

June 5, 2015

TO: Mayor Bates and Members of the City Council
FROM: Shirley Dean, President,
Berkeley Safe Neighborhoods Committee
SUBJECT: Item 38a, Council Agenda June 9, 2015
Support for Recommendations as to Implementation of AB 1421
Alternatives Developed by Alameda County Behavioral Health
Stakeholder's Group

I am writing on behalf of the Berkeley Safe Neighborhoods Committee (BSNC) regarding the above item. BSNC requests that you take no action on the above-mentioned item except for an expression of support for Item #2 Increase Data-Sharing Capacity, pg 5 in the Re-Envisioning Engagement: AB1421 Stakeholder Planning document.

There can be no question in anyone's mind that the Mental Health System is broken - in this City and County, the State and the Nation. On April 13, 2015, BSNC held a meeting on crime and mental health issues in the Downtown. We had learned of a recent incident in which a person was assaulted in the Downtown BART Station during normal weekday morning commute hours by a person who gave every indication of being seriously mentally ill. Since then, we understand that this same person was arrested regarding setting a fire in the Civic Center Building and that similar incidents of assault have occurred, possibly by the same individual, possibly by someone else, in the Downtown BART Station. As a result of our meeting, we sent you a letter dated April 23, 2015 listing seven recommendations. Unfortunately, we have had no response from anyone.

We are concerned on several levels:

- For the mentally ill individual who clearly is in need of help and is adrift with little or no hope. Can you imagine the pain and distress such an individual lives with each every day?
- For the family and others who care about that individual who try and try to get the help that is needed and is rejected every time. They live tearful lives, worried for their loved one, worried for themselves, and worried for the future when something devastating might happen.
- For members of the public who may encounter a seriously mentally ill individual and be placed in grave danger without even knowing it. You

cannot have missed the recent newspaper coverage regarding the Peter Cukor murder in which his assailant received a sentence of 33 years to life in Napa State Hospital for that crime. A central part of that story is that the person who committed the crime had been previously hospitalized for his mental illness some 12 to 15 times and had been prematurely released from another hospitalization just a month before murdering Mr. Cukor. You also need to put this story into the context of previous such incidents in Berkeley

- For members of our Police Department who have to deal with these problems every day. We've been informed that there are some 900 5150s every 48 minutes in Alameda County making our County one of the highest overall in 5150s in the State.
- For the community in general as City resources are not now being effectively used to solve the problems that are being encountered and that are increasing. We been informed that the number of 5150 calls in the Downtown area have gone up every year over the last five years. Getting seriously mentally ill individuals into treatment, and preventing the less seriously mentally ill individuals from becoming seriously ill saves public monies.

BSNC does not believe that ALL mentally ill persons are dangerous. Most are not. Additionally, there are many levels of mental illness. We have tried to focus on those that are seriously mentally ill, those that have been documented as to the seriousness of their illness by repeatedly committing crimes and been arrested and/or hospitalized, those who don't take their medications and shun treatment. Those who have been identified by mental health professionals as dangerous or potentially dangerous. These people cannot be ignored. At the same time, we don't want you to lose sight of prevention efforts for the less seriously ill and which require a different type of approach.

Fortunately, some nine California Counties are beginning to notice how the system is broken and are starting to take action. We wish we could say the same for Alameda County. You wisely voted awhile back in favor of the Alameda County Board of Supervisors voting to initiate Laura's Law, AB 1421. We urge you not to back away from that approach with alternatives that seem to simply offer only keeping the status quo. BSNC also urges that the City look into Representative Murphy's bill HR 3717, the Helping Families in Mental Health Crisis Act which among other provisions expands Crisis Intervention Team training

for law enforcement and reauthorizes mental health courts so patients are treated in the health care system and not warehoused in the criminal justice system.

I have once again attached the seven recommendations we sent to you last April with its attachment of the key points from Officer J. Shannon, Berkeley Police Department Liaison to the Mental Health Department. BSNC urges you to:

1. Approve our seven recommendations, and to
2. Take no action on the recommendation from the Mental Health Commission, Item 38a, supporting Recommendations as to Implementation of AB1421 Alternatives, except for an expression of support for Item #2 Increase Data-Sharing Capacity, pg 5 in the Re-Envisioning Engagement: AB1421 Stakeholder Planning document.

BSNC thanks you for your consideration of our report.

April 23, 2015

TO: Mayor Bates and Members of the City Council
FROM: Berkeley Safe Neighborhoods Committee (BSNC)
SUBJECT: Crime and Mental Health Issues

Dear Mayor Bates and Council Members:

On April 13, 2015, BSNC held a meeting on crime and mental health issues in the Downtown. While some of us had, or know people who have had difficult encounters with mentally ill individuals in the Downtown, this meeting was triggered by a recent incident in which a person was assaulted in the Downtown BART Station during normal weekday morning commute hours by a person who gave every indication of being seriously mentally ill. At the request of BSNC, Officer J. Shannon, the Berkeley Police Department liaison with mental health services gave us a presentation at our meeting. To put it mildly, we were astounded by how this problem has grown, both in extent and complexity. We have attached a summary of some of the data that he presented.

BSNC wishes to start by fully acknowledging the excellent work that the City of Berkeley in its Police Department and Mental Health Services has done in addressing this problem. That work is far more than what other communities have done and that is greatly appreciated. However, at the same time, we also acknowledge that the mental health system in Alameda County, and in the State and Nation for that matter, is broken. Much more work needs to be undertaken to provide for the well-being and safety of our residents and visitors to our City, for the mentally ill individuals themselves and their families, for the police officers and service providers who confront these problems every day, and for the economic life in our neighborhoods and commercial districts, particularly in the Downtown and Telegraph Avenue areas that you are seeking to revitalize. We were disturbed to learn the following:

- there is an increasing trend, up 54% over the last five years of aggravated assault in the Downtown.
- there is a 43% increase in calls dispatched to respond to 5150s (mentally ill individuals) over the last five to six years along University Avenue, Shattuck and in the South Campus area.
- that close to one-half of *all* calls to the Berkeley Police Department involve mental health issues.
- dealing with mental health issues is the number one drain on our responders - police, fire, clinicians.

We know that statistically, mentally ill individuals are not prone to violence. As usual in such statistics, there is an exception. That exception in this instance is for mentally ill individuals who don't take their medications and shun treatment. In October 2014, the report on the AB1421 (Laura's Law) Planning Process from the Alameda County Behavioral Health Care Services cited an analysis of 87 patients who had been hospitalized for psychiatric problems at least four or more times, a subgroup defined as "seriously mentally ill" individuals. It is not surprising that Oakland was the city of residency for the largest percentage (35%) of those individuals. Berkeley residents, however, were second with fourteen percent (14%). This number is small, but very meaningful, when coupled with the information that *most* individuals entering the County's mental health system are turned away immediately, or they are jailed, or briefly held to return to the community they came from because there simply is no place to accommodate them, and when they return they have little or no support or follow-up systems that ensure they receive the care and treatment they so desperately need. The lack of capacity in our mental health system is the fundamental issue. This lack starts with prevention mechanisms to help people from getting to the place where hospitalization is necessary, and continues through providing hospitalization and after care in the community. Picking up people in mental health crisis, and releasing them back into the community without necessary care places all of us in harm's way.

The Berkeley Mobile Crisis Team is an excellent service providing four clinicians (mental health professionals) plus a trainee, but they are not available 24 hours, seven days a week. The Crisis Intervention Training (CIT) Program, a very intense program of training provided for our police officers in dealing with mentally ill individuals, is also an excellent program. Twenty-one percent of our officers have completed the training and the Department is working to increase that number.

The potential for harm and the lack of resources has prompted BSNC to write this report urging you to take action on seven recommendations at this critical time right before your budget deliberations. Our recommendations are as follows:

1. Hold a Special Meeting to hear directly from Chief Meehan, the new person in charge of operations, Officer Shannon, a representative of patrol officers, the Mobile Crisis Team and Berkeley Mental Health Services on the scope and details regarding this problem and the impact on police resources and

mental health programs. The purpose of this meeting is to inform the public as to what is needed and to explore how the City might begin to allocate additional budgetary resources in the most effective way to address this problem.

2. Include in the above meeting, ways and means to increase and make mandatory CIT training to full capacity and the Mobile Crisis Team to the goal of 24 hours, 365 days a year. Also, consider extending special training to Dispatchers in the Communications Center.
3. Form a special work group to address the implementation of a multi-agency data-sharing system that would include individuals who have committed a violent crime against themselves or others, or who are identified as highly likely to commit such a crime and/or who are frequently in need of psychiatric hospitalization. i.e., a subgroup of those who are defined as "seriously mentally ill" (SMI).

Such a system would be shared between all segments of the system serving SMI individuals from the Mobile Crisis Team and law enforcement through treatment and after care. The purpose of this data-sharing system is to better inform those making initial and subsequent contacts with the SMI individual with the aim of providing better case management and defusing potentially dangerous incidents to better protect both the individual, the community and responders.

The Alameda County Behavioral Health Care Work Group recognized the need for increased data sharing capacity. In their October 2014 Report they state:

The workgroup recognizes the overlap of people with recurrent psychiatric emergency room visits and hospitalizations and the criminal justice system, and recommends working to increase capacity to share data between Behavioral Health Services, the network of providers and the Sheriff for client care and systems level evaluation. Recognizing legal impediments to data-sharing must be addressed, this may include a centralized database, data warehouse, or other mechanism to share data.

There is little doubt that such a system has a number of issues that must be carefully handled, in particular the legal issues regarding confidentiality of data concerning an individual's health. That is not to say that such a system cannot or should not be implemented. It has been said that Los Angeles

County reduced hospitalizations and jail time by focusing on the subset of the population that is defined as "seriously mentally ill" - those who are violent offenders and those hospitalized frequently. A carefully crafted system is doable, so we urge action to begin the process of setting one up through the appointment of a special work group.

4. Engage in discussion with the Governor, Covered California and other appropriate agencies regarding increasing the number of psychiatric beds covered by Medicare and Medicaid.

5. Engage in discussion with other communities in Alameda County regarding making a regional response to mental health issues. One community cannot do this alone, it must be an united response. The murder of a Berkeley resident a few years ago by a SMI individual who was a city of Oakland resident is an example of why this must be a regional approach, not only in terms of responses and services, but in costs as well.

Additionally, there must be a serious commitment on the County's part to the implementation of Laura's Law and cooperation between the cities of Alameda County with each other and with the County. To implement AB 1421 (the provision of assisted outpatient care) there must be a vote of the County Board of Supervisors.

6. Consider the formation of a mental health crisis "hot line" coupled with a "buddy" system in which volunteers will work with individuals who have not yet become seriously mentally ill with the goal of preventing the individual from escalating into a situation which would require hospitalization or precipitate acts of violence. Having a person to talk to at a critical time in a person's life could help prevent many problems and be a less expensive alternative than the escalation into a SMI pattern.

Explore whether existing health service agencies might be willing to take on such a program, what funding might be possible and what training would be necessary.

7. Refer to the budget process the addition of police patrol positions. As more and more patrol officers are engaged in response to SMI individuals, patrol officers from residential areas are depleted. It frequently takes multiple patrol officers to respond to incidents involving the mentally ill, and additional time is needed when taking such individuals repeatedly to County

facilities for evaluation and possible hospitalization. This requires the remaining officers to undertake coverage of larger areas.

BSNC agrees with the following and ends by quoting the conclusion expressed in the Alameda Council AB 1421 Planning Process report as follows:

... participants shared a common view that in order to meet the needs of this target population and others served by the public mental health system in Alameda County, energy should be invested in strengthening the linkages across programs and services, as well as increasing coordination across systems, to include the criminal justice system. At the conclusion of the process, most participants expressed the hope that the recommended programs would create more “warm handoffs” to those exiting hospitalization and to those in treatment. Participants also expressed a belief that the planning process, and the opportunity to work closely with peers with different perspectives and opinions, would strengthen future planning and advocacy efforts.

This work and these relationships can be leveraged as BHCS undertakes an expanded planning process to address its crisis system in the coming months, using the strengths and gaps identified through this process as a starting point towards enhanced integration across services and providers.*

*Note: Reference is to Alameda County Behavioral Health Care Services

BSNC does not believe that our recommendations constitute a solution to these problems. Our recommendations should be viewed as the beginning of the conversation to arrive at a solution.

We thank you for your attention to this letter and look forward to your positive response to our report.

Sincerely,

Shirley Dean, President
Berkeley Safe Neighborhoods Committee

ATTACHMENT:

Key points from Officer Shannon's presentation at the April 13th Berkeley Safe Neighborhoods meeting.

- We believe Alameda County has one of the highest overall numbers of 5150's in the state.
- From 2009-14 the city of Berkeley saw a 43% increase in the number of 5150's.
- The number of 5150 calls in the downtown area has gone up every year over the last five years (54% overall).
- We estimate half of all police contacts in the downtown area are with persons with mental health challenges.
- From the perspective of BPD, the number one challenge is building more capacity into the mental health system.
- John George Psychiatric Pavilion is the county's only locked in patient psychiatric hospital for uninsured patients.
 - They have 69 beds.
 - They receive approximately 45-60 intakes per day.
 - They have three psychiatrists on duty.
 - We believe the average evaluation by a psychiatrist at the hospital is 10- 15 minutes.
 - The hospital admits approximately 25% of all the patients sent there on 5150 holds.
- 21% of patrol personnel at BPD have had crisis intervention training.
- Calls involving persons with mental health challenges is the number one drain on BPD patrol resources.
- Our vision is to, as a community, begin the work of shifting the primary onus of managing those with mental health challenges away from the police.