearingvoicesgroupsupport

r/HearingVoicesNetwork

Bay Area
Hearing Voices
Network

bayareahearingvoices.org

Bay Area Hearing Voices Network

WHO WE ARE

Bay Area Hearing Voices Network seeks to expand public awareness, provide community support, and refuge for those who hear voices, see visions, and experience other forms of extraordinary perception.

The Bay Area Hearing Voices Network, a 501(c)(3) organization, is a partnership between individuals who hear voices, see or sense things others don't, or have other extreme or unusual experiences and beliefs, as well as professionals, allies in the community, and family members.

PEER SUPPORT MEETING SCHEDULE

Monday meetings

BAHVN offers an online a **Family and Friends** and **Adult** support groups at 6pm PST led by trained facilitators with lived experience in the mental health system.

Tuesday meetings

BAHVN offers an online a **Family and Friends** and **Adult** support groups at 6pm PST led by trained facilitators with lived experience in the mental health system.

Wednesday meetings

BAHVN, in partnership with the Mental Health Association of San Francisco (MHASF), offers an online **Adult** support group at 6pm PST.

The HVN-USA **Family and Friends** Group (friends, lovers, and caretakers are welcome) meets online for 90 minutes at 3pm PST, 6pm EST. To join contact: cindy@wildfloweralliance.org

To join
visit our website at:
bayareahearingvoices.org

Friday Game Night

An online weekly night of fun and games. Game play is free of charge to **BAHVN adults, TAY, and family members**. All attendees are required to open an account at boardgamearena.com, where the game night will be held online.

Saturday LGBTQ+ meeting

BAHVN offers a new online **Adult** group especially for the LGBTQ+ community. Starting at 10am for 90 min hosted by Kozi Arrington and Corinita Reyes.

Sunday meetings

Come between 4 and 5:30pm PST for an **Adult** Support Group with Kyle. [ON HOLD]

Between 6 and 7:30pm PST is not a support group but a discussion group about how the voice world works. Attendees will explore the voice world in its entirety and how the physics of the physical world applies to the voice world.

Voices, Visions, Special Messages & Unusual Beliefs

Join us for a one-day community conference: A new vision of healing and recovery

Do you experience voices, vision, special messages, unusual beliefs, or extreme states of consciousness? Do you love or work with someone who has any of these experiences and you want to build understanding and/or be a better support? If so, then please join us for this one-day workshop that will include an overview of the Hearing Voices Movement, personal stories, strategies, and more?

The Bay Area Hearing Voices Network (BAHVN) and Peers Envisioning and Engaging in Recovery Services (PEERS), welcome you to a one-day training, healing, and community building, conference on August 9th at the South Berkeley Senior Center.

The training will be led by **Cindy Hadge,** the most experienced Hearing Voices Network trainer in the US and an internationally known keynote speaker and Director of Collaborative Projects for Wildflower Alliance.

$25 donation for friends & family members, clinicians, and caregivers.

Free for those with lived experience.

Lunch will be provided.

Saturday Aug 9th
10am-5pm PST
South Berkeley Senior Center
2939 Ellis St, Berkeley

Hosted by

Bay Area Hearing Voices Network

PEERS

ac bh

ALAMEDA COUNTY EVERYONE COUNTS CAMPAIGN

more info & tickets here

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Thursday, July 10, 2025 3:24 PM
To: Works-Wright, Jamie
Subject: FW: Summer 2025 Newsletter | CALBHB/C - Please Share with Board/Commission Members!

Hello Commissioners,

Please see the information below and click the links to get more information.

Thank you for your time.

Jamie Works-Wright

Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: CAL BHBC <cal@calbhbc.com>
Sent: Thursday, July 10, 2025 2:31 PM
Subject: Summer 2025 Newsletter | CALBHB/C - Please Share with Board/Commission Members!

California Association of Local Behavioral Health Boards and Commissions

Link to Newsletter

Thank you to everyone who serves on or supports the work of one of CA's 59 local behavioral health boards and commissions!

Whether you are new to a board or commission, an experienced member, or a behavioral health agency staff member, do not hesitate to contact us with questions (info@calbhbc.com).

Key resources are in the Best Practices Handbook and on the CALBHB/C Website.

California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Newsletter, Summer 2025

In this Issue:

The California Association of Local Behavioral Health Board /Commissions (CALBHB/C) supports the work of CA's 59 local Behavioral Health Boards and Commissions. www.calbhbc.org

Employment Services *Required!*

Integrating employment into local behavioral health programs is a new requirement, and for good reason. Work helps us feel well. **Employment is a major therapeutic tool**, improving wellness and quality of life for individuals with mild to severe mental illness.

The Behavioral Health Services Act (BHSA) and the BH-CONNECT Medi-Cal waiver require Full Service Partnership (FSP) programs to include Individual Placement & Support (IPS) supported employment. **Local behavioral health agencies must begin offering IPS by July 2026**, complete a "gap to fidelity" assessment by December 2027, and deliver services to fidelity* by June 30, 2029. IPS is required whether or not a county opts in to BH-CONNECT.

*Small counties (less than 200,000 pop.) may request an exemption from IPS fidelity requirements.

The CALBHB/C **Employment Issue Brief** provides more information, including:

- Behavioral Health Agency Requirements
- Benefits Planning
- Individual Placement & Support (IPS)
- Program Examples

California Association of Local Behavioral Health Boards/Commissions | www.calbhbc.org

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Thursday, July 10, 2025 12:34 PM
To: Works-Wright, Jamie
Subject: Updated Commission manual
Attachments: CommissionManualUpdate2025_PowerPoint.pdf

Hello Commissioners,

Please review the Commission Manual updates and I will go over a few things at the July meeting.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

Works-Wright, Jamie

From: Berkeley/Albany Mental Health Commission
Sent: Monday, July 7, 2025 4:19 PM
To: Works-Wright, Jamie
Subject: FW: Invitation to Speak on Fentanyl Awareness Panel -- August 31, International Overdose Awareness Day

Hello Commissioners,

I received the email below about an opportunity to speak on a panel. Please review and if you are interested and can speak on the topic please let me know.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: Sophia Cheng <sophiaytcheng@berkeley.edu>
Sent: Wednesday, June 18, 2025 4:55 PM
To: Berkeley/Albany Mental Health Commission <BAMHC@berkeleyca.gov>
Cc: Anju Natarajan <anatarajan@berkeley.edu>; April Rovero <arovero@ncapda.org>
Subject: Invitation to Speak on Fentanyl Awareness Panel -- August 31, International Overdose Awareness Day

Hi Ms. Jamie Works-Wright! I hope you are doing well!

My name is Sophia Cheng, I am a student organizer helping coordinate an event in Berkeley on International Overdose Awareness Day (August 31) with National Coalition Against Prescription Drug Abuse (NCAPDA). We will be hosting a film screening about how the fentanyl crisis affects local youth (Fentanyl High), followed by a panel discussion and overdose rescue training. We are inviting a small panel of speakers (approx. 45 minutes) to offer insight from personal, academic, professional, and policy perspectives on substance use, overdose, harm reduction, and mental health among youth. We believe that the work of the City of Berkeley's Mental Health Commission to evaluate and improve the Berkeley community's mental health resources and needs would bring an incredibly interesting perspective. We would be

honored if you or anyone from your team would consider joining the panel. The event will be in the evening, but more info will be sent as soon as possible!

Please let me know if you or anyone from your team would be available or if you have any questions. We would love to have your voice represented!

Best,
Sophia Cheng

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Wednesday, July 2, 2025 2:48 PM
To: Ajay Krishnan; Andrea Prichett; Andrea Prichett; Ashley Gu; Edward Opton (eopton1 @gmail.com); Glenn Turner; Maria Sol (megamom.ms@gmail.com); Monica Jones; Tregub, Igor
Subject: Agenda items for July 24th Commission meeting

Hello Commissioners,

Please submit any agenda items to me by Monday, July 7th . If you want any documents in the packet please send to me by Monday, July 14th.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365