



Office of the City Manager

**02**ACTION CALENDAR

March 10, 2022

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Lisa Warhuus, Director, Health, Housing, and Community Services

Subject: Presentation and Discussion of Reports Submitted by Reimaging Public Safety Task Force and National Institute for Criminal Justice Reform

SUMMARY

On July 14, 2020, in Resolution No. 69, 501-N.S. City Council passed a package of items providing direction for the development of a new paradigm of public safety in Berkeley. As part of the items that were adopted, City Council adopted Item 18c (Referral to City Manager to Re-imagine Policing Approaches to Public Safety Using a Process of Robust Community Engagement, to Develop a Path Forward to Transforming Public Safety and Policing in Berkeley) and Item 18d (“Transform Community Safety and Initiate a Robust Community Engagement”) which directs the City Manager to engage a qualified firm(s) or individual (s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive equitable and community centered safety for Berkeley. Council will hear from both the National Institute for Criminal Justice Reform and from the Reimaging Public Safety Task Force with two reports with creative approaches to address the council direction. City Staff will receive community feedback and collect additional information from council with the goal of returning in April 2022 with a report and recommendations on a path forward to transforming public safety and policing in Berkeley. However since the Specialized Care Unit is an integral part of the future we have included this report which provides the Specialized Care Unit (SCU) Steering Committee’s response to the recommendations from Research Development Associates (RDA) for the implementation of Berkeley’s SCU. Considerations from this response will be incorporated into SCU implementation planning along with RDA’s recommendations.

CURRENT SITUATION AND ITS EFFECTS

As part of its Re-Imagining Public Safety process, the City of Berkeley has been engaged in planning to implement a SCU. The City contracted with RDA to conduct best practice research and a community engagement process in order to make recommendations for the best SCU model for Berkeley. To oversee and advise on this process, the City formed an SCU Steering Committee consisting of representatives from the Health, Housing, and Community Services Department, the Berkeley Fire

Department, appointees of the Mental Health Commission, and community representatives from the Berkeley Community Safety Coalition.

With guidance from the Steering Committee, RDA created three reports. The first report provides detailed information about 37 alternative crisis response models that have been implemented in the United States and internationally. The second report provides information about Berkeley's current crisis response system and also summarizes stakeholder perspectives gathered through a deep community engagement process conducted by RDA, in which input was gathered from utilizers of Berkeley's crisis response services, local community-based organizations (CBOs), local community leaders, and City of Berkeley and Alameda County agencies. RDA's third and final report utilized information gathered in completing the first two reports and makes specific recommendations for an SCU model for Berkeley. RDA's twenty-five recommendations are below, followed by the Steering Committee's response to these recommendations.

#### RDA RECOMMENDATIONS FOR AN SCU FOR BERKELEY

RDA's recommendations are categorized into five sets as follows:

##### *Recommendations 1-7: The SCU Mobile Team*

1. The SCU should respond to mental health crises and substance use emergencies without a police co-response.
2. The SCU should operate 24/7.
3. Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.
4. Equip the SCU mobile team with vans.
5. The SCU mobile team should provide transport to a variety of locations.
6. Equip the SCU mobile team with supplies to meet the array of clients' needs.
7. Clearly distinguish the SCU from the Mobile Crisis Team.

##### *Recommendations 8-10: Assessing the SCU Crisis Response: Dispatch & Alternative Phone Number*

8. Participate in the Dispatch assessment and planning process to prepare for future integration.
9. Ensure the community has a 24/7 live phone line to access the SCU.
10. Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.

##### *Recommendations 11-14: Implement a Comprehensive 24/7 Mental Health Crisis Response Model*

11. Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.

12. Operate one SCU mobile team per shift for three 10-hour shifts.
13. SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.
14. Prepare the SCU mobile team with training.

*Recommendations 15-23: Administration and Evaluation*

15. Contract the SCU model to a CBO.
16. Integrate the SCU into existing data systems.
17. Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal.
18. Implement care coordination case management meetings for crisis service providers.
  
19. Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.
20. Continue the existing SCU Steering Committee as an advisory body.
21. Solicit ongoing community input and feedback.
22. Adopt a rapid monitoring, assessment, and learning process.
23. Conduct a formal annual evaluation.

*Recommendations 24-25: Promoting Public Awareness*

24. Launch a public awareness campaign to promote community awareness and education about the SCU.
25. The SCU mobile team should conduct outreach and build relationships with potential service utilizers.

SCU STEERING COMMITTEE RESPONSE

Following completion of RDA's final report, the SCU Steering Committee (Committee) held detailed discussions and further analyzed each category of recommendations. The purpose of these discussions, which occurred over two 90-minute meetings in January 2022, was to establish where there was broad agreement among steering committee members and where individual members differed, and also to add additional considerations where needed. While there was strong agreement among steering committee members with most of RDA's recommendations, there were some nuances and additional considerations that should be considered as part of SCU implementation.

Recommendations 1-7: The SCU Mobile Team

The Committee supports these recommendations with a few points of added clarification. Related to the first recommendation (*respond to mental health crises and substance use emergencies without a police co-response*), the Committee agrees that the SCU should maintain its independence from the Berkeley Police Department (BPD), however acknowledges that there may be incidents that involve a threat of violence. In

these exception cases, the SCU should have protocols to activate BPD to provide support. Similarly, the Committee recommends that if BPD is called to respond to a mental health and/or substance use crisis, and there is no threat of violence present, they should be able to transfer the client to an SCU response.

Regarding the third recommendation (*staff a three-person SCU mobile team to respond to mental health and substance use emergencies*), the Committee believes that the level of required medical expertise on the SCU should be flexible, given constraints in hiring and potential lack of qualified candidates. There was some disagreement among Committee members about the level of medical expertise necessary on the SCU team. While one member in particular noting that a “peer” with basic medical training may be sufficient and more relatable, most members agreed that SCU users could benefit from a higher level of medical expertise that could be applied on the spot. The Committee also identified that, while the type of medical expertise could vary, it would be ideal to have a SCU member who could identify a medical need due to drug use versus a preexisting condition, such as an infected wound from using needles.

Not providing adequate medical expertise, instead relying on the Fire Department to provide urgent medical attention as needed, may result in patients being transported to the hospital, where there may be a lack of continued care. Ensuring some amount of medical expertise on the SCU will help maintain the spirit of the Unit to provide holistic care to individuals in crisis. This will continue to evolve in the implementation of the pilot program.

#### Recommendations 8-10: Assessing the SCU Crisis Response: Dispatch & Alternative Phone Number

The Steering Committee agrees with recommendations 8 and 9, yet would like to recommend an alternative to recommendation 10 (*plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment*). The Committee agrees that it is important for the SCU to be well-coordinated with the 911 Communications Center, which is currently under the Berkeley Police Department, but does not agree that the behavioral health clinician, with mental health and substance use expertise, needs to physically sit in the dispatch space. The Committee is concerned that co-locating this individual with 911 Dispatch could lead to a misconception, and resulting lack of trust, about whether or not the SCU includes a police response. The Committee was also concerned that it would be challenging for an embedded individual with a unique roll that is a stretch beyond the current dispatch culture. Currently, most dispatch communications protocols are general and not tailored to responding to behavioral health calls, which could lead to law enforcement being deployed, instead of the SCU. During the implementation phase, the Committee recommends that the individual who provides dispatch services for the SCU should receive training, build relationships with the 911 Communications Center to ensure coordinated deployment of the appropriate resource, and should be physically located near or at the location where the rest of the SCU staff is stationed. This training would

be in addition to training recommended for existing dispatch staff to help them assign calls and effectively utilize the SCU.

#### Recommendations 11-14: Implement a Comprehensive 24/7 Mental Health Crisis Response Model

The Steering Committee offered additional suggestions to recommendations 11, 13, and 14. For 11, the Committee acknowledges that despite difficulty hiring new staff, it will be good to plan for redundancy in hiring to be able to keep the SCU fully-staffed for all shifts to provide continued coverage when staff are on vacation, sick, etc. Additionally, the team should avoid creating silos based on technical expertise by hiring a supervisor who is cross-trained in each of the different fields to help with team cohesion. This cross-training will be especially useful for a supervisor who is familiar with mental health and substance use, including harm reduction techniques and medication-assisted treatment (MAT). It is the Committee's view that this will support individuals who use drugs and desire to engage in this service delivery.

As the SCU moves into the implementation phase, the Committee supports the recommendation for team members to travel to other cities to learn from similar teams, and emphasizes that the Peer Supervisor should also be included in these visits. These training opportunities should focus on teams with a variety of expertise including: behavioral health, mental health, substance use, harm reduction techniques, and MAT. This will support cross-training and provide additional context for the Peer Supervisor to help support a successful team. Additionally, the Steering Committee recognizes that there are a variety of trainings that will be applicable and necessary for the SCU before they begin responding in the community. It will be important to prioritize specific trainings in the initial rollout, and add more trainings as the SCU progresses. While training is important, it must be balanced with the urgent need to fill this crisis response gap in the Berkeley community.

#### Recommendations 15-23: Administration and Evaluation

The SCU Steering Committee supports these recommendations and wants to make sure that the City will maintain a coordinated and collaborative relationship with the contracted Community-Based Organization (CBO). The City of Berkeley, in partnership with the SCU Steering Committee, will continue to discuss the exact parameters of contracting the work of the SCU to a CBO. This contract will be different than a traditional contract, given the required integration with current City services, and partnership across City departments. In addition, the Steering Committee recognizes that providing a physical space for the SCU may be a hurdle given Berkeley's geography. The implementation group should think creatively to provide a useful space to serve the staff, even if it means looking just outside Berkeley borders (i.e. North Oakland, Albany).

Developing a finance strategy will be critical for the long-term sustainability of the SCU. Inherent in developing a contract with a CBO will be the identification of known funding

for a considerable period of time, as no CBO will agree to stand something up this big for a short period of time without a plan for continuity. Recommendations 15-23 do not speak explicitly to financing the SCU (this is in the latter part of the report under the section “Systems Recommendations”) but should have been named here more explicitly since it is fundamental to Administration and Evaluation. The Committee anticipates that funding will be a combination of state and federal funding for crisis response services, as well as Medi-Cal reimbursement of crisis services. The Committee recommends pulling a finance team together early to start strategizing how the SCU will be funded long term through this variety of sources.

#### Recommendations 24-25: Promoting Public Awareness

The Steering Committee supports these recommendations and further recommends relying on multiple forms of direct outreach and broader communications, given the City of Berkeley’s limited messaging capacity. The Committee believes that the City of Berkeley should leverage the work of trusted partners to provide education about the SCU, such as the Lifelong Medical Street Medicine team. As the SCU gets started, members of the Unit should also conduct field outreach to introduce themselves, explain their duties, and provide a way to contact if needed. This field outreach will help build trust in the early stages.

#### BACKGROUND

RDA’s recommendations, along with considerations generated in this response by the Steering Committee, will inform implementation of the SCU.

In its third report, RDA also provided a set of “Systems Recommendations” that the Committee did not address for this report, but will address as part of implementation and sustainability planning. These are addressed thoroughly in the report and include:

- Addressing the needs of dispatch
- A sufficient investment of resources
- The role of trust

The report concludes with “Next Steps and Future Considerations” (also not addressed for this report) and include discussion of:

- Long-term sustainable funding
- The location of 911 dispatch within the Berkeley Police Department
- Preventing social monitoring: clarifying the SCU’s guiding principles
- Address the full spectrum of mental health and substance use crisis needs

#### ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS