



Kate Harrison  
Vice Mayor, District 4

CONSENT CALENDAR  
May 24, 2022

To: Honorable Mayor and Members of the City Council  
From: Vice Mayor Harrison  
Subject: Budget Referral: Fund Behavioral Health, Crisis Response, and Crisis-related Services Needs and Capacity Assessments

RECOMMENDATION

Refer to the FY 23 and FY 24 Annual Budget Process \$100,000 to provide Health, Housing & Community Services Department and Berkeley Fire Department the means study or hire a consultant(s) to:

1. conduct a service needs assessment based on 911 and non-911 calls for service, dispatch, and response, to address the needs of Berkeley people with behavioral health issues and/or are unhoused<sup>1</sup> using computer aided dispatch (CAD) or other data from the Berkeley dispatch, other dispatch agencies, BPD, BFD, and any other relevant data during the COVID pandemic from at least March 2020 through the present; and
2. conduct a capacity assessment of crisis response and crisis-related services available to Berkeley people in Berkeley and Alameda County, including but not limited to with respect to the Specialized Care Unit (SCU), respite, and sobering centers.

CURRENT SITUATION AND RATIONALE FOR RECOMMENDATION

**CAD Needs Assessment Study**

Currently the City of Berkeley has a Public Safety Communications Center (Center) where call takers and dispatchers answer 911 and non-911 calls on a 24/7 basis for police, fire, medical, behavioral health, and other calls for service. This Center is managed under police leadership and located in the Berkeley Police Department. At this Center, the call takers input call information into the Computer Aided Dispatch (CAD) system and transfer the information to fire/EMS and police dispatch staff.<sup>2</sup> The dispatchers coordinate all police-related calls requiring a response from law

<sup>1</sup> Behavioral health refers to both mental health and substance use for purposes of this recommendation. It is noted that call takers may transfer crisis calls to alternative hotlines or dispatch responders depending on the nature of the call for service.

<sup>2</sup> Auditor Report, 2021, 8.

enforcement and enter all officer-initiated incidents into the CAD system such as pedestrian and traffic stops; they maintain radio contact with field staff as well.<sup>3</sup> It is noteworthy that City of Berkeley's call takers and dispatchers use BPD's general communications center procedures, which are not specifically tailored for behavioral health (mental health, substance use) and/or homelessness calls for service and/or dispatching first responders into the community.

As part of the omnibus package for reimagining public safety in Berkeley, the Berkeley City Council directed the City's elected Auditor to perform an analysis of the City's 911 calls for service and responses. On July 2, 2021, the Auditor issued the final report, "Data Analysis of the City of Berkeley's Police Response" to calls for service. In this Auditor Report, the Auditor analyzed the CAD data and assessed the number of events related to mental health and homelessness in Berkeley from 2015-2019.<sup>4</sup> The overall data involved 350,000+ calls for service from 2015-2019.<sup>5</sup> In the context of the Auditor Report, "events" refer to situations entered into the CAD data system that resulted in a response by at least one sworn officer.<sup>6</sup> The CAD system is the computer aided dispatch (CAD) system used for call information, assigning call types, inputting narrative descriptions about calls for services as they progress, dispatching responders, and tracking emergency incident using computers.

Based upon the elected City Auditor's study, the Auditor recommended identifying all calls for service that have an apparent mental health and homelessness component in a manner that protects the privacy rights of individuals involved.<sup>7</sup> Specifically, there is a need to create clear mechanisms for identifying mental health, substance use, and homelessness call types and to use them consistently during 911 call taking and dispatching, including when they are not the primary reason for the call. There is also a need to consistently follow standardized language to describe mental health, substance use, and homelessness-related events in the narrative descriptions for every call. And, there is a need to use behavioral health procedures and protocols, including using consistent, reliable de-escalation techniques during call taking and dispatching the most suitable first responders to people in need. Overall, the ability to realize these goals rests on conducting a needs assessment about 911 and non-911 calls for service, dispatch, and responses for a diversity of people experiencing behavioral health (mental health, substance use) and homelessness crises in the community. While the Auditor did not address substance use, it is critical to include it. It is also key that the needs assessment reflect the demographic populations served where possible.

In addition, this type of needs assessment can inform the level of need for licensed behavioral health clinicians and medical workers including the appropriate education, training and licensing to screen, assess, de-escalate and stabilize people who are experiencing mental health, substance use, and homelessness crises over the phone

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<sup>3</sup> Id.

<sup>4</sup> Id., 53-58.

<sup>5</sup> Id., 17.

<sup>6</sup> Id., 10, 13.

<sup>7</sup> Id., 2021, 5.

and in the community. This study may further inform coordination about appropriate levels of care that community members need in order to avoid hospital emergency rooms—which can be crowded, chaotic and harmful to people experiencing behavioral health and homelessness crisis. The study can also inform how to relieve law enforcement and fire/EMS from addressing behavioral health and homelessness needs whenever possible—particularly so they can focus on crime, violence, fire, and natural disasters.

Moreover, this 911 needs assessment can review calls for services, dispatch, and/or response in the community to address any structural police, fire, and/or EMS issues that disproportionately impact diverse and vulnerable people experiencing a behavioral health and/or homelessness crisis. The 911 needs assessment can also assess any reduction in risks of injury and death by police and how diverting calls for service away from police and towards dispatching alternative responders can alleviate trauma for diverse and vulnerable groups: Black, Latinx, Indigenous, AAPI, immigrant, LGBTQIA+, disabled, young, old, unhoused, formerly incarcerated and additional groups.

Overall, this needs assessment can inform operating an effective, empathetic alternative responder program that fundamentally improves the well-being for diverse and vulnerable people experiencing behavioral health crisis in the community. Cities such as Eugene (CAHOOTS), Portland, Seattle, Olympia, Sacramento, San Francisco, Oakland, Santa Cruz, Los Angeles, San Diego, Austin, Houston, Denver, Atlanta, Chicago, Ithaca, New York City and others have already done so with success. Further this needs assessment can improve well-being when call takers transfer people to alternative hotlines with mental health and/or substance use specialists. It is noted that the national 988 mental health hotline will be live beginning July 2022 for call takers to transfer calls to this service. Ultimately, these approaches to 911 call processing and dispatching are key to providing a holistic, equitable, and community-centered public safety approaches for our most diverse and vulnerable communities and for reimagining public safety in Berkeley with reliability and fidelity.

### **Capacity and Needs Assessment of Crisis Services Available to Berkeley People in Alameda County**

Earlier in January 2020, the Division of Mental Health Division released a request for proposal to evaluate the current mental health crisis system in Berkeley and following a robust selection process, the City of Berkeley selected Research Development Associates (RDA). The assessment focused solely on crisis response through the co-responding police and mobile crisis team in the City of Berkeley and not other crisis related services available to Berkeley people in Alameda County. While the City of Berkeley is a unique jurisdiction for certain public mental health services such as this mobile crisis response team, the RDA evaluation did not assess the capacity and quality of county crisis services available to Berkeley people. This type of assessment is critical for assessing the availability of and access to crisis stabilization, sobering and withdrawal centers, crisis peer services and peer respite services, and additional crisis related services in Alameda County. Overall, this capacity assessment is further critical

to taking a diversion approach to transferring calls for service to behavioral health crisis lines and to dispatching alternative responders into the community instead of police.

HHCS staff indicate that the SCU-related portion of this study should occur after the SCU has been operating for at least six months to a year. However, it is expected that from the outset that the SCU will need to incorporate internal analytical tools to capture data and metrics from initial call or referral to ultimate disposition, aiding in the longer-term needs and capacity study contemplated in this item.

## BACKGROUND

On July 14, 2020, the Berkeley City Council adopted an omnibus package to reimagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including: 1) having the City Auditor perform an analysis of the City's emergency 911 calls for service and police responses; 2) analyzing and developing a pilot program to re-assign non-criminal police service calls to an alternative non-police responder, the Specialized Care Unit; and 3) creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider replacing dispatch in the Fire Department or elsewhere outside the Police Department (see Reimagining Public Safety Task Force website).

The City Auditor reported that mental health and homelessness events identified in the CAD data do not represent the total number of events that may have had a mental health or homelessness component as a result of data limitations. First, the report reflected that call types in the CAD system reveal the primary reason for a call which may not capture events where the individuals involved are experiencing a mental health issue or homelessness.<sup>8</sup> The CAD system has some call types to identify when the primary reason for the call is a mental health issue, such as a "suicide attempt" or "5150" for someone experiencing a mental health crisis.<sup>9</sup> However, if the primary reason for the call is another issue, dispatchers are trained to assign those to call types that reflect the primary reason, such as family disturbance or pedestrian stop, which do not capture an accompanying mental health issue.<sup>10</sup> According to the Berkeley Police Department, if the event involves a potential crime, dispatchers will always log it using a corresponding crime code and not a mental health call type.<sup>11</sup> Lodging in public is further the only call type for homelessness.<sup>12</sup>

Moreover, the City Auditor's analysis identified 42,427 unduplicated events with a mental health component, or 12 percent of all events from.<sup>13</sup> The City Auditor's analysis further identified 21,683 events involving homelessness, which represent 6.2 percent of all events during the same time period.<sup>14</sup> The City Auditor stated that mental health and

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<sup>8</sup> Auditor Report, 2022, 53.

<sup>9</sup> Id.

<sup>10</sup> Id.

<sup>11</sup> Id.

<sup>12</sup> Auditor Report, 2022, 57.

<sup>13</sup> Auditor, 2021, 56.

<sup>14</sup> Auditor, 2021, 57.

homeless call types are “significantly undercounted.”<sup>15</sup> The City Auditor’s study did not analyze call types associated with substance use, which is recommended for inclusion in a future needs assessment study. Overall, there appears to be a sizable number of behavioral health and homelessness calls for service that need attention.

It is also noted that while the Berkeley Police Department formally began using “H” for homeless and “MH” for mental health disposition codes when closing out any call involving a homeless or person with mental health issues on July 1, 2021, officers have discretion about using these codes.<sup>16</sup> Per this Reference Guide, officers were instructed that they were not required to ask people about housing status unless necessary for identification purposes or mental health issues unless related to the call.<sup>17</sup> Moreover, according to this Reference Guide if the basis for the disposition code is criminal—despite involving a person who experiencing homelessness and/or mental health issues, then the officer may further not record the disposition code with an “H” or “MH.”

FISCAL IMPACTS OF RECOMMENDATION

Impact on General Fund of \$100,000. However, the benefit of analyses could generate budgetary efficiencies and better outcomes for Berkeley residents.

ENVIRONMENTAL SUSTAINABILITY

No discernable impact.

CONTACT PERSON

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<sup>15</sup> Auditor, 2021, 53-58.

<sup>16</sup> Reimagining Public Safety Reference Guide, 2022, 39.

<sup>17</sup> Id.

